

For more information about the equality impact assessment process in commissioning, please see the EIA Guidance located in Y:\HULLCCG\Corporate Templates and Forms\Equality and Diversity Information before completing your EIA.

Equality Impact Assessment - Service Review / Evaluation			
What service is being reviewed?	EPCMS7 – Wound Management Service		
What is the purpose for the service review? (If this is described in another document please add cross reference link)	<p>Increasingly, general practice is becoming the first port of call for the management of wounds. A significant proportion of these are patients who require support in the community following discharge from secondary care. This may include the removal of sutures, staples, clips and steristrips or the assessment/dressing of wounds.</p> <p>The provision of wound management services delivered in primary care has significant benefits to both patients and secondary care which include:</p> <ul style="list-style-type: none"> • Greater patient convenience • Timely service • Minimal travel • Available expertise already present in primary care • Holistic approach to patient care <p>As such this specification is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services as defined in core GMS/PMS/APMS contracts.</p>		
Date of review:	August 2019 – March 2020		
Name & roles of person / people completing the EIA:	Colin Webb, Commissioning Manager & TBC		
Health Needs	<p>What data sources do you have about the population, disaggregated by protected characteristic?</p> <p>Do you have any information about people who share protected characteristics that is relevant and applicable to this service review?</p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Race</td> <td>This service is available to all regardless of race Data extracted from SystemOne to show service activity in 2018 using the read codes; 7G221, Xa8QS and 893... show activity of which; 563 Females presented to the service; Patients identified their ethnicity / nationality as follows 388 British/White British Fewer than 5 Black/African</td> </tr> </table>	Race	This service is available to all regardless of race Data extracted from SystemOne to show service activity in 2018 using the read codes; 7G221, Xa8QS and 893... show activity of which; 563 Females presented to the service; Patients identified their ethnicity / nationality as follows 388 British/White British Fewer than 5 Black/African
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		<p>20 Other White/European 9 Other White/Other Asian 86 was documented as Race not Stated, the remainder were blank. 478 Male presented to the service. Patients identified their ethnicity / nationality as follows: 309 White/British/Welsh/Scot 12 Indian/Asian Fewer than 5 Polish/European 151 were race not stated No evidence found identifying particular inequalities on the grounds of race or nationality for this service Note: Most requested languages in primary care in 2018: Polish (40% of all requests), followed by Arabic (17%), Romanian (9%), Russian (6%), Kurdish (5%), Farsi (3%).</p>
	Disability	<p>The local Health & Lifestyle Survey 2016 suggests that 24.0% of the population of Hull have an illness or which limits daily activities. Reasonable adjustments required by the service to meet the needs of people with disabilities, including communication barriers (to be addressed through application of the Accessible Communication Standard)</p>
	Gender / Sex	<p>The 2016 estimates for Hull identify that the male population is 148,103 individuals and for the female population is 144,934 individuals. No evidence found identifying particular issues or inequalities linked to gender. As stated above, 563 female and 478 male patients have presented for this service in 2018.</p>
	Gender identity (gender reassignment)	<p>Currently there are no national and local statistics available for this protected characteristic. We are not aware of any particular issues relating to gender reassignment in the context of this service, but will review this based on patient and clinical feedback.</p>

	Sexual orientation	There are no statistics for how many LGBT people live within Hull. However, the Office of National Statistics in 2017 estimates that 4.2% of the national population identify as LGBT. No evidence found identifying particular issues or inequalities linked to sexual orientation																																												
	Religion or belief	According to the Hull Data Observatory the majority of the population is of Christian belief – 54.9% No evidence found identifying particular issues or inequalities linked to religion or belief. We are not aware of any issues associated with religion or belief, but will review based on patient and clinical feedback.																																												
	Age	<p><u>Kingston Upon Hull Data Observatory 2018</u></p> <table border="0"> <tr> <td>Total Population 2018</td> <td>260645</td> </tr> <tr> <td>Males 2018</td> <td>131329</td> </tr> <tr> <td>Females 2018</td> <td>129316</td> </tr> <tr> <td>Aged 0 - 4 (No) 2018</td> <td>17207</td> </tr> <tr> <td>Aged 5 - 9 (No) 2018</td> <td>7211</td> </tr> <tr> <td>Aged 10 - 14 (No) 2018</td> <td>14880</td> </tr> <tr> <td>Aged 15 - 19 (No) 2018</td> <td>13950</td> </tr> <tr> <td>Aged 20 - 24 (No) 2018</td> <td>21824</td> </tr> <tr> <td>Aged 25 - 29 (No) 2018</td> <td>23017</td> </tr> <tr> <td>Aged 30 - 34 (No) 2018</td> <td>19994</td> </tr> <tr> <td>Aged 35 - 39 (No) 2018</td> <td>16854</td> </tr> <tr> <td>Aged 40 - 44 (No) 2018</td> <td>14542</td> </tr> <tr> <td>Aged 45 - 49 (No) 2018</td> <td>16103</td> </tr> <tr> <td>Aged 50 - 54 (No) 2018</td> <td>16762</td> </tr> <tr> <td>Aged 55 - 59 (No) 2018</td> <td>15991</td> </tr> <tr> <td>Aged 60 - 64 (No) 2018</td> <td>13313</td> </tr> <tr> <td>Aged 65 - 69 (No) 2018</td> <td>11707</td> </tr> <tr> <td>Aged 70 -74 (No) 2018</td> <td>10326</td> </tr> <tr> <td>Aged 75 - 79 (No) 2018</td> <td>6888</td> </tr> <tr> <td>Aged 80 - 84 (No) 2018</td> <td>5439</td> </tr> <tr> <td>Aged 85 - 89 (No) 2018</td> <td>3141</td> </tr> <tr> <td>Aged 90 + (No) 2018</td> <td>1496</td> </tr> </table>	Total Population 2018	260645	Males 2018	131329	Females 2018	129316	Aged 0 - 4 (No) 2018	17207	Aged 5 - 9 (No) 2018	7211	Aged 10 - 14 (No) 2018	14880	Aged 15 - 19 (No) 2018	13950	Aged 20 - 24 (No) 2018	21824	Aged 25 - 29 (No) 2018	23017	Aged 30 - 34 (No) 2018	19994	Aged 35 - 39 (No) 2018	16854	Aged 40 - 44 (No) 2018	14542	Aged 45 - 49 (No) 2018	16103	Aged 50 - 54 (No) 2018	16762	Aged 55 - 59 (No) 2018	15991	Aged 60 - 64 (No) 2018	13313	Aged 65 - 69 (No) 2018	11707	Aged 70 -74 (No) 2018	10326	Aged 75 - 79 (No) 2018	6888	Aged 80 - 84 (No) 2018	5439	Aged 85 - 89 (No) 2018	3141	Aged 90 + (No) 2018	1496
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		<p>The local ageing population increases demand on a number of specialties, particularly Wound Management with ever growing waiting time and demand for management of wounds that have been initially dealt with within Secondary Care or a Minor Injury Unit</p> <p>In 2018 activity within this service was; 670 Patients below the age of 65, of which; 297 were Male and 373 were Female. 371 patients of 65 years and above of which; 181 were Male and; 190 were Female.</p>
	Pregnancy and maternity	JSNA 2014 shows the fertility rate in Hull is now aligned with the national rate.
	Marriage or civil partnership	There have been 125 recorded civil partnership formations in Hull between 2008 and 2017.
	Socio-economic disadvantage	<p>Kingston Upon Hull Data Observatory 12% of households in Hull are in fuel poverty 27.4% of children under 16 live in poverty 34,500 families (including 59,800 children) receive Child Benefit. 25,500 families (including 42,900 children) receive Tax Credits 8,400 families (including 16,300 children) are out of work.</p>
Current service review	How does the current service promote equality? (Are there examples of good practice or have you identified any gaps?)	<p>The service is:</p> <ul style="list-style-type: none"> • equitable • accessible to patients, provided as close to home as possible and providing timely access to appropriately skilled healthcare professionals at local GP surgeries • responsive to the individual, with consideration of age, disability, ethnicity, gender, religion, sexual orientation and socio-economic status

	<ul style="list-style-type: none"> • designed to promote and support self-care and management as far as possible through education and advice where appropriate • able to deliver value for money with clear measurable quality outcomes to patients e.g. reduction in secondary care based minor surgery activity • has robust governance arrangements in place in order to demonstrate that service provision is clinically safe and of high quality e.g. annual service review to including infection prevention and control inspections <p>Housebound patients are excluded from this service as these are referred to the District Nursing service.</p>
<p>Outcomes and demand</p> <p>How does the current service evidence improved health outcomes for different groups of people? (e.g. by age, gender disability, ethnicity, sexual orientation, religion or belief, pregnancy & maternity)</p>	<p>The local ageing population increases demand on a number of specialties, particularly Wound Management with ever growing waiting time and demand for management of wounds that have been initially dealt with within Secondary Care or a Minor Injury Unit</p> <p>The main aim is to enhance services in primary care by supporting, educating and training Practice Nurses who wish to increase their skills and deliver Wound Management services as part of a Primary Care team.</p> <p>This service includes:</p> <ul style="list-style-type: none"> • Routine suture, staple, steristrip and clip removal • Monitoring of wounds as required clinically and/or requested by secondary care teams • Minor or major operative procedures where wounds have been closed using sutures, staples, steristrip and clips <p>This service also includes simple wounds and minor injuries which are treated initially within the practice:</p> <ul style="list-style-type: none"> • Initial triage including immediately necessary clinical action to staunch

	<ul style="list-style-type: none"> haemorrhage and prevent further exacerbation of the injury. Closure of simple wounds by steri-stripping, suturing and gluing. <p>NICE</p> <p>As stated in paragraphs SC2 (Regulatory Requirements) and SC3 (Service Standards) the Provider is required to adhere to all national standards as issued from time to time by any relevant Regulatory and Statutory bodies including guidance issued by appropriate competent bodies (eg Royal Colleges).</p>
<p>What can you tell about the demand for the service by different groups? Is there an over or under-representation of particular groups, relative to the population?</p>	<p>The local ageing population increases demand on a number of specialties, particularly Wound Management with ever growing waiting time and demand for management of wounds that have been initially dealt with within Secondary Care or a Minor Injury Unit</p>
<p>Benchmark</p> <p>How does the service compare to other comparable services with respect to evidencing improved outcomes across different groups?</p>	<p>We have requested performance data from City Health Care Partnership who provide the community treatment rooms who also provide a similar service but have been unsuccessful securing this data.</p>
<p>Communication and Engagement</p> <p>How are you going to engage with different groups and communities and show that their feedback informs your service review?</p>	<p>There are four groups of people this engagement exercise aims to reach:</p> <ul style="list-style-type: none"> People who use the services - to determine what aspects of service they value, what their preferences may be; as well as to understand their experience of the services. People from groups with protected characteristics - to highlight issues people they represent may experience, and any areas of inequity that may have been overlooked. Primary Care providers - to identify how the existing service arrangements link, interact and communicate with each other; and highlight

	<p>aspects that are valued, and areas that might be improved.</p> <ul style="list-style-type: none"> • GP's as commissioners - to give views on how the services might be better provided in the future. <p>Service level data, and the equality impact assessment didn't give insight into any particular group with protected characteristics are likely to access the service more or less than any other group of people. This will be further explored through the engagement of those representing groups with protected characteristics, and outline below</p> <p>Groups to engage with:</p> <ul style="list-style-type: none"> • Recent users of service • Condition specific patient groups <p>Methodology:</p> <p>Method being used, why it was chosen. How it will work, with deadlines. How will we recruit to groups/ promote questionnaires etc. This should include reference to adjustments made for groups identified by the EQIA.</p> <p>The primary group of people to be engaged are recent users of service, these will be identified by practices and contacted via email or text message in the first instance, with a link to completing an online questionnaire; paper copies will be available on request. Practices will be reimbursed for any text-messaging costs. Paper copies will also handed to patients attending appropriate clinics in general practices. All paper questionnaires will have a free post addressed envelope, and the option of returning completed questionnaires to their local GP practice.</p>
<p>Is information provided to your target market appropriate and accessible?</p>	<p>Accessible Information Standard to be applied in service provision & engagement.</p>
<p>Does your options appraisal show any</p>	<p>No differential impact on any of the protected characteristics has been</p>

	differential impact on protected characteristics groups for each option?	identified.
Options appraisal	Is further engagement needed?	Yes

Follow up actions		
Action required	By whom?	By when?
Include the option to provide feedback on equality related issues in engagement (patient and clinical feedback), particularly re gender reassignment & religion or belief as limited data is available.	CW, Commissioning Manager	January 2020
Review this EqIA based on patient and clinical feedback	CW, Commissioning Manager	January 2020

Signoff			
Signed off by:		Date:	
Name & Role			16.10.19

	Mike Napier, Associate Director of Corporate Affairs		
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