

Full equalities impact assessment

Directorate:

Provider Services

Service:

Sheffield GP Collaborative (GPC)

Piece of work being assessed:

Proposed move of GP Collaborative Centre from Royal Hallam shire Hospital to old Nursery Building, Northern General Hospital.
Service description: It is planned that the service will operate from its current site whilst moving part of its equipment and staff will report to the new site at 08.00 the next day whilst remaining equipment is transferred. The move will take place on the quietest days, Tuesday and Wednesday and there will be no disruption to the service.
Service review and impact of proposed move from Royal Hallam shire Hospital to the old Nursery building, Northern General Hospital

Aims of this piece of work:

To review data currently collected and identify actions required to improve information held.
To identify the impact of the move on patients attending the service and plan actions to minimise any negative impact associated with the move.
To take account of the Public Consultation on proposed re-location (10 Sept – 17 Oct 08).
To vacate current site (notice received) to a site close to Accident & Emergency.
To provide a service consistent with new GP Led Access Centre

Public Consultation 10 Sept – 17 Oct 08

Name of lead person:

**Barry Dobson
Sam Morgan
Lister**

Other partners/stakeholders involved:

**Sheffield Teaching
Hospitals Foundation Trust
(STHFT), Evening & Night
Service**

Date of assessment:

7 October 2008

Who is intended to benefit from this piece of work?

- **To ensure that the service is as accessible as possible for future / potential users, there will be increased numbers of patients walk-in into the service (currently triaged by the Walk-in Centre)**
- **To ensure move not detriment to existing users of the service and minimise the impact of the move.**
- **It is acknowledged that for some service users they will have further to travel but for others the new site will be nearer.**
- **Transport is currently provided by the GPC for those having difficulty attending the centre and this will continue to be available after the move.**
- **Improvement in A&E waiting times by referring**

patients to the most appropriate service.

- **Service is accessible to all ages.**

Single Equality Scheme strand	Baseline data and research on the population that this piece of work will affect What is available? What does it show? Are there any gaps? Use both quantitative and qualitative research and user data Include consultation with users if available	Is there likely to be a differential impact? If 'yes', is that impact direct or indirect discrimination?
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Gender

Current Gender Information from user attendances (April – August 2008):

Female Male Unknown
61.18% 38.71% 0.10%

The following data is available for Sheffield:

2007 Mid-Year Estimates Sheffield Council						
	Persons	Males	Females			Persons
All Residents	Count	%	Count	%	All Residents	Count
Total Population	530,300	100.00%	264,000	100.00%	Total Population	530,300
0 to 4	29700	5.60%	15200	5.80%	0 to 4	29700
5 to 14	57200	10.80%	29600	11.20%	5 to 14	57200
15 to 24	91500	17.30%	47600	18.10%	15 to 24	91500
25 to 34	71800	13.50%	37900	14.40%	25 to 34	71800
35 to 44	76000	14.40%	38200	14.50%	35 to 44	76000
45 to 54	63900	12%	31900	12.10%	45 to 54	63900
55 to 64	56700	10.60%	28000	10.70%	55 to 64	56700
65 to 74	42900	8.10%	20300	7.70%	65 to 74	42900
75 to 84	28800	5.40%	12000	4.50%	75 to 84	28800
85 to 89	7900	1.50%	2600	1%	85 to 89	7900

Sheffield General population split = 50% males, 50% females

55 to 89 population split = 46% males, 54% females

- Service available to all patients registered with surgeries that directly subscribe to the service or where the service is commissioned by NHS Sheffield.
- Centre is staffed by both male and female clinical staff and where ever possible we will facilitate a patients request to be consulted by a clinician of the same sex.
- For face to face consultations in the centre Chaperones are provided to all unaccompanied patients under 18 and offered to all patients if an intimate examination is required (not just patients considered to be vulnerable). Patients can request either a male or female chaperone.

- No

	<ul style="list-style-type: none"> There are no specific gender issues arising out of the move to new premises though we will monitor any changes to the patient profile following the move. <p>Staff data is currently not accessed. Require staff monitoring data. Transgender data is not currently collected for patients or staff.</p>	
<p>Race</p>	<p>Patient Information on race is not currently available. (Staff are currently not asking patients for this data, although requirement is clear).</p> <p>2007 Mid-Year Estimates, Sheffield Council data as rapid change in Sheffield demographics over past 5 years.</p> <p>The following demographic data is available for Sheffield:</p> <ul style="list-style-type: none"> White British 86% White Irish 1% White Other (mainly Polish and Slovak) 2% Mixed - White/Black Caribbean 1% Mixed - White/Black African <1% Mixed - White/Asian <1% Mixed - White/Other <1% Asian – Indian 1% Asian – Pakistani 3% Asian – Bangladeshi <1% Asian – Other 1% Black – Caribbean 1% Black – African 1% Black- Other <1% Chinese 1% Other 1% 	<ul style="list-style-type: none"> Yes, no patient data, anticipate under representation.

- Service available to all patients registered with surgeries that either directly subscribe to the service or where the service is commissioned by NHS Sheffield.
- The service subscribes to Language Line to provide access to interpreters and we aim to provide access to an interpreter within 15 minutes. Language Line has been utilised 53 times in the last 12 months for 20 different languages. The languages accessed in order of frequency were: -
 - Arabic (7 times)
 - Hungarian and Pashto (6 times for each)
 - Polish (5 times)
 - Mandarin (4 times)
 - Kurdish, Punjabi and Turkish (3 times for each)
 - Bengau, Slovak, Russian and Urdu (2 times for each)
 - Bulgarian, Dari, Farsi, Portuguese, Somali, Thai, Tigrinya, and Vietnamese (once for each)
- Clinicians have been advised to not accept translation from younger children/adults when consulting patients as this may impact on the way significant information is related to the older family member.
- A Consultation leaflet has been prepared in relation to the proposed move to new premises and was made available to patients via their surgery, the GP Collaborative and Sheffield NHS Walk-in Centre (but not yet in other languages or formats) Identify needs of communicating changes to non-English speakers. One way was via direct consultation with the Chinese Centre with an advocate/interpreter.
- The consultation leaflet has also been circulated to the following groups:
 - Area Panels
 - Chinese Community Centre
 - Eastern European communities leads in Sheffield

	<ul style="list-style-type: none"> ○ Stocksbridge & Deepcar Community Forum ○ Local Involvement Network (LINKs) <ul style="list-style-type: none"> ● PCT Representatives attended the Chinese Community Centre at their invitation to discuss the proposed change of location. The Centre co-ordinator interpreted at the meeting and their views were recorded. A request was received for future information to be made available in Chinese which has been noted. ● The move to new premises does not have a direct Racial impact but planned work with A&E in relation to patient pathways will allow patients to be appropriately referred to the correct service which may mean that the Collaborative will see a more diverse group of patients that currently choose to attend A&E services. The pathways introduced should reduce waiting times for patients normally accessing A&E with minor illness. <p>Staff data is currently not accessed. Require staff monitoring data.</p>	
<p>Disability</p>	<p>Information not currently available. (Staff are currently not asking patients for this data, although requirement is clear).</p> <p>Disability is sub-divided as follows: (require demographical data and service uptake data.)</p> <p>Sensory impairment Physical disabilities Mental health Learning difficulties</p> <ul style="list-style-type: none"> ● The current premises are set up to be fully DDA compliant though a hearing loop is not in place at the moment. The new premises will take account of DDA requirements and a hearing loop has been specified. 	<ul style="list-style-type: none"> ● Yes

	<ul style="list-style-type: none"> • DDA leads will be involved in reviewing the premises to ensure that the needs of patients are met including those with learning disabilities • Type talk is available • Home visits are available for people telephoning the service if clinically required, transport is offered to facilitate attendance at the centre if necessary and these options will continue following the move. • Home visits available to those patients that are housebound. <p>Staff data is currently not accessed. Require staff monitoring data.</p>							
<p>Sexual orientation</p>	<p>Information not currently recorded.</p> <ul style="list-style-type: none"> • The Collaborative does not have access to a patient's medical history other than holding details of any previous calls to the service. Sexual orientation may be discussed as part of a clinical consultation but cannot be reported on. • It is planned that systems will in the future have access to the patient's Summary Care Record to allow access to this information. • Sexual orientation is not currently known to be relevant to the majority of emergency consultations carried out. There may be relevance where the presentation involved sexual or reproductive organs and the clinician would discuss relevant facts as part of the consultation and the incidence of this cannot be reported on. <p>Patient & Staff data does not currently collect data on sexuality. Require monitoring data. No census data.</p>	<ul style="list-style-type: none"> • Yes 						
<p>Age</p>	<p>Current service accessed by all ages Age Distribution from user attendances (April – August 2008):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Age Band</th> <th style="text-align: left;">Age %</th> </tr> </thead> <tbody> <tr> <td>Child (0-18)</td> <td>20.75%</td> </tr> <tr> <td>Adult (18-65)</td> <td>47.79%</td> </tr> </tbody> </table>	Age Band	Age %	Child (0-18)	20.75%	Adult (18-65)	47.79%	<ul style="list-style-type: none"> • No
Age Band	Age %							
Child (0-18)	20.75%							
Adult (18-65)	47.79%							

Adult (18-65) 47.79%
Older (65+) 31.37%
Not Recorded 0.08%

Sheffield GP Collaborative

Age analysis

Age Band	Female	Male	Unknown	Total	Age %
0-4	885	1057	1	1943	12.49%
4-11	370	390	0	760	4.89%
11-18	320	205	0	525	3.38%
18-25	966	361	0	1327	8.53%
25-35	1250	502	4	1756	11.29%
35-45	1090	583	0	1673	10.76%
45-55	805	471	1	1277	8.21%
55-65	800	599	1	1400	9.00%
65-75	747	624	0	1371	8.82%
75+	2275	1227	6	3508	22.56%
Age Unrecorded	8	2	3	13	0.08%
Total	9516	6021	16	15553	
Gender %	61.18%	38.71%	0.10%		

0-75	7233	4792	7	12032	77.36%
75-85	1082	734	4	1820	11.70%
85-95	1030	450	2	1482	9.53%
95-105	162	43	0	205	1.32%
105-115	1	0	0	1	0.01%
Age Unrecorded	8	2	3	13	0.08%
	9516	6021	16	15553	
	61.18%	38.71%	0.10%		

75+ totals
3508
22.56%

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- The move to new premises is not expected to have an impact on the age distribution of patients using the service.
- The new location may be further for some patients to travel but will also be nearer for others.
- Access arrangements at least as good as current service. Nearby parking, single storey building. Need to address additional parking needs as there will be a new population of short stay patients using the NGH site.
- There is extensive parking close to the new building and a new build multi storey is being planned for.
- There are a number of bus routes that go to Northern General Hospital - 20, 20A, 97 and 98 go to the Herries Road entrance and 75, 76, 47 and 48 go to the Firvale / Barnsley Road entrances. Provider Services will inform South Yorkshire Transport Executive of the proposed relocation of the service.
- Home visits are available for people telephoning the service if clinically required,

	<p>transport offered to facilitate attendance at the centre if necessary. (Chaperone offered upon necessity, consider wider needs for necessity).</p> <p>Staff data is currently not accessed. Require staff monitoring data.</p>	
<p>Religion/belief</p>	<p>Information not currently recorded.</p> <ul style="list-style-type: none"> • See information under 'Race' to identify interpreters used in the last 12 months and Patient Forums contacted as part of the consultation. • Gender matching of the clinician to the patient will be accommodated whenever possible. • Gender matching is also available when Chaperones are required. • Patients requiring a room for personal reflection will be allowed access to a room if there is a room available. It may not be possible to offer this at peak times if all rooms are in use. • Non-alcohol based hand wash/sanitiser have been sourced which will be stocked once the particular products have been approved by the PCTs Infection Control Team. Awaiting Infection Control assessment of product before purchasing. This is a requirement of the PCT /NHS and the delay in stocking this product is out of our control. • Clinicians have been advised to not accept verbal interpretation & translation from children/adults related to patients as this may impact the way significant information is related to the family member. <p>Patient & Staff data does not currently collect data on Religion & Belief. Require monitoring data. No census data.</p>	<ul style="list-style-type: none"> • Yes

Strand	Issue	Action required	How will you measure the impact/outcome?	Timescale	Lead
Gender	Higher proportion of Women accessing service than Men. Monitor uptake of chaperones and where same gender chaperones requests are not met.	Identify where there is an imbalance in uptake of service, can service improve to make services more accessible to Male patients. Analyse monitoring chaperones.	Higher uptake of service use from male patients/ Report back the conclusion on the monitoring of chaperones.	8 months, June 2009	BD & SML & other Managers
Race	Information not currently available (anticipate a high under representation of BME patients accessing GPC centre) Consultation document was not available in other languages and only 1 BME consultation took place. Reception staff to be aware of	Adastra Computer system approved for connection to the Spine which will allow this information to be collected. As an interim measure to audit current attendances Consultation process is now complete but needs to ensure BME & non English speaking patients can access the centre, how, why and details on transport & chaperones.	To repeat audit after move and again after a pilot of 6 months and 12 months to evaluate progress and ensure a high proportion of BME patients are accessing the service. Monitor over use of A&E, if newer communities are now accessing GPC centre instead. All Staff are trained	Audit < 3 months (Jan 09) so is data available now? Spine compliance <12 months	BD & SML & other Managers

	<p>E&D issues related to customer care as well as recognising the need to organise interpreters when needed.</p> <p>Language needs of patients needs to be recorded at initiation/referral stage.</p> <p>Staff need to be trained in collecting all areas of data including language.</p> <p>Chaperone service is offered to BME patients travelling alone, offering same gender and from same culture if available.</p>	<p>publicly campaign in Sheffield, as this is located in a predominantly BME community.</p> <p>Ensure staff at the Centre are aware and trained in working with BME communities, without making assumptions.</p> <p>Ensure staff are meeting legislative requirements of booking and using interpreters where needed.</p> <p>Work to ensure chaperones are trained in E&D and recruitment of diverse chaperones.</p>	<p>appropriately.</p> <p>Same gender and culture Chaperones are offered to all BME patients.</p>		
Disability	<p>Information not currently available, anticipate under representation of disabled adults & Children.</p> <p>Reception staff to be aware of E&D issues related to customer care as well as recognising the need to be</p>	<p>Adastra Computer system approved for connection to the Spine which will allow this information to be collected. As an interim measure to audit current attendances</p> <p>Training is designed and</p>	<p>To repeat audit after move</p> <p>E&D role appropriate</p>	<p>Audit < 3 months</p> <p>Spine compliance <12 months</p> <p>October</p>	<p>BD & SML & other Managers</p>

	<p>trained and use the loop system and BSL interpreters when needed.</p> <p>Address information and signage at the new GPC, in Braille, makaton, different languages and other formats)</p> <p>Chaperone service is offered to Disabled patients travelling alone, offering same gender and from same culture if available.</p>	<p>implemented with ETD team.</p> <p>Ensure needs are identified and signage is implemented with Estates Dept and with the guidance of the E&D Lead.</p> <p>Work to ensure chaperones are trained in E&D and recruitment of diverse chaperones.</p>	<p>training is delivered to all staff.</p> <p>Signage and information addresses need of GPC user population.</p> <p>Same gender and culture Chaperones are offered to all BME patients.</p>	2009	
Sexual Orientation	<p>Information not currently available. Anticipate under representation.</p> <p>Begin new monitoring tool and begin collecting data.</p>	<p>As an interim measure to audit current attendances.</p> <p>Ensure staff are trained on asking for sensitive data collection. Input on Adastra.</p>	<p>To repeat audit after move.</p> <p>Analyse results after 6 months of data collection.</p>	<p>Audit < 3 months</p> <p>Spine compliance <12 months</p> <p>October 2009</p>	BD & SML & other Managers
Religion/Belief	<p>Information not currently available, anticipate under representation of non-</p>	<p>Adastra Computer system approved for connection to the Spine which will allow this</p>	<p>To repeat audit after move</p> <p>Prayer space/quiet room</p>	<p>Audit < 3 months</p>	BD & SML & other

	<p>Christian faiths.</p> <p>Ensure venue has a prayer room/quiet reflection room for patients and staff to access around the clock.</p> <p>Ensure staff are aware of religious festivals (link on intranet) and obligations', training is provided where necessary.</p> <p>Begin new monitoring tool and begin collecting data.</p>	<p>information to be collected. As an interim measure to audit current attendances</p> <p>Identify Prayer space and prayer ablution space for patients and staff.</p> <p>Ensure staff are trained on asking for sensitive data collection. Input on Adastra.</p>	<p>space allocated and kept upto requirements of religious obligations.</p> <p>Analyse results after 6 months of data collection.</p>	<p>Spine compliance <12 months</p> <p>October 2009</p>	<p>Managers</p>
Language	<p>Patients may not be able to speak or read or fully understand English and language barriers can prevent their full participation and access to service(s).</p> <p>Data to be sourced on interpreter & languages to be sourced from Language Line/other providers (past 12 months).</p>	<p>No requirement as yet. We only do blood tests so have only short consultation patient should already be aware of visit.</p> <p>Ensure patient is fully aware of visit and purpose of visit, using telephone interpreting on initiation and interpreter is needed, at visit.</p> <p>Staff are aware of the necessity</p>	<p>Recognise client needs and implement.</p> <p>Monitor use of interpreters.</p> <p>Ensure language and dialect is recorded on Referral form and computer systems.</p> <p>Identify further needs, if arise.</p>	<p>6 months</p> <p>June 2009</p>	<p>BD & SML & other Managers</p>

		<p>to book interpreters, how to work with interpreters and how interpreters can guide staff on cultural and religious norms for patients.</p> <p>Identify Budget for interpreters with Service Head & commissioners.</p>	<p>Monitor uptake of language use within the GPC centre over transition period, pilot 12 months</p>		
Patient satisfaction survey	<p>Current patient satisfaction survey questionnaire is being modified and will be used in a new audit commencing in December, to include Dignity and respect and equality and diversity questions.</p>	<p>Debra Canning employed for a short period to roll-out this survey and to collate the results so that these 2 areas can be adequately assessed for efficiency.</p>	<p>Feedback from re-audit in December 2008, still awaiting.</p> <p>Address outcomes with E&D Lead.</p>	<p>March 2009</p>	<p>DC/SML</p>
ALL	<ul style="list-style-type: none"> • Access arrangements at least as good as current service. Nearby parking, single storey building, will need to address additional parking needs as there will be a new population of short stay patients using the NGH site. • Home visits available for people telephoning the 	<p>New build multi storey to address additional needs.</p> <p>Address all E&D Needs are addressed. Seek guidance</p>	<p>Accessible venue to be provided to meet the needs of all extra patient intake.</p> <p>Extra car parking needs & disabled spots are addressed.</p> <p>E&D needs addressed accordingly.</p>		<p>BD & SML & other Managers</p>

	service if clinically required, transport offered to facilitate attendance at the centre if necessary.	from E&D Lead.			
ALL	Identify Training needs for staff to understand complex diversity needs more easily.	Language issues, working with interpreters, Race and cultural sensitivity, disability needs & sexuality issues. Ensure staff are aware of religious festivals (link on intranet) and obligations', training is provided where necessary.	Training identified and developed with Education & training teams. Training delivered to all staff in team.	6 months June 2009	BD & SML & other managers
All strands	E&D monitoring is not currently on referral/admission forms	Training & to make sure data forms are amended from Jan onwards. New monitoring tool to be implemented.	Data to be collected for next round. Address in follow up strategy meetings.	6 months June 2009	BD & SML & other Managers
All	Currently this data is collected but held at The GPC centre, (as this is faxed information and usually very basic data) and not entered	^ For patients to be on computer system to allow collation of statistics and future reporting and update patient records accordingly. Data	^ Data is manual collected, entered onto computer system & analysed for EIA purposes.	October 2009	BD & SML & other leads at the

	<p>electronically, therefore difficult but need to measure data manually. provided at accessible To Ensure are all services are venues, physical access, loop systems and using interpreters when needed, not children/family members.</p> <p>Data issues need to chase up for basic information from hospitals/surgeries as data is not shared at present & direct from patients.</p> <p>To collect E&D data routinely, use of new E&D monitoring tool/</p>	<p>needs to be analysed manually if not available on computer system.</p> <p>^ Amendment to assessment and referral documentation to cover this.</p> <p>Ensure new monitoring tool is implemented & staff are aware</p> <p>Ensure data is collected & recorded onto computer system. Data needs to be collected manually if not available on computer system..</p> <p>Data needs to be collected manually if not available on computer system.</p> <p>Analyse results.</p>	<p>* Analyse data and address any issues raised.</p> <p>* Plan adjustments as a result of data.</p> <p>* Establish requirements from appropriate communities/patients (2-way consultation).</p>		Centre.
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ALSO: Ensure all staff appraisals are measured against KSF Equality and Diversity. Ensure KSF level to be increased, if level is basic.

Are services meeting the needs of people in deprived areas of Sheffield, is public transport/affordable access an issue?

BME – Black and Minority Ethnic.
E&D – Equality & Diversity

PCT – Primary Care Trust
NHS – National Health Service

- * Planned follow up EIA in 12-18 months from publishing, to update with data needs.
- ^ Anticipate new Monitoring tool to be launched to staff and patients, (by commissioning services) with staff training and an IT system that compliments the new data entry and supports the analysis of data.

Last updated 24.2.09,, SBB & 27.2.09 BD