

Equality Audit

Final Version

April 2008

Prepared by:

Louise Brewins
Helen Bunter
Debbie Canning
Permjeet Dhoot
Virginia Fieldsend
Jane Harriman
Tracy Johnson

Commissioned by:

**Public Health
Standards & Engagement**

CONTENTS

	Page No
Introduction	3
Aim & Objectives	4
Criteria & Standards	4
Compliance to standards	5
Methodology	6
Results	6
Discussion	15
Conclusion	16
Recommendations	17
Appendices	18
<i>1. Questionnaire</i>	
<i>2. Comments table</i>	
<i>3. Results table</i>	

1.0 Introduction

1.1 In order to ensure that the PCT is reaching our target populations and improving the health of the people of Sheffield it is essential that we know who is accessing which services, to enable us to demonstrate improvement in access and to target those populations most at risk. Health inequalities cover ethnicity, age, gender, sexual orientation, religion/belief and disability.

1.2 Current legislation requires all health care providers to monitor equality data. The PCT must comply with legislation which includes the Sex Discrimination Act 1975, the Race Relations Act 1976 (amended 2000), the Disability Discrimination Act 1995 (amended 2005) and the Equality Act 2006.

1.3 There is a need, for example to monitor ethnicity data - within Sheffield there is a growing BME population. The census data for 2001 shows a 9% BME population but Sheffield City Council figures show that by 2005 this had risen to 14%. Some ethnic minority groups are disproportionately affected by some diseases. For instance, people of Pakistani origin are six times as likely to develop type 2 diabetes, at a much younger age, than the white British population.

This information is essential to our public health disease prevention strategies and to planning the services we provide and commission.

1.4 An audit was undertaken in December 2007 as a baseline study to establish the extent to which services monitor data on all aspects of equality. This covered provider services, GP practices, dental practices, community pharmacists and optometrists.

2. Aim & Objectives

Aim:

To ensure that services collect and use equality data to manage patient access to services, in line with current legislation.

Objectives:

- 1) To ensure that Provider Services and Independent Contractors collect information required, in order to comply with current legislation
- 2) To identify where there are gaps in recording and data completeness
- 3) To make recommendations for improvement

3. Criteria & Standards

Criterion 1

Equality data is routinely collected in practices and services.

Standards 100%

- 1.1 Ethnicity data
- 1.2 Disability data
- 1.3 Gender data
- 1.4 Age data
- 1.5 Sexual orientation data
- 1.6 Religious belief data

Criterion 2

Equality data is used routinely in practices and services to improve planning, design and patient care.

Standards 100%

- 2.1 In service planning.
- 2.2 In service design.
- 2.3 In targeting patient care.

Compliance to standards

Standard	PCT Result	Status
1.1 Ethnicity data routinely recorded.	31%	R
1.2 Disability data routinely recorded.	54%	R
1.3 Gender data routinely recorded.	95%	G
1.4 Age data routinely recorded	96%	G
1.5 Sexual orientation data routinely recorded	3%	R
1.6 Religious belief data routinely recorded	9%	R
2.1 For those who routinely recorded data, this data is used in service planning Average of ethnicity / disability / gender and age percentage scores. <i>N.B Sexual orientation and religious belief not included due to low number of returns</i>	16%	R
2.2 For those who routinely recorded data, this data is used in service design Average of ethnicity / disability / gender and age percentage scores <i>N.B Sexual orientation and religious belief not included due to low number of returns.</i>	17%	R
2.3 For those who routinely recorded data, this data is used in targeting patient care Average of ethnicity / disability / gender and age percentage scores <i>N.B Sexual orientation and religious belief not included due to low number of returns</i>	28%	R

4. Methodology

4.1 A questionnaire (Appendix 1) together with a covering letter was distributed during December 2007 to all Provider Services and Independent Contractors (GP practices, dental practices, community pharmacists, and optometrists) for completion by the practice manager. A total of 371 questionnaires were distributed across the PCT. All data that was collated was stored in a Microsoft Access database and then analysed in Microsoft Excel by PCT staff from the Clinical Audit & Effectiveness Department.

5. Results

5.1 The total number of responses from Provider Services and Independent Contractors was 167, giving a response rate of 45%. The confidence rate of the returns was just under 95%. Returns rates across services were broadly in line with characteristics of true populations.

Table 1: (N = 167)

	No. distributed	No. completed>Returns rate (%)	Characteristics of true population¹	Characteristics of sample population²
Provider Services	38	22 (58%)	23%	28%
GP's	94	27 (29%)	25%	16%
Community Pharmacy	113	57 (50%)	11%	8%
Dentists	84	47 (56%)	30%	34%
Optometrists	42	14 (33%)	10%	13%
Overall	371	167 (45%)		

Summary of Returns Rate for each Service:

- Provider Services: **58%**
- GPs: **29%**
- Community Pharmacy: **50%**
- Dentists: **56%**
- Optometrists: **33%**

¹ True population relates to the total number of questionnaires distributed across all services

² Sample population relates to the actual number of questionnaires completed and returned by each service

5.2 Q1a. Does your organisation/ service routinely record the following patient information?

Table2:

	<i>Ethnicity</i>	<i>Disability</i>	<i>Gender</i>	<i>Age</i>	<i>Sexual orientation</i>	<i>Religious Belief</i>
	Yes (%)	Yes (%)	Yes (%)	Yes (%)	Yes (%)	Yes (%)
Provider Services (N=22)	14 (64%)	14 (64%)	20 (91%)	19 (86%)	2 (9%)	9 (41%)
GP (N=27)	27(100)	23 (85%)	27 (100%)	27 (100%)	2 (7%)	3 (11%)
Community Pharmacy (N=57)	2 (4%)	13 (23%)	56 (98%)	57 (100%)	2 (4%)	1 (2%)
Dentists (N=47)	8 (17%)	33 (70%)	42 (89%)	43 (91%)	1 (2%)	3 (6%)
Optometrists (N=14)	1(7%)	7 (50%)	14 (100%)	14 (100%)	0 (0%)	0 (0%)
TOTAL: (N=167)	52 (31%)	90 (54%)	159 (95%)	160 (96%)	7 (4%)	16 (10%)

5.3 Q1b If yes, is this for any of the following groups?

Summary: (Summarised results relate to those services/practices that stated that equality data was collected routinely)

- The results showed that data was collected for all groups of patients with respect to disability, gender and age
- Recording of ethnicity was collected for: all patients for Provider Services (64%) and dental practices (75%); new patients for community pharmacists (50%); patients with long-term conditions for optometrists (100%); and new patients (44%) and all patients (37%) for GPs
- Recording of sexual orientation was: not recorded by Provider Services and optometrists; recorded for all patients (100%) by dental practices and community pharmacists; and recorded for new patients by GPs
- Recording of religious belief was: not recorded by optometrists or community pharmacists; recorded for all patients by dental practices (67%) and for all patients by GPs (50%); and was not collected routinely by Provider Services, although 67% of responses indicated the primary source for collection as 'all patients'
- Data collection for sexual orientation and religious belief was low for all services

Where 'no' was recorded as a response, the reason was requested. A summary of these is listed below. (Full list: Appendix 2)

Table 3:

	Ethnicity (N=79)	Disability (N=41)	Gender (N=4)	Age (N=3)	Sexual orientation (N=91)	Religious belief (N=83)
Not applicable/ relevant/ Appropriate (N=79)	48 (61%)	21(51%)	1(25%)	1(33.3%)	56 (62%)	53 (64%)
No facility to record data	8 (10%)	3 (7%)	0 (0%)	0 (0%)	3 (3%)	2 (2%)
Not happy about recording data	4 (5%)	2 (5%)	0 (0%)	0 (0%)	8 (9%)	4 (5%)
Unsure of value or whether to record	3 (4%)	0 (0%)	0 (0%)	0 (0%)	7 (8%)	3 (4%)
Only collecting service contracts. All our information comes from GP clinical contracts	0 (0%)	0 (0%)	1 (25%)	1(33.3%)	0 (0%)	0 (0%)
Other	16 (20%)	15 (37%)	2 (50%)	1 (33.3%)	17 (19%)	21(25%)

Summary: Services which did not collect information did not see the relevance of ethnicity, disability, sexual orientation or religious belief to the service that they were providing their patients, or they considered it inappropriate or not applicable.

5.4 Q1c If disability data collected please indicate type?

Overall a total of 86 (51%) returns stated that data relating to disability type was collected.

Table 4: (N=86)

	Provider Services	GP	Community Pharmacists	Dentists	Optometrists	Total
Physical disability	0 (0%)	0 (0%)	3 (3%)	1 (1%)	0 (0%)	4 (5%)
Sensory disability	0 (0%)	0 (0%)	1 (1%)	0 (0%)	0 (0%)	1 (1%)
Learning disability	0 (0%)	2 (2%)	0 (0%)	2 (2%)	0 (0%)	4 (5%)
Other disability	1 (1%)	0 (0%)	1 (1%)	2 (2%)	3 (3%)	7 (8%)
Physical Sensory, Neurological & Learning disability	8 (9%)	18 (21%)	1 (1%)	17 (20%)	1(1%)	45 (52%)
More than one disability type ³	5 (6%)	3 (3%)	4 (5%)	13 (15%)	0 (0%)	25 (29%)
Total	14	23	10	35	4	86

Summary: Services were more likely to record multiple disabilities than single disabilities

³ This category corresponds to patients with more than one disability type and includes various combinations of physical, sensory, neurological and learning disabilities

5.5 Q2a What methods are used to collect information about equality?

Table 5: Summary of the methods used to collect information relating to equality

	Provider Services	GP	Community Pharmacists	Dentists	Optometrists	Overall PCT
Case notes	73 %	78%	4%	55%	50%	43%
New patient form	59%	98%	96%	60%	21%	44%
Face to face reception led conversation	23%	44%	19%	30%	57%	40%
Face to face clinical led conversation	55%	70%	7%	28%	29%	31%
Face to face medical led conversation	23%	63%	7%	26%	7%	24%
Telephone call	18%	19%	2%	11%	43%	13%
Prescription	18%	19%	74%	19%	7%	36%

Summary: A range of methods were identified:

- **Provider Services:** The most popular method was case notes. Referral forms were another method used that was not recorded in the table above
- **GPs, Community Pharmacists & Dental Practices:** The most popular method used was a new patient form. Dentists also used medical history forms.
- **Optometrists:** The most popular method was face to face reception-led conversation. Information was also collected by phone

5.6 Q2b Where data is collected, is there a recognised system for recording the following? (Q2c If yes was a coding system used / Q2d If yes, please identify the coding system)

Table 6: The results below relate to the total number of services that responded to Q2b only

(No. responded to Q2b)	A recognised data collection in place	Overall responders utilising a coding system
Ethnicity (N=52)	43 (83%)	30 (70%)
Disability (N=92)	60 (65%)	22 (37%)
Gender (N=161)	137 (85%)	31 (23%)
Age (N=162)	137 (85%)	27 (20%)
Sexual orientation (N=5)	4 (80%)	3 (75%)
Religious belief (N=16)	10 (63%)	4 (40%)

Summary: Results show that:

- Recognised data collection systems are in place for ethnicity, disability, gender and age
- A reasonable level of coding is being utilised in relation to ethnicity data
- Information in relation to sexual orientation and religious belief needs to be viewed with caution due to low number of responses

Table 7: Illustrating the recognised systems for recording equality information

	Ethnicity	Disability	Gender	Age	Sexual orientation	Religious belief
Provider Services	Not recorded	No system in place	READ codes	READ codes	No system in place	Not recorded
GP	READ codes	READ codes	READ codes	READ codes	READ codes	READ codes
Pharmacists	No system in place	No system in place	No system in place	No system in place	No system in place	No system in place
Dentists	UK Census 2001	Other	Other	Other	Other	Other
Optometrists	No system in place	No system in place	No system in place	No system in place	No system in place	No system in place

5.7 Q2e Ethnicity data only, what percentage of records coded had the ‘not stated’ option chosen by patients?

- Of those asked, a total of five (18%) of GP practices were able to provide this information. None of the records were coded as ‘not stated’ by the other services

**5.8 Q3a What data is routinely used in your organisation to aid the following:
Table 8: Answers relate only to where data was routinely collected**

(No. responded to Q3a)	Provider Services	GP practices	Community pharmacists	Dental practices	Optometrists
<u>Ethnicity (N=52)</u>					
Service planning	4 (8%)	5 (10%)	0 (0%)	0 (0%)	0 (0%)
Service design	5 (10%)	6 (12%)	0 (0%)	0 (0%)	0 (0%)
Targeting care	5 (10%)	7 (13%)	1 (2%)	1 (2%)	0 (0%)
<u>Disability (N=92)</u>					
Service planning	5 (5%)	6 (7%)	0 (0%)	5 (5%)	0 (0%)
Service design	5 (5%)	5 (5%)	1 (1%)	4 (4%)	0 (0%)
Targeting care	7 (8%)	10 (11%)	5 (5%)	7 (8%)	0 (0%)
<u>Gender (N=161)</u>					
Service planning	6 (4%)	10 (6%)	3 (2%)	2 (1%)	0 (0%)
Service design	6 (4%)	10 (6%)	6 (4%)	2 (1%)	0 (0%)
Targeting care	6 (4%)	13 (8%)	14 (9%)	3 (2%)	2 (1%)
<u>Age (N=162)</u>					
Service planning	8 (5%)	10 (6%)	6 (4%)	3 (2%)	3 (2%)
Service design	6 (4%)	10 (6%)	10 (6%)	2 (1%)	0 (0%)
Targeting care	6 (4%)	15 (9%)	15 (9%)	6 (4%)	3 (2%)
<u>Sexual orientation (N=2)</u>					
Service planning	0 (0%)	0 (0%)	1 (50%)	0 (0%)	0 (0%)
Service design	0 (0%)	0 (0%)	1 (50%)	0 (0%)	0 (0%)
Targeting care	0 (0%)	0 (0%)	1 (50%)	1 (50%)	0 (0%)
<u>Religion/ belief (N=3)</u>					
Service planning	1 (33%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Service design	1 (33%)	1 (33%)	0 (0%)	0 (0%)	0 (0%)
Targeting care	1 (33%)	0 (0%)	0 (0%)	1 (33%)	0 (0%)

Summary: Results show that

- Even for those services who collect information, it is not routinely being used to aid service planning, service design or targeting of patient care

Q3b If yes to any of the above please advise how this is done.
Outlined below are the themed summaries of the comments received.

General Themed Summaries; these applied to ethnicity, disability, age, gender & religious belief

- For use of interpreters or need for female clinicians
- New services targeted to our patient population.
- Access to services & to reach those not using a service
- Identification of groups to invite in e.g. Flu, smears etc
- Appropriate organisation of clinics etc

Ethnicity

- Higher prevalence of certain diseases in certain ethnic groups & selection of certain drug groups accordingly

Disability

- Assessing need for domiciliary visits and ensuring practice is fully suitable for all disabled patients
- Disability may affect oral hygiene so would state on medical history
- Patient surveys, Practice plan for services. Higher risk of some diseases in certain ethnic groups. Choosing certain groups of drugs for patients of particular ethnic backgrounds or with certain disabilities or certain age
- A separate service is provided for Disability and Dyslexia support
- Disability used to show patient priority for treatment

Gender

- Appropriate advice is provided with age and gender as a guide.
- Age and gender ensure prescriptions are suitable and safe (re: medication & dose)
- Gender and Age data are used to aid recruiting patient for MUR's services

Age

- Age registers e.g. flu jabs & childhood immunisations
- Chronic disease management
- Choosing certain groups of drugs for patients of particular ethnic backgrounds or with certain disabilities or certain age
- To ensure prescriptions are appropriate and safe
- New services targeted to our patient population
- The service has been designed to fit into service district boundaries and the elderly population in each district has influenced staffing levels

Religious belief

- Culturally appropriate services including use of interpreters to communicate between clients and clinicians

5.9 Q4 Which of the answers to Q3b are used to identify areas of inequitable access

- **Provider Services:** Ethnicity, Disability, Gender & Age
- **GPs & Community Pharmacists:** Disability, Gender & Age
- **Dental Practices & Optometrists:** None

5.10 Q5 Please state on behalf of your organisation / service how staff feel about collection of the following data

Table 9: Illustrating the percentage of staff that either agree or strongly agree

	PS	GP	CP	D	O	PCT average
A) Staff generally feel uncomfortable about asking patients for personal information	10	19	26	20	7	19
B) All staff are happy to be involved in ethnicity data collection	59	48	11	11	7	22
C) All staff are happy to be involved in disability data collection	73	55	19	43	21	59
D) All staff are happy to be involved in sexual orientation data collection	45	4	37	4	28	4
E) All staff are happy to be involved in religious belief data collection	41	100	2	11	7	13
F) The health related need for collection of equality data is known to all staff	46	63	28	38	21	39
G) Age data is used systematically within the practice to inform the clinical decision making process	23	67	55	43	35	47
H) Gender data is used systematically within the practice to inform the clinical decision making process	23	56	35	21	7	30
I) Ethnicity data is used systematically within the practice to inform the clinical decision making process	41	74	45	27	21	42
J) Disability data is used systematically within the practice to inform the clinical decision making process	36	44	14	28	0	24
K) Sexual orientation data is used systematically within the practice to inform the clinical decision making process	0	11	0	6	0	4
L) Religious belief data is used systematically within the practice to inform the clinical decision making process	0	7	2	4	0	3

Summary: Results show that

- The majority of services **do not** feel uncomfortable about asking patients for personal information (Results ranged from 7% to 26% uncomfortable, with the PCT average of 19%). However, this result is at odds with the following results and the question may have been misread or misinterpreted

- Provider Services and GPs are reported as being more happy to be involved in equality data collection, with regard to ethnicity, disability, sexual orientation and religious belief (Provider Services average of 55% and GPs average of 52% compared with the average of 17% for the remainder of services)
- Disability appears to be the one aspect of equality information that staff are most happy to be involved in collecting (PCT average of 59%) and sexual orientation is the one aspect of equality information that staff are least happy to be involved in collecting (PCT average of 4%)
- The health related need for collection of equality data is reasonably well known to GP Practices but seemed to be less well understood by other services. (Results ranged from 21% to 63% with the PCT average of 39%)
- Data relating to ethnicity and age is reported as being utilised systematically within services to inform clinical decision making in some cases (PCT average of 42% for ethnicity and 47% for age)
- Data relating to sexual orientation and religious belief is reported as being not very well utilised to inform clinical decision making in all services (PCT average of 4% for sexual orientation and 3% for religious belief). Some services scored zero.
- GPs appear to be utilising most equality data very well to inform clinical decision making (except for sexual orientation and religious belief data)

5.11 Q6. Do you have the following in place that could facilitate the production of a quarterly report?

A detailed table of the results (Table 10) can be seen in the Appendix section (Appendix 3). A summary of these findings is outlined below.

Summary: Results show that

- The majority of services reported having accessible information relating to gender and age (PCT average being documented as 31% in both cases)
- Provider Services and GPs reported having accessible information relating to ethnicity and disability (41% and 37% respectively for ethnicity; 36% and 30% respectively for disability). These figures were much lower for the other services with respect to ethnicity and disability (PCT average being documented as 13% for ethnicity and 17% for disability)
- The majority of services reported that they did not have an existing usable system to record information relating to equality (PCT average being documented as 9% for ethnicity; 8% for disability; 16% for gender; and 15% for age)

5.12 Q7. If you have experienced difficulties in collecting equality data please advise what needs to change in your organisation to make this process manageable.

65 comments were received in total. A summary of themed comments is outlined below:

General

- Not relevant to clinical practice
- Culture

- Need to upgrade IT systems

Dentists

- Irrelevant to clinical care / treatment planning
- Already treat patients equally
- Do not understand why the data should be collected

GPs

- IT systems need to be upgraded by supplier
- NHS in general practice not set up for this kind of information

Pharmacies

- Issue for Head Office
- Much of the data not relevant to pharmacy
- Prescription form needs updating

Provider Services

- Cultural change (getting staff to ask for this information)
- Referrals to services do not contain this information
- Need to upgrade IT systems

Discussion

- **Need for Equality Information**

The Government's Social Exclusion Unit identified six groups in society that face particular disadvantage in accessing mainstream public services. This informs the six strands of equality that provide the overarching framework for the Department of Health's Single Equality Scheme⁴.

Accurate data collection and monitoring has been identified as essential for successful commissioning.

- **Clinical Culture**

Provider services within the PCT have generally acknowledged the need to recognise the Equality Agenda but this has not led to information being routinely collected. Most Independent Contractors and their staff routinely collect information on age and gender, as they perceive this as being more obviously related to the care being delivered. There are several reported issues where staff feel uncomfortable about asking patients for information on the other areas. In some specific cases (see Appendix C, Question 7) staff do not agree with asking the questions even when they know they should be doing so. While, in general, GPs seem to have fewer problems, the issues are much more marked in Optometry, Pharmacy and Dentistry. Some of the pharmacies report that they act according to instructions from their Head Office.

Some Independent Contractors indicate that taking the equality agenda forward will require staff to have specific training, which is not generally available.

- **Relevance**

Despite research evidence demonstrating the link between health, disease, access to care, treatment, uptake of screening, etc to race, religion, sexual orientation, age, gender and disability, the audit results indicate that there is a strong feeling that this information should not be asked for unless the information is required for individual clinical care. This is consistently reported for all areas of equality (other than age and gender) and by all groups; being particularly significant for Optometry, Pharmacy and Dentistry. Several respondents indicated that they might consider collecting specific information but this would depend on the individual patient and would not be on a systematic basis.

- **Systems**

All groups report that their systems need changing or updating to accommodate the recording of this information. This applies to both paper and electronic processes. READ codes are available on GP computers for all types of equality information but these are not used by the other groups (other than gender and age on Provider

⁴ Single Equality Scheme 2007 - 2010

Services systems). Generally, neither paper nor electronic systems support recording of equality information.

Conclusion

Equality data is essential to successful commissioning however, many service providers are reluctant to collect all required strands of information (particularly sexual orientation and religion/belief) and do not understand its relevance to service improvement. Additionally, systems are not in place to capture this information in order for it to be reported to the PCT.

Recommendations

Patients and public

- Publicity and awareness raising campaign to be carried out in association with other health, local authority and voluntary organisations (possibly Yorkshire wide) to inform and reassure the public about the collection of equality data and the purpose for collecting such data.
- Information to be provided for the public regarding data protection of any information given for equality purposes and an explanation of the purpose of such a collection.

Provider Services

- Services need information and education regarding the links between equality data and health to help them to understand the need for data collection. The clinical case for the relevance of this information must be clear.
- Equality information should only be gathered in a confidential area and not over the counter or by telephone by reception staff, where other patients may be able to hear
- Guidance should be provided by the PCT about who, where, what, how and when to ask patients for equalities information
- Specific training to be provided for staff in how to ask patients for potentially sensitive information
- Assistance should be given to help provider services conduct their own Equality Impact Assessments to enable them to use this information in planning and designing their services
- Work collaboratively with the LMC to improve data collection/sharing

Commissioning

- Audit results will inform Equality Impact Assessments and the commissioning cycle
- Equality information is required by the PCT in order that it complies with legislation and should be explicitly required and monitored within contracts with all services and contractors
- Pacesetter activity should be mainstreamed and prioritised in the overall programme of work to improve equality data recording

Information systems

- Agree which data sets should be collected using National Standards and ensure that data collection is uniform across the PCT.
- Paper and IT systems should be reviewed to ensure that equality data is easily and routinely collected by all services
- Work with the SHA and feed into national work on health information systems to ensure that equality data are required fields on patient records

Re-audit

- This audit should be repeated within the next two years

Action plan

- A detailed action plan, based on these recommendations, should be produced

Appendix 1 – Questionnaire

Equality Data Recording Audit

To be completed on behalf of your organisation

Organisation / Service name _____

Date _____

Q1a. Does your organisation / service routinely record the following patient data?
(Please tick all that apply)

	Yes	No	If not collected please state reason
Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disability	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gender	<input type="checkbox"/>	<input type="checkbox"/>	_____
Age	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Religious belief	<input type="checkbox"/>	<input type="checkbox"/>	_____

If no for all data types in Q1a than please go to Q5a

Q1b. If yes is this for any of the following groups?
(Please tick all that apply)

	New patients only	All patients	Existing patients on Long Term Condition registers	Other	(Please state)
Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Religious belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Q1c. If **disability data** collected please indicate type.
(Please tick all that apply)

Physical	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>
Sensory	<input type="checkbox"/>	Other	<input type="checkbox"/>
Neurological	<input type="checkbox"/>	Please state	_____

Q2a. What method(s) are used to collect information about equality?
(Please tick all that apply)

	Ethnicity	Disability	Gender	Age	Sexual orientation	Religious belief
Casenotes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New patient Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face to face reception staff lead conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face to face clinical staff lead conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face to face medical lead conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please state)	_____					

If none in Q2a then please go to Q5a

Q2b. Where data collected, is there a recognised system for recording the following

	Yes always	Usually	Sometimes	Not often	Never
Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2c If yes always, was a coding system used?

	Yes	No
Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>
Age	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>
Religious belief	<input type="checkbox"/>	<input type="checkbox"/>

Q2d. If yes please identify the coding system used in white box categories where possible. Please use Yes/ Not Known / Not applicable responses

	UK census 2001	READ codes V2 (not TTP practices)	READ codes CTV3 codes (TTP practices)	Other
Ethnicity	_____	_____	_____	_____
Disability	_____	_____	_____	_____
Gender	_____	_____	_____	_____
Age	_____	_____	_____	_____
Sexual orientation	_____	_____	_____	_____
Religious belief	_____	_____	_____	_____

Q2e. For **ethnicity data only**, what percentage of records coded had the 'not stated' option chosen by patients?

_____ % Not known Not applicable

Q3a. Which data are used routinely in your organisation to aid?

	Service Planning	Service Design	Targeting care to patients
Patient ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If none in Q3a then please go to Q5a

Q3b. If yes to any of the above please advise how this is done. (Please continue on blank sheet overleaf if necessary)

Q4. Which of the above are used to identify areas of inequitable access in your organisation? (Please continue on blank sheet overleaf if necessary)

Q5. Please state on behalf of your organisation / service how staff feel about collection of the following data.

	Strongly disagree	Disagree	Neither A nor D	Agree	Strongly Agree
a. Staff are generally uncomfortable about asking patients for any personal information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. All staff are happy to be involved in ethnicity data collection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. All staff are happy to be involved with disability data collection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. All staff are happy to be involved in sexual orientation data collection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. All staff are happy to be involved in religious belief data collection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The health related need for collection of equality data is known to staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Age data is used systematically within the practice to inform the clinical decision making process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Gender data is used systematically within the practice to inform clinical decision making process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Ethnicity data is used systematically within the practice to inform clinical decision making process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Disability data is used systematically within the practice to inform clinical decision making process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Sexual orientation data is used systematically within the practice to inform clinical decision making process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Religious belief data is used systematically within the practice to inform clinical decision making process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6. Do you currently have the following in place that could facilitate the production of a quarterly report?

	Accessible information	Existing usable system
Patient ethnicity	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>
Age	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>
Religious belief	<input type="checkbox"/>	<input type="checkbox"/>

Q7. If you have experienced difficulties in collecting equality data please advise what needs to change in your organisation to make this process manageable. (Please continue on a blank sheet overleaf if necessary)

THANK YOU FOR YOUR TIME

Appendix 2 – Comments

Question 1b; Where 'no' was recorded as a response, the reason was requested

Ethnicity	Total
Again - treatment is for all - ethnicity included.	1
Collected on PF17 NHS Forms	1
Colour blind	1
Currently only collecting service contacts. All our information comes from GP clinical systems	1
Do not feel comfortable asking the question. If a patient wants to give the info - we don't ask	1
Does TPP record. Not sure when shared with GP practice	1
Don't know- not on medical questionnaire	1
Everyone equally respected.	1
I am unsure of the value of knowing any of these unless it impacts on treatment. I.e. we record if a Jehovah witness will not want blood transfusion	1
I do not have the facility to record this data.	1
I don't feel it is completely necessary for a pharmacy to record this category, which I have indicated "no".	1
Information not required	2
Irrelevant	2
Irrelevant to pharmacy	3
N/A	3
N/R	32
Never considered recording that particular data	1
No facility on PMR	1
No happy about doing this.	1
No place to record this information on the computer records.	1
No relevance to us	10
Not an option on our system	3
Not Applicable	1
Not applicable on patient medication records.	2
Not appropriate	1
Not appropriate, nothing to do with dentistry and invasion of privacy	3
Not clinically relevant	4
Not in terms of service	1
Not necessary for our business	7
Not on prescription, Not on computer system.	2
Not part of dispensing process	2
Not requested on BDA Medical History Form.	1
Not Required	8
Only if relevant to dental care.	1
Pt can complete PFIT Ethnic Group if they wish - we do not collect and store data	1
The care homes team remit within the project plan was to support the knowledge & skills development of care home sector staff rather than delivering direct patient care. However as the project has progressed the team receive referrals to provide follow up	1

This information is not given from referral service	1
We aim to treat all patients without showing any discrimination. This info is irrelevant to the service we provide	1
We do not believe such information is fair/ reasonable to collect.	2
Will discuss with individual patients if affecting ability to access services. E.g. women only services, etc	1
If I feel their ethnicity or disability has a bearing on their dental or wider medical condition then I will make a note and explain this to the patient e.g. higher diabetes rates or poor oral hygiene. But I would not categorise people routinely on this basis	1
Disability	Total
A record of the disability e.g. deafness may be made if necessary e.g. to let the delivery driver know someone may not hear the doorbell.	1
Currently only collecting service contacts. All our information comes from GP clinical systems	1
Depends on relevance to service provided.	1
Diagnosis collected on database - impairment rather than disability	1
Evident by prescription	1
Except those claiming VAT exemption	1
I do not have the facility to record this data.	1
I don't feel it is completely necessary for a pharmacy to record this category, which I have indicated "no".	1
If I feel their ethnicity or disability has a bearing on their dental or wider medical condition then I will make a note and explain this to the patient e.g. higher diabetes rates or poor oral hygiene. But I would not categorise people routinely on this basis	1
Information not required	1
Irrelevant to pharmacy	1
Medical questionnaire request the list anyway	1
In the computer records.	1
N/A	1
N/R	30
No facility on PMR	1
No question on medical history/treatment form	1
No relevance to us	6
Not Applicable	1
Not necessary for our business	2
Not needed	1
Not needed to dispense prescriptions	1
Not part of dispensing process	1
Not relevant to treatment	1
Not required	1
Not required for out patient medication record.	1
Not required in the dispensing process.	1
Not Required on system used	1
Only record data available from Prescription.	1
Sometimes recorded if relevant	1

The care homes team remit within the project plan was to support the knowledge and skills development of care home sector staff rather than delivering direct patient care. However as the project has progressed the team receive referrals to provide follow	1
This information is not given from referral service	1
This is on the SAP documentation but is not always completed.	1
We aim to treat all patients without showing any discrimination. This info is irrelevant to the service we provide	1
We do not believe such information is fair/ reasonable to collect.	1

Gender

Total

Currently only collecting service contacts. All our information comes from GP clinical systems	1
N/R	4
Not necessary	1
The care homes team remit within the project plan was to support the knowledge and skills development of care home sector staff rather than delivering direct patient care. However as the project has progressed the team receive referrals to provide follow up	1
Usually obvious	1

Age

Total

Currently only collecting service contacts. All our information comes from GP clinical systems	1
N/R	3
Not necessary	1
The care homes team remit within the project plan was to support the knowledge and skills development of care home sector staff rather than delivering direct patient care. However as the project has progressed the team receive referrals to provide follow up	1

Sexual orientation

Total

No issue re equitable access.	1
Completely irrelevant to dentistry, only punches to PC Lobby.	1
Currently only collecting service contacts. All our information comes from GP clinical systems	1
Database limitations	1
Does not apply	1
Does not impact on our service	2
Don't know- not on medical questionnaire	1
Got assaulted last time I asked/ I value my life	2
I am unsure of the value of knowing any of these unless it impacts on treatment. I.e. we record if a Jehovah witness will not want blood transfusion	2
I do not have the facility to record this data.	1
I don't feel it is completely necessary for a pharmacy to record this category, which I have indicated "no".	1
If I feel their ethnicity or disability has a bearing on their dental or wider medical condition then I will make a note and explain this to the patient e.g. higher diabetes rates or poor oral hygiene. But I would not categorise people routinely on this basis	1

Information not required	1
Irrelevant	1
Irrelevant to pharmacy	1
It is not on the formal patients assessment form currently used.	1
N/A	5
N/R	58
Never any reason to	1
No happy about doing this.	1
No question on medical history/treatment form	1
None of our business	1
Not an option on our system, not comfortable asking.	1
Not Applicable	4
Not applicable to dispensing.	2
Not appropriate	2
Not appropriate to service delivery	2
Not appropriate, nothing to do with dentistry and invasion of privacy	1
Not clinically relevant	7
Not considered relevant	1
Not necessary	4
Not needed to dispense prescriptions	1
Not on nursing documentation. SAP contact assessment, Dr and Nursing assessment	1
Not on paperwork / format. Also not appropriate to be asking this information.	1
Our service / support intervention is not influenced / altered because of this information	
Not on patient questionnaire	1
Not relevant	6
Not relevant for dental treatment	3
Not relevant to pharmacy	1
Not relevant to provision of care only collected if necessary.	1
Not requested on BDA Medical History Form.	1
Not Required	6
Not required by organisation.	1
Not required for out patient medication record.	1
Not required in the dispensing process.	1
Offensive question	1
Only if relevant for treatment	1
Only if relevant to dental care.	1
Only record data available from Prescription.	1
Only recorded if info offered by patients	1
Our service provides end of life care regardless of sexual orientation	1
Patient may not wish to reveal	1
This information is not given from referral service	1
Treatment is for all regardless of sexual orientation. If a patient's religion dictated a particular method in treatment those involved would understand and it would be documented.	1
Unless impacts on healthcare	1
We aim to treat all patients without showing any discrimination. This info is irrelevant to the service we provide	1
We do not believe such information is fair/ reasonable to collect.	1

Religious Belief	Total
? Value of information	1
A complete waste of precious surgery/ admin time/ resources	1
Currently only collecting service contacts. All our information comes from GP clinical systems	1
Does not apply	1
Don't know- not on medical questionnaire	1
Don't need this info	2
God Knows	1
I am unsure of the value of knowing any of these unless it impacts on treatment. I.e. we record if a Jehovah witness will not want blood transfusion	1
I do not have the facility to record this data.	1
I don't feel it is completely necessary for a pharmacy to record this category, which I have indicated "no".	1
If I feel their ethnicity or disability has a bearing on their dental or wider medical condition then I will make a note and explain this to the patient e.g. higher diabetes rates or poor oral hygiene. But I would not categorise people routinely on this basis	1
Information not required	7
Irrelevant	14
Irrelevant to pharmacy	2
N/A	5
N/R	56
Never any reason to	1
No happy about doing this.	2
No question on medical history/treatment form	1
No, not asked for.	1
Not an option on our system, not comfortable asking	1
Not Applicable	5
Not appropriate, nothing to do with dentistry and invasion of privacy	1
Not clinically relevant	6
Not necessary for our business	3
Not needed to dispense prescriptions	4
Not on patient questionnaire	1
Not relevant for dental treatment	2
Not relevant to my job.	2
Not requested on BDA Medical History Form.	1
Not required for out patient medication record.	1
Not saved on form. Record Jehovah witness if advised by patient or 3rd party e.g. hospital	1
Only if relevant for treatment e.g. Jehovah's witness, blood transfusion	1
Only record data available from Prescription.	1
Only recorded if info offered by patients	1
This information is not given from referral service	1
Treatment is for all regardless of sexual orientation. If a patient's religion dictated a particular method in treatment those involved would understand and it would be documented.	1
Unless impacts on healthcare	2
We aim to treat all patients without showing any discrimination. This info is irrelevant to the service we provide	1

Appendix 3 – Results

Table 10: Illustrating the percentage that have the following in place that could facilitate the production of a quarterly report

Numbers show are %	PS	GP	CP	D	O	PCT average
<u>Ethnicity</u>						
Accessible information & usable system	14	15	0	0	0	4
Accessible information	41	37	0	6	0	13
Existing usable system	14	22	4	9	0	9
<u>Disability</u>						
Accessible information & usable system	5	11	0	2	0	3
Accessible information	36	30	5	21	0	17
Existing usable system	14	19	5	4	0	8
<u>Gender</u>						
Accessible information & usable system	23	15	7	2	0	8
Accessible information	41	41	26	28	36	31
Existing usable system	23	22	12	19	0	16
<u>Age</u>						
Accessible information & usable system	18	15	7	2	0	8
Accessible information	41	41	26	28	36	31
Existing usable system	23	22	9	19	0	15
<u>Sexual orientation</u>						
Accessible information & usable system	5	4	0	2	0	2
Accessible information	0	11	4	4	0	4
Existing usable system	5	7	11	19	0	11
<u>Religious belief</u>						
Accessible information & usable system	5	4	0	0	0	1
Accessible information	27	4	0	4	0	5
Existing usable system	5	7	5	4	0	5