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| **Equality Impact and Engagement Assessment Form** | | | | | | | | | | | |
| **Complete this section**  **Please retain one copy, and pass one copy to both the Equalities and Engagement leads** | | | | | | | | | | | |
| **Section one – Project or plan details** | | | | | | | | | | | |
| 1.1 | **Project Title:** | | | | | | | | | | |
| Developing a Minor Eye Conditions Service across Rotherham | | | | | | | | | | |
| 1.2 | **Project Lead:** | | | | | | | |  | | |
| Joanne Martin | | | | | | | | 4.1.19 | | |
| 1.3 | **This activity /project is:** | | | | | | | | | | |
| **A procurement to commission a minor eye conditions service.** | | | | | | | | | | |
| 1.4 | **Describe the activity/project** | | | | | | | | | | |
| The minor eye conditions service(MEC) would treat conditions which do not necessarily need specialist hospital examinations, in convenient locations for the patient, and is carried out by specially trained Optometrists.  Purpose of Service   * Using the skills of primary care optometrists to triage, manage and prioritise patients presenting with an eye condition, patient care will be improved by: * Reduction in unnecessary referrals to eye casualty clinics thus supporting secondary care to manage ophthalmology capacity * Speedier access to care * More cost-effective care * Care closer to home in a more convenient setting   The intention of the service would be that patients with low risk eye conditions would be navigated away from primary care and redirected to a local community optometrist. For conditions which required an urgent service, the expectations are that the patient would be seen within 24 hours of referral. It would be expected that at least one of the hubs would be able to provide services on evenings and weekends.  Over 60% of CCGs have commissioned a Minor Eye Conditions Service (MECs); resulting in a more local service for patients, a choice of provider and extended hours on weekdays or at weekends.  In summary a MEC service, would make a significant contribution towards relieving pressure ophthalmology services are facing as well as freeing up GP surgery time to focus on managing complex patients with long term conditions. | | | | | | | | | | |
| 1.5 | **Timescales** | | | | | | | | | | |
| The service would be commissioned in January 2019 with a view to the service being live in | | | | | | | | | | |
| 2 | **Equality Impact Assessment** | | | | | | | | | | |
| 2.1 | **Gathering of Information:** This is the core of the analysis; how might the project or work impact on protected groups, with consideration of the General Equality Duty.  Please add any general information here. | | | | | | | | | | |
|  | | | | | | | | | | |
| 2.2 | **Screening** | | | | | | | | | | |
| **Please complete each area)** | | **What key impact have you identified?** | | | | | | | **Information Source** | |
|  | | **Positive Impact** - will actively promote or improve equality of opportunity. | | | **Neutral Impact -** where there are no notable consequences for any group. | | **Negative Impact** negative or adverse impact causes disadvantage or exclusion. **If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures.** | | What action, if any, is needed to address these issues and what difference will this make? For example:  *At this point no action is required. Further EIA screenings will be developed in future once there are recommendations to assess.* | |
| Human Rights | |  | | | Y | |  | | This would be a referred into service, in response to specific conditions. It would potentially offer additional choice and improved access.  There is not likely to be any impact on any of the protected characteristics, as the potential conditions are not generally related to age; gender, or disability etc. | |
| Age | |  | | | Y | |  | |
| Carers | |  | | | Y | |  | |
| Disability | |  | | | Y | |  | |
| Sex | |  | | | Y | |  | |
| Race | |  | | | Y | |  | |
| Religion or belief | |  | | | Y | |  | |
| Sexual Orientation | |  | | | Y | |  | |
| Gender reassignment | |  | | | Y | |  | |
| Pregnancy and maternity | |  | | | Y | |  | |
| Marriage/civil partnership (only eliminating discrimination) | |  | | | Y | |  | |
| Other relevant groups | |  | | | Y | |  | | To mitigate the potential impact on access and travel the service must have a minimum of 3 sites, with a view to having a number of sites across the borough. | |
|  | **NEXT ACTIONS? See 3.4 below** | | | | | | | | | | |
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| **3 Engagement Assessment** | | | | | | | | | | | |
| 3.1 | **What is the level of service change**? | | | | | | | | | | |
| **Circle or highlight the appropriate level of service change**  Level 1 Level 2 Level 3 Level 4 | | | | | | | | | | |
| **Add additional information and rationale for this scoring below** | | | | | | | | | | |
| **2 -Minor Change** Need for modernisation of service. Examples: Review of health visiting and district nursing (Moving Forward Project), patient diaries  The aim of the service is to improve/modernise the provision of care for patients by offering the service in a number of locations (minimum of 3) ,across the borough, providing more equity | | | | | | | | | | |
| 3.2 | **Who are your stakeholders?**  Consider using a mapping tool to identify stakeholders - who is the change going to affect and how?  Complete below or attach or link to a mapping document | | | | | | | | | | |
| * New patients who have a minor eye condition * The Rotherham Foundation Trust ophthalmology department, as the current service provider, however there will be no impact on staffing. * GP practices, as they will be navigating patients to the MEC service | | | | | | | | | | |
| \*.3  + | **What do we already know?**  What do you already know about peoples’ access, experience, health inequalities and health outcomes? Use intelligence from existing local, regional or national research, data, deliberative events or engagements. | | | | | | | | | | |
| In the last 12 months approximately 30% of ophthalmology outpatient appointment have not resulted in a follow-up, these could be suitable for a minor eye conditions scheme in the community.  Whilst the overarching activity levels for ophthalmology outpatients are 7037, only 5946 patients access The Rotherham Foundation Trust (TRFT) service. The assumption is that the MECs service will reduce TRFT activity by 1927 and those patients will be seen quicker, in a location close to their home.  Over 60% of CCGs have already commissioned a Minor Eye Conditions Service (MECs); resulting in a more local service for patients, a choice of provider and extended hours on weekdays or at weekends.  There are few e examples of engagement work around MEC service procurement across the country, despite the fact that 60% of CCGs have established MEC services. This suggests that the change of service suggested is minor, as suggested in section 3.1. The engagement exercises are all focused on the evaluation of service provision.  Where activity has been found key points of the work are highlighted below:   * Respondents valued local services closer to home * Respondents viewed that more locations would improve waiting times * Respondents felt the service would ensure access to right professional/ service in the right place, first time * Respondents felt the service would avoids hold ups in the system and alleviates pressure in other services e.g. GP’s * Local services were seen to be easier to get access than an acute setting * The importance of parking and access to facilities was highlighted   links are included below:   * + *Barnsley engagement activity -* [*http://www.barnsleyccg.nhs.uk/get-involved/Engagement%20Report%20-%20Minor%20Eye%20Conditions%20Review%202018%20-%20April%202018%20-%20Final%20Version.pdf*](http://www.barnsleyccg.nhs.uk/get-involved/Engagement%20Report%20-%20Minor%20Eye%20Conditions%20Review%202018%20-%20April%202018%20-%20Final%20Version.pdf)   + *South Gloucestershire evaluation* [*https://media.bnssgccg.nhs.uk/attachments/community\_eye\_services\_engagement\_feedback\_report\_final.pdf*](https://media.bnssgccg.nhs.uk/attachments/community_eye_services_engagement_feedback_report_final.pdf)   + *Wolverhampton* [*https://www.rcophth.ac.uk/wp-content/uploads/2016/07/05\_helen\_hibbs.pdf*](https://www.rcophth.ac.uk/wp-content/uploads/2016/07/05_helen_hibbs.pdf) | | | | | | | | | | |
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| **Describe any existing arrangements to involve patients and the public which are relevant to this plan/activity and/or provide relevant sources of patient and public insight?**  How will the insight available to you help to inform your decision? | | | | | | | | | | |
| Care navigation is already in place across Rotherham and patients are used to reception staff asking about the type of condition they have and navigating to an appropriate health care professional, for example the physio first service. The MEC service would be developed in line with the current care navigation service.  Following the recent consultation on conditions undertaken by Barnsley CCG, the agreed conditions list f will be utilised in the development of the service specification.  As part of the procurement process, a member of health watch will be asked to be part of the procurement panel. | | | | | | | | | | |
| **Briefly describe how the existing or proposed engagement will be ‘fair and proportionate’**, in relation to the activity? | | | | | | | | | | |
| It is expected that the proposed service will affect less than 2000 people per year; on a referred basis; for a one-off appointment for minor eye conditions.  The main impacts include location (closer to home), and wider access to the existing service.  Based on the minor change to service and the small numbers of patients impacted it is recommended that engagement to the service is not required at this stage, but that following procurement the service will be evaluated. This approach also follows the same methodology as that seen in other areas. | | | | | | | | | | |
| 3.4 | **Reaching out to overlooked communities/\*/**  Are additional arrangements for patient and public involvement required for this activity and in particular how will you ensure that ‘seldom-heard’ groups, those with ‘protected characteristics’ under the Equality Act, and those experiencing health inequalities are involved   * Seldom-heard groups No * Ni\*/e Protected Characteristics No * Health inequalities No   If yes, please provide a brief outline of your approach and objectives for any additional patient participation targeted at these groups | | | | | | | | | | |
| As this is a referred service, and the impact is not related to the protected characteristics, this is not relevant at this time | | | | | | | | | | |
| Do you need to make any of your resources accessible (i.e. for people with learning disabilities, sight impairments, or alternative languages?) | | | | | | | | | | |
| Not at this stage. May be appropriate to produce accessible materials if/when information is given out to the public | | | | | | | | | | |
| 3.5 | **What resources do you need for this?**  Consider the sections above   * The timescales * The need to reach overlooked communities * Accessible materials * Gaps in knowledge | | | | | | | | | | |
| N/A | | | | | | | | | | |
| 4 | **Feedback and Evaluation** | | | | | | | | | | |
| 4.1 | How will you use the feedback – who does it need to be shared with? | | | | | | | | | | |
| Patient feedback will be a key performance indicator. Feedback collected by the service will be discussed as part of contract monitoring with changes appropriate action requested if appropriate. | | | | | | | | | | |
| 4.2 | Provide a brief outline of how the information collected through patient and public participation will be used to influence the plan/activity. | | | | | | | | | | |
| To ensure that the public voice is heard, health watch will be asked to participate in the procurement process. | | | | | | | | | | |
| 4.3 | How will the outcomes of participation be reported back to those involved? | | | | | | | | | | |
| TBC – this will depend on the how the procured service will undertake this exercise. | | | | | | | | | | |
| 4.4 | How will you assess the ongoing impact of the change on patients and the public after it has been completed? | | | | | | | | | | |
| Feedback collected by the service will be discussed as part of contract monitoring with changes appropriate action requested if appropriate. | | | | | | | | | | |
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| 5 | 1. **Engagement and Equality Impact Plan** | | | | | | | | | | |
|  | **Action** | **Approx.**  **Timescale** | | | **Lead** | | **Deadline** | | | | **Comments/**  **progress** | |
|  | 1. Health watch invited to attend the procurement process | 1. Week commencing | | | 1. Helen Wyatt | | 1. 28th January | | | | 1. TBC – only required if approval to procure is received | |
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| 6 | Form details | | | | | | | | | | |
|  | Completed by: | | | Joanne Martin and Helen Wyatt | | | | | | | |
|  | Job title: | | |  | | | | | | | |
|  | Date | | |  | | | | | | | |
|  | Reported to | | |  | | | | | | | |