MIDLANDS AND LANCASHIRE
COMMISSIONING SUPPORT UNIT

NHS

Equality Impact and Risk Assessment Stage 2 for Services

Title of Service / Proposal:

Phlebotomy Service Redesign – from 1st December 2016

Equality & Inclusion Team, Corporate Affairs
For enquiries, support or further information contact
Email: equality.inclusion@nhs.net

EQUALITY IMPACT AND RISK ASSESSMENT TOOL FOR SERVICES STAGE 2
ALL SECTIONS – MUST BE COMPLETED Refer to guidance documents for completing all sections
SECTION 1 - DETAILS OF PROJECT
Organisation: Wirral Clinical Commissioning Group
Assessment Lead: Iain Stewart
Directorate/Team responsible for the assessment: Direct Commissioning
Responsible Director/CCG Board Member for the assessment: Lorna Quigley
Who else will be involved in undertaking the assessment?: Iain Stewart
Date of commencing the assessment: November 2016
Date for completing the assessment: 25th November 2016

SECTION 2 - EQUALITY IMPACT ASSESSMENT			
Please tick which group(s) this service / project will or may impact upon?	**Yes**	**No**	**Indirectly**
Patients, service users	●		
Carers or family			●
General Public	●		
Staff		●	
Partner organisations	●		

Background of the service / project being assessed:

Wirral CCG commissioned a 3 year contract with Wirral Community NHS Foundation Trust from July 2014 – July 2017. The service increasingly became unable to deliver the key performance indicators set out in the contract of urgent bloods taken within 1 working day and routine bloods within 4 working days. The CCG over the past 6 months has seen a steady increase in practice and patient complaints and has strong evidence that patients have been waiting weeks for routine, urgent bloods, with paediatric bloods over 4 weeks. The Trust also had to restrict the number of domiciliary visits for each practice as Phlebotomists were redirected to hub clinics for urgent demand. The service model was not delivering the agreed performance measures and increasing concerns for potential safety for patients experiencing lengthening waiting times led to a change, at pace, to ensure that Wirral patients affected by

this service were able to have urgent and routine bloods done within the above timescale, there was also increasing evidence that GP practices were having to “mop up” appointments for patients in need of urgent/routine blood tests, for which they did not have the capacity within practice to do so.

There was also ample evidence from the provider of “wastage” in the system with underutilized appointment in practices that still held the ability to book their own appointments, (not through the call centre, which had access to appointment slots, so they could utilize unused appointments for a patient in another practice) and high rate of DNA’s (did not attends)

Phlebotomy Activity April 2013 to August 2

- See activity graph attached

What are the aims and objectives of the service / project being assessed?

To ensure safe delivery of the current model, by eradicating wastage within the current system and ensure patients can access timely urgent and routine blood tests, along with uncapped domiciliary visits.

Services currently provided in relation to the project:

Phlebotomy

Which equality protected groups (age, disability, sex, sexual orientation, gender reassignment, race, religion and belief, pregnancy and maternity, marriage and civil partnership) and other employees/staff networks do you intend to involve in the equality impact assessment?

Please bring forward any issues highlighted in the Stage 1 screening

Given the risk to patients not being able to access timely diagnostic blood tests, a change to the service needed implementing at pace, so general practice staff and provider involvement

DRAFT Wirral Patient Voice Group-Minutes 2

was sought (20th September 2016).

How will you involve people from equality/protected groups in the decision making related to the project?

See above

Does the project comply with the NHS Accessible Information Standard? (providing any documents, leaflets, resources in alternative formats if requested to meet differing communication needs of patients and carers) YES – Providers under a standard NHS contract are required to ensure information is available in different formats, if requested by patients

EVIDENCE USED FOR ASSESSMENT

What evidence have you considered as part of the Equality Impact Assessment?

- **All research evidence base references including NICE guidance and publication– please give full reference**
- **Bring over comments from Stage 1 and prior learning (please append any documents to support this)**

Shared the current issues and potential proposed hub model solution with Wirral Patient Voice Group (20th September 2016) - agreed in principle as a response to poor service delivery and to mitigate risk to patients (e.g. 3 month wait for paediatrics bloods; 3 weeks for urgent blood; capped housebound appointments) - the pace of change was agreed to address potential safety concerns for patients to access diagnostic bloods;

the change to service was supported by an increasing number of patient and practice complaints via DATIX reporting;

The revised service model will provide greater assurance on delivery of a safer service for patients as well as increased available phlebotomy slots of 1000 per week extra;

Activity graph from Provider shows the level of unused appointments per month in previous service model (peaking at 1700 lost appointments in August 2016) - lost appointments subsequently create increased pressure on service leading to increased waiting times to access the service;

Engaged with practice manager representatives (21st September 2016) from the 42 practices in receipt of service to understand rising demand and longer waiting times and shared information on levels of lost appointments in service - wider engagement was considered against increasing potential safety concerns for patients receiving the service - securing a safe service was deemed a higher priority than wider engagement for operational reasons;

Presence: Geographical location in the delivery of this service will change - restrictions on domiciliary activity are removed; increased capacity for routine and urgent bloods will be met and paediatric bloods now receive greater access to an increased number of community clinics across Wirral improving patient choice;

Potential increased travel time to access services (in line with many other community provided services, e.g. physiotherapy, ante-natal clinics, podiatry)

Delivery of the service - key performance measures on waiting times for routine, urgent, domiciliary and paediatric phlebotomy being failed, leading to potential patient safety concerns - the hub model offers greater mitigation against the potential safety concerns and lengthening waiting times

Reducing service access in 42 practices means service users will have to travel further to access the 4 hubs. however, potential safety concerns for patients waiting unacceptable long periods to access phlebotomy (especially urgent needs) overrides convenience.

Age – potentially patients with mobility challenges - however, securing a safe service for all patients overrides convenience. The domiciliary (housebound) service has no restricted activity under this new model and there remains the option, in exceptional clinical circumstances, for practices to still draw blood for their patients.

ENSURING LEGAL COMPLIANCE		
Think about what you are planning to change; and what impact that will have upon 'your' compliance with the Public Sector Equality Duty (refer to the Guidance Sheet complete with examples where necessary)		
In what way does your current service delivery help to:	How might your proposal affect your capacity to:	How will your mitigate any adverse effects? (You will need to review how effective these measures have been)
End Unlawful Discrimination?	**End Unlawful Discrimination?**	**End Unlawful Discrimination?**
Not applicable, change is to geographical location of service delivery only –	Not applicable, change is to geographical location of service delivery only –	Not applicable, change is to geographical location of service delivery only –

contractual requirements for compliance are still in place.	contractual requirements for compliance are still in place	contractual requirements for compliance are still in place
Promote Equality of Opportunity?	**Promote Equality of Opportunity?**	**Promote Equality of Opportunity?**
All affected patients are offered equal access to the revised service and with an additional 1000 slots per week and uncapped domiciliary promotes equality	All affected patients are offered equal access to the revised service and with an additional 1000 slots per week and uncapped domiciliary promotes equality	All affected patients are offered equal access to the revised service and with an additional 1000 slots per week and uncapped domiciliary promotes equality
Foster Good Relations Between People	**Foster Good Relations Between People**	**Foster Good Relations Between People**
Not applicable geographical change only	Not applicable geographical change only	Not applicable geographical change only

WHAT OUTCOMES ARE EXPECTED/DESIRED FROM THIS PROJECT?

What are the benefits to patients and staff?

Patients will have increased access to a Phlebotomy service 5 days a week, 8.30am – 4.30pm, at 4 hubs across Wirral, this brings an additional 1,000 appointment slots per week, and unrestricted domiciliary visits for housebound patients. Ensures paediatric needs are met in line with the national safeguarding framework.

This service change repatriates any activity currently undertaken by GP practice staff to the Trust service, releasing the capacity back to the practice for patient care. The domiciliary (housebound) service has no restricted activity under this new model and there remains the option, in exceptional clinical circumstances, for practices to still draw blood for their patients

How will any outcomes of the project be monitored, reviewed, evaluated and promoted where necessary?

“think about how you can evaluate equality of access to, outcomes of and satisfaction with services by different groups”

Standard NHS contract monitoring arrangements with the provider, which includes assessment of use of Friends and Family Test (FFT) for patient satisfaction levels.

We expect some initial dissatisfaction as the service is launched as patients become accustomed to the 4 hub sites. The CCG requires the Trust to analyse the capacity and demand at each of the hubs, and adapt accordingly to meet patient demand at the respective hubs.

The CCG will visit the hubs at the commencement of the new service, to canvas initial views and observation of the service delivery – any concerns can be rapidly escalated to the provider.

The CCG will request Healthwatch Wirral to undertake Enter & View visits at each of the hubs to gather patient views.

EQUALITY IMPACT AND RISK ASSESSMENT

Does the 'project' have the potential to:

- Have a ***positive*** **impact (benefit)** on any of the equality groups?
- Have a ***negative impact / exclude*** **/ discriminate** against any person or equality group?
- **Explain** how this was **identified? Evidence/Consultation?**
- Who is most likely to be **affected** by the proposal and **how** (think about barriers, access, effects, outcomes etc.)
- Please include all evidence you have considered as part of your assessment e.g. Population statistics, service user data broken down by equality group/protected group

Please see Equality Groups and their issues guidance document, this document may help and support your thinking around barriers for the equality groups

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect	Please explain - MUST BE COMPLETED
Age			●	Improvement to paediatric service; increased capacity from 1 session per week to 16 sessions per day (multiple Phlebotomists at each hub) Elderly and infirm patients may have to travel further, however all sites are on transport hubs and offer free car parking (park & ride at ADHC; free bus travel for patients aged over 65

Disability			●	All 4 hubs are DDA compliant – free car parking will include the usual spaces for blue badge holders Some patients will have to travel further to access the hubs Access to Merseytravel "dial-a-ride" local service for patients in receipt disability living allowance/attendance allowance/registered blind
Gender Reassignment			●	No impact for this protected group as service model for patients remains unchanged – it's only the geographical location of the service delivery – all hubs have appropriate public conveniences for all patients, under existing community services provision
Pregnancy and Maternity	●			Increased access across Monday to Friday at 4 hubs generating an additional 1000 slots per week and the ability for patients requiring GTT tests to advise their preferred time for attending their hub of choice
Race			●	No impact for this protected group as service model for patients remains unchanged – it's only the geographical location of the service delivery
Religion or Belief	●			Phlebotomists working concurrently within the same treatment room are able to provide chaperone facilities.
Sex (Gender)			●	No impact for this protected group as service model for patients remains unchanged – it's only the geographical location of the service delivery
Sexual Orientation			●	No impact for this protected group as service model for patients remains unchanged – it's only the geographical location of the service delivery
Marriage and Civil Partnership **N.B.** Marriage & Civil Partnership is only a protected characteristic in terms of work-			●	No impact for this protected group as service model for patients remains unchanged – it's only the geographical location of the service delivery

related activities and NOT service provision				
Carers		●		Some patients (with carers) will have to travel further to access the hubs, however, this may offer improved choice of timings for carers to support the patient in attendance
Deprived Communities		●		Some patients will have to travel further to access a hub which is likely to incur travel costs, however 2 of the 4 hubs are located within deprived community areas.
Vulnerable Groups e.g. Homeless, Sex Workers, Military Veterans			●	No impact identified for this protected group as service model for patients remains unchanged – it's only the geographical location of the service delivery

SECTION 3 - COMMUNITY COHESION & FUNDING IMPLICATIONS

Does the 'project' raise any issues for Community Cohesion (how it will affect people's perceptions within neighbourhoods)?

Not applicable

What effect will this have on the relationship between these groups? Please state how relationships will be managed?

Not applicable

Does the proposal / service link to QIPP (Quality, Innovation, Productivity and Prevention Programme)? Yes – the quality of service provided to patients must ensure them a safe and timely outcome.

Does the proposal / service link to CQUIN (Commissioning for Quality and Innovation)?

No

What is the overall cost of implementing the 'project'?
Please state: Cost & Source(s) of funding:

No additional costs to the service change – the Trust is readjusting how it deploys its Phlebotomy resources to deliver the service from the 4 hubs which are premises owned by the Trust.

This is the end of the Equality Impact section, please use the checklist in Appendix 2 to ensure and reflect that you have included all the relevant information.

SECTION 4 - HUMAN RIGHTS ASSESSMENT

If the Stage 1 Equality Impact and Risk Assessment highlighted that you are required to complete a Stage 2 Human Rights assessment (please request a stage 2 Human Rights Assessment from the Equality and Inclusion Team), please bring the issues over from the screening into this section and expand further using the Human Rights full assessment toolkit then email to equality and inclusion team.

Not applicable based on Stage 1 assessment.

SECTION 5 – RISK ASSESSMENT

See guidance document for step by step guidance for this section

Risk Matrix. Use this table to work out the risk score

RISK MATRIX					
	Risk level				
Consequence level	**RARE 1**	**UNLIKELY 2**	**POSSIBLE 3**	**LIKELY 4**	**VERY LIKELY 5**
1. Negligible	**1**	**2**	**3**	**4**	**5**
2. Minor	**2**	**4**	**6**	**8**	**10**
3. Moderate	**3**	**6**	**9**	**12**	**15**

4. Major	4	8	12	16	20
5. Catastrophic	5	10	15	20	25

Consequence Score: **Likelihood Score:** **Risk score = consequence x likelihood**	
	9
Any comments / records of different risk scores over time (e.g. reason for any change in scores over time):	

Important: If you have a risk score of 9 and above you should escalate to the organisations risk management procedures.

EQUALITY IMPACT AND RISK ASSESSMENT AND ACTION PLAN

Risk identified	Actions required to reduce / eliminate negative impact	Resources required (this may include financial)	Who will lead on the action?	Target date
Service change does not mitigate the service risks identified(e.g waiting times; lack of housebound slots)	Assurance from the Provider (monthly via contract meetings) that the 4 hubs model meets the needs of patients and eradicates the risks of the previous service model	Nil	Head of Direct Commissioning	Monthly until March 2017
Lengthy waiting for patients to be seen in order of arrival	"Top Tips" communication to practices describing advice to give patients about considering access times to avoid longer waiting	Nil	General Practices	1st December 2016
Reputational risk for CCG	Use evidence to support commissioning decisions Ensure clinical leadership within the commissioning process Use CCG communications systems e.g website, primary care communications bulletin Proactive communications Timely response to complaints	Nil	Head of Communications	Monthly until March 2017

SECTION 6 – EQUALITY DELIVERY SYSTEM 2 (EDS2)

Please go to Appendix 1 of the EIRA and tick the box appropriate EDS2 outcome(s) which this project relates to. This will support your organisation with evidence for the Equality and Inclusion annual equality progress plan and provide supporting evidence for the annual Equality Delivery System 2 Grading

SECTION 7 – ONGOING MONITORING AND REVIEW OF EQUALITY IMPACT RISK ASSESSMENT AND ACTION PLAN

Please describe briefly, how the equality action plans will be monitored through internal CCG governance processes?

Standard NHS contract monitoring arrangements with the provider, which includes assessment of use of Friends and Family Test (FFT) for patient satisfaction levels.

Items for escalation submitted to Quality & Performance Committee (sub-committee of CCG Governing Body)

Date of the next review of the Equality Impact Risk Assessment section and action plan? (Please note: if this is a project or pilot, reviews need to be built in to the project/pilot plan)

Week commencing 11th January 2017

Which CCG Committee / person will be responsible for monitoring the action plan progress?

Contract Monitoring meetings with Provider

FINAL SECTION
SECTION 8

Review date linked to Commissioning Cycle: January 2017

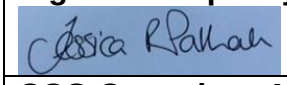
Acknowledgement that EIRA will form evidence for NHS Standard Contract Schedule 13: Yes

Date sent to Equality & Inclusion (E&I) Team for quality check: Yes
24.11.16

Date quality checked by Equality and Inclusion Business Partner:
1.12.16, 5.12.16

Date of final quality check by Equality and Inclusion Business Partner:
5.12.16

Signature Equality and Inclusion Business Partner:



CCG Committee Name and sign off date:

This is the end of the Equality Impact and Risk Assessment process: By now you should be able to clearly demonstrate and evidence your thinking and decision(s).
To meet publishing requirements this document SHOULD NOW BE PUBLISHED ON YOUR ORGANISATIONS WEBSITE.

- Save this document for your own records. Send this documents and copy of Human Rights Screening to equality.inclusion@nhs.net

Supplementary information to support CCG compliance to equality legislation:

Appendix 1: Equality Delivery System:

APPENDIX 1: The Goals and Outcomes of the Equality Delivery System			Tick box(s) below
Objective	**Narrative**	**Outcome**	
1. Better health outcomes	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	**1.1** Services are commissioned, procured, designed and delivered to meet the health needs of local communities	
		1.2 Individual people's health needs are assessed and met in appropriate and effective ways	
		1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	
		1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	
		1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	
2. Improved	The NHS should improve	**2.1** People, carers and communities can readily access hospital, community health or	

patient access and experience	accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	primary care services and should not be denied access on unreasonable grounds	
		2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	
		2.3 People report positive experiences of the NHS	
		2.4 People's complaints about services are handled respectfully and efficiently	
3. A representative and supported workforce	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	**3.1** Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	
		3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	
		3.3 Training and development opportunities are taken up and positively evaluated by all staff	
		3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	
		3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	
		3.6 Staff report positive experiences of their membership of the workforce	
4. Inclusive leadership	NHS organisations should ensure that equality is everyone's business, and everyone is expected to	**4.1** Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	
		4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are managed	

	take an active part, supported by the work of specialist equality leaders and champions	**4.3** Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	

Appendix 2: Checklist for ensuring you have considered public sector equality duty and included all relevant information as part of the EIRA.

Equality Impact and Risk Assessment Checklist	
Scope	**Yes/No**
Have I made the reader aware of the full scope of the proposal and do I understand the current situation and what changes may occur?	yes
Legal	
Have I made the reader aware of our organisations legal duties with regard to Equality & Diversity and are they documented?	yes
Has the relevance of these duties pertaining to this item been outlined explicitly and documented?	yes
Have I explained how in this area we currently meet our Public Sector Equality Duties and how any change may affect this?	yes
Information	
Have I seen sufficient research and consultation to consider the issues for equality groups? (This may be national and local; demographic, numbers of users, numbers affected, community needs, comparative costs etc.)	yes
Have I carried out specific consultation with affected groups prior to a final decision being made?	yes
Has consultation been carried out over a reasonable period of time i.e. no less than six weeks leading up to this item?	No – pace of change on safety grounds
Have I provided evidence that a range of options or alternatives have been explored?	No – pace of change on safety grounds
Impact	
Do I understand the positive and negative impact this decision may have on all equality groups?	yes
Am I confident that we have done all we can to mitigate or at least minimise negative impact for all equality groups?	yes
Am I confident that where applicable we considered treating disabled people more favourably in order to avoid negative impact (Disability Equality Duty)?	yes

Am I confident that where applicable we allowed an exception to permit different treatment (i.e. a criteria or condition) to support positive action	
Have I considered the balance between; proposals that have a moderate impact on a large number of people against any severe impact on a smaller group.	yes
***Wider Budgetary Impact (where applicable)**	
Within the wider context of budgetary decisions did I consider whether an alternative would have less direct impact on equality groups?	n/a
Within the wider context of budgetary decisions did I consider whether particular groups would be unduly affected by cumulative effects/impact?	n/a
Transparency of decisions	
Will there be an accurate dated record of the considerations and decisions made and what arrangements have been made to publish them?	yes
Due regard	
Did I consider all of the above before I made a recommendation/decision?	yes