

Full equalities impact assessment

Directorate:

Performance

Service:

IT

Piece of work being assessed:

Sheffield Local Health Community IM&T Plan 2009/10

Aims of this piece of work:

The Sheffield Local Health Community has recognised that information and communications technologies (ICT) and related systems and services together form a set of critical enablers which underpin the implementation of the Sheffield health strategy ***Achieving Balanced Health***, which is itself the local response to the Regional health strategy ***Healthy Ambitions***.

Investment in the development and implementation of such also needs to be aligned with the local implementation of the National Programme for IT, and meet the requirements of the NHS Operating Framework for 2009/2010

This informatics plan seeks to set out the position of the Sheffield LHC and the key actions that will be taken over the coming years. ¹

¹ Sheffield LHC IM&T Plan 2009/10

Name of lead person:

**Rosalyn
Anderson,
Programme
Manager,
Performance**

Other partners/stakeholders involved:

The plan has been subject to consultation with:

- Key PCT staff from both commissioning and provider services
- Other NHS organisations in Sheffield
- Local Authority
- The PBC Confederation
- The Local Medical Committee
- The Professional Executive Committee
- Engagement event aimed at staff from across the LHC.

It is intended to include the advisory forum in working up the detail of specific work streams, in particular patient communication channels, summary care record and pathway support.

Date of assessment: **18.02.2009**

Who is intended to benefit from this piece of work? **Patients, Clinicians, Core stakeholders and their organisations as indicated above.**

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? Yes or no
General comments	<p>The Sheffield LHC IM&T Plan 2009/10 is designed to achieve the aims of the Sheffield Health Strategy Achieving Balanced Health and is drawn up in line with recommendations and requirements set out in the Regional health strategy Healthy Ambitions and the National guidance and requirements in the Health Informatics Review.</p> <p>All systems utilised or deployed are subject to satisfying legislative requirements of collecting these data strands.</p> <p>The plan is designed in recognition of the need to be aligned with local implementation of the National Programme for IT for which NHS Connecting for Health has overall responsibility.</p> <p>NHS Connecting for Health works to ensure that operational systems conform to all relevant requirements, standards and guidelines.</p> <p>As for Gender and all other below mentioned equality strands, the same principles, stated above, are applied in approaching a collaborative ICT programme of work for Sheffield.</p> <p>Reference is made, for each strand, to the Health Informatics Review Equality Impact Assessment as this is a major reference document for the governance of the Sheffield LHC IM&T Plan 2009/10</p>	

Gender	<p>Gender is typically recorded within local systems. The Personal Demographics Service holds “administrative gender” which may be different from the “sex” held in clinical records, and it is not always clear which of these types is recorded in local systems.</p> <p>2.6.2 Coverage is high, although valid codes include “not known”. The current national codes give the patient’s phenotypical gender and do not identify the previous gender / trans-gender.</p> <p>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086073 Health Informatics Review – Equality Impact Assessment section 2.6.1</p>	<p>Yes – possibly for trans-gender individuals.</p>
Race	<p>Ethnicity is currently mandated only in the admitted patient care dataset; it is not used in outpatients or accident and emergency datasets. Ethnicity information may be captured in primary care, but coverage is understood to be patchy. In each case, the data recorded is based on the ethnicity value declared by the patient.</p> <p>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086073 Health Informatics Review – Equality Impact Assessment section 2.7.1</p>	<p>Yes – as not collected in all areas.</p> <p>Given that the aim is to monitor quality of access to services would need to follow that patient pathway from referral to outpatients to admission and beyond, it would seem sensible to consider mandating the collection of ethnicity data for all activity types.</p> <p>Health Informatics Review – Equality Impact Assessment section 2.7.3</p>
Disability	<p>There are no current nationally-agreed NHS code-sets for disability. Information may be collected locally (often on a Yes/No basis) but are not submitted centrally. It is possible that this could be collected in conjunction with requirements for additional support (e.g. wheelchair for ambulance journeys, sign language interpreter for the deaf, etc.)</p> <p>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086073 Health Informatics Review – Equality Impact Assessment section 2.8.1</p>	<p>Yes – as some disabilities maybe classed as ‘unseen’, so unless the patient declares that disability it may not be possible to anticipate ways of not disadvantaging the patient/client.</p>

Sexual orientation	<p>There is a nationally-agreed NHS code-sets for sexual orientation (see http://www.connectingforhealth.nhs.uk/datadictionary/data_dictionary/attributes/s/ses/sexual_orientation_code_de.asp). These codes may be collected locally but are not submitted centrally.</p> <p>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086073 Health Informatics Review – Equality Impact Assessment section 2.9.1</p>	<p>Yes – as not collected in all areas</p>
Age	<p>Date of birth is captured for each patient as part of the core demographic dataset.</p> <p>Health Informatics Review – Equality Impact Assessment section 2.5.1 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086073</p>	<p>Yes</p> <p>NHS Number is excluded from highly sensitive records e.g. HIV, terminations, etc. Version 6 of the commissioning dataset allows for the age (on admission) to be submitted rather than date of birth in such cases.</p> <p>Health Informatics Review – Equality Impact Assessment section 2.5.3</p>
Religion/belief	<p>There are no current nationally-agreed NHS code-sets for religion and belief, although there is a standard within e-GIF (the e-Government Interoperability Framework). These may be collected locally, typically in support of chaplaincy services. The codes are not submitted centrally.</p> <p>Health Informatics Review – Equality Impact Assessment section 2.10.1 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086073</p>	<p>Yes – as not collected</p>
Human Rights	<p>Will this piece of work impact on anyone’s human rights?</p> <p>Yes, this may impact on human rights in the sense that systems deployed have the capacity to share information between healthcare professionals. However, the intention is to only share information with healthcare professionals involved in a specific episode of the patients care and with the patient’s knowledge and consent.</p> <p>An example is the Summary Care Record (SCR), primarily accessed to make best informed treatment decisions in unscheduled care settings.</p> <p>Although no detailed care record is recorded here and therefore cannot be accessed, it</p>	<p>Yes – possibly for individuals that need responsible carers to make decisions for them.</p>

	<p>is acknowledged that some patients may not want the summary care record to be accessed without their specific permission.</p> <p>So at each occasion that the record is known to exist and the treating clinician wishes to access it, the clinician must state and record their legitimate relationship with the patient. Then they must ask the patient if they can view the SCR and record on the system that they have asked and consent was given.</p> <p>This action is audited and automatically reported to the privacy officer if any breach in the process occurs or if only one healthcare professional is involved with the patient's care.</p> <p>Patients are involved in the decision of what is added to the SCR to aid this whole sharing process.</p>	
--	--	--

Equalities Impact Assessment Action Plan

Strand	Issue	Action required	How will you measure the impact/outcome?	Timescale	Lead
ALL	Data sets are not collected in all areas as not all systems currently configured to do so.	Work with system suppliers, within the bounds of legislation, to make changes to systems to collect data in qualitative and quantitative manner.	Response to requests to system suppliers for change to systems - or direct uptake of Data Set Change Notifications from system suppliers.	2015/16	CfH and SHA in consultation with PCTs and all Health organisations