

Equality Analysis

Division	Halton, St Helens, Wigan, Warrington, Vale Royal (West Cheshire)	
Service Name	Wheelchair Service	
Equality Analysis Number (provided by the E&D Team)	BRD07.11.2016	
Directorate	West Directorate Adults	
Service Lead Responsible for completion of Equality Analysis	Name Job Title Telephone Number Email Address	Lynne Peters Clinical Manager 01942 481162 Lynne.peters@bridgewater.nhs.uk
Review Date	October 2019	

What is the aim of the service?	The team provides a service to patients who are registered with a GP in the relevant CCG and unregistered patients. The wheelchair service provides a service to people of all ages with long-term mobility problems to meet their basic mobility requirements and associated postural and pressure care needs. Short-term loan wheelchairs are also provided where there is an acute health care requirement in Halton, St Helens and Vale Royal. As per service specific eligibility criteria
What are the intended benefits and improved health outcomes to patients?	Patients will have appropriate mobility equipment, within criteria for provision guidelines that allows them to be mobile both in and outdoors dependent on service specific criteria. By the provision of appropriate seating systems and pressure reducing cushions, patients will achieve a postural sitting position which supports them to be as independent and functionally able as possible.

Which, if any, third sector, (charity and voluntary sector), groups does the service work with?	Macmillan, MND Association, MDA,
Does the service carry out any patient engagement or work with any patient groups?	<ul style="list-style-type: none"> • Wheelchair user group in Warrington • Lay reader panel service • Patients invited to take part in recruitment interviews

How do users access the service? e.g. GP referral, self-referral	<ul style="list-style-type: none"> • New referrals for manual wheelchairs-health or social care professional referral required • Powered wheelchair referral – GP or consultant referral required • Re-referral – can be requested by service user, carer, or anyone associated with the service user's care 			
How long do users tend to stay with the service?	The file remains open for as long as equipment remains on issue. Can be cradle to grave.			
Are patient records paper based or computerised, if computerised which system is used?	Paper based and computerised – BEST Soft Options system			
Which of the 9 equality strands does your service	<table border="1"> <tr> <td>From the referral form the following information is</td> <td>Yes</td> <td>No</td> </tr> </table>	From the referral form the following information is	Yes	No
From the referral form the following information is	Yes	No		

monitor?	<p>requested, but not monitored:</p> <ul style="list-style-type: none"> • Age • Disability • Gender Reassignment • Marriage(yes)/Civil Partnership(not requested) • Pregnancy/Maternity • Race • Religion/Belief • Sex (Gender) • Sexual Orientation 	X X X X X X	 X X X X
At what stage are any of the 9 equality strands above noted?	<ul style="list-style-type: none"> • Referral Forms • First Appointment Forms • Discharge Forms • Other 	Yes X	No X X X
At what point are patients discharged?	Episode of care is closed when current referral completed. Patient remains active on system while any equipment is on issue.		
What is the discharge process?	When equipment is no longer required, it is collected / <u>withdrawn</u> and the patient record is closed and computer system shows patient as not-active. Records are stored and archived as per current local policy		
What is the process following a Did Not Attend?	<p>The service applies the patient access policy. The initial appointment letter states that if a person does not attend with no message received then the file will be closed and a new referral will be required if circumstances change.</p> <p>When an appointment letter has not been sent, for example, due to close proximity of appointment when arranged, client's will be given another opportunity, but a letter should be sent on this occasion, informing them of what will happen if they do not attend.</p>		
How does the service ensure a DNA was not because adjustments had not been made to facilitate access? <i>Failure to make adjustments may be a breach of the Equality Act 2010 and can lead to vulnerable patients not receiving timely and appropriate care.</i>	<p>The appointment letter advises there are parking facilities including designated parking spaces. The wheelchair services have level access facilities</p> <p>When we are advised that a service user cannot attend clinic, a home visit can be offered, which may be to school or day centre also.</p>		

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The next section asks more specific questions based on CQC outcome alignment to the Equality Act 2010 and the Human Rights Act 1998. The questions asked relate to barriers potentially facing patients from the nine protected characteristic groups and also those who are carers, from lower socio economic communities and those with chaotic lifestyles (such as the homeless, sex workers or drug users) – all associated with health inequalities and poor health outcomes. The CQC identified barriers are Access, Assistance and Attitude; the questions have broken this down into access to the initial appointment, assistance within and following the appointment and attitude relating to staff training in the different health issues, needs and aspirations of the different groups within our community.

<p>Would there be any reason, other than clinical need, for the service to refuse to see a patient?</p>	<p>No. Although where there is serious risk of safety to the staff we will not offer a home visit but request a clinic appointment and following a risk assessment may advise two staff attend appointment.</p>
<p>How would a patient be made aware of:</p> <ul style="list-style-type: none"> • alternative clinic venues • domiciliary care options or • flexible appointment times or days? <p><i>These alternatives can be very important for carers, those observing particular holy days/festivals or those with work commitments.</i></p>	<p>On the appointment letter, the service user/carer is advised to contact us if they are unable to attend an appointment. At that time, administration staff will discuss ability to attend clinic and alternate options considered. If an appointment is requested outside of the clinic time available, admin staff would refer back to the clinician, stating preferences requested. The clinician will accommodate the request, within contractual hours, at the next available date/time.</p> <p>Many appointments are negotiated on the phone for the first appointment with a follow confirmation letter. Location, time and special needs are discussed at this time. i.e. the need for a hoist or plinth.</p>
<p>How would the service identify if a patient should be offered a pre-appointment familiarisation visit to the clinic?</p> <p><i>This could be important for patients with a learning disability or autistic spectrum disorder.</i></p>	<p>This is not currently considered in this context. However, the clinician at the appointment will adapt their approach to elicit details required, and the best way to offer further appointments would be discussed at that time also. A school or home visit may be more appropriate, although this needs to be balanced with the equipment/facilities which may need to be accessed at clinic.</p>
<p>Is there an appointment reminder procedure within the service, for example text messaging?</p>	<p>Yes text reminder for appointments to mobile numbers</p>

How does the service know if a patient requires assistance for any of the following?	Pre-Appointment/Referral	At the appointment	Post appointment follow up - information provided (including complaints procedure, privacy notices)	Are staff confident in how to access this help and why there may need to be an adjustment made?
Translation or interpretation for other languages	Language – referral requests details	Yes – part of assessment process	Yes – important note section on BEST computer database should be updated and patient file front sheet, showing same	Yes – interpretation services have been accessed in the past. Staff know they would refer to Line Manager for advice
Communication support for deaf, deafened or hard of hearing	Yes – any further information section, should be completed by referrer	Yes– part of assessment process	Yes - important note section on BEST computer database should be updated and patient file front sheet, showing same	Refer to Line Manager if required and access Bridgewater Intranet
Communication support for blind or visual impaired	Yes - any further information section, should be completed by referrer	Yes– part of assessment process	Yes– important note section on BEST computer database should be updated and patient file front sheet, showing same	Refer to Line Manager if required and access Bridgewater Intranet
Communication support for difficulties with speech	Yes– any further information section, should be completed by referrer	Yes– part of assessment process	Yes– important note section on BEST computer database should be updated and patient file front sheet, showing same	Refer to Line Manager if required and access Bridgewater Intranet
Easy read for learning disabilities, lower literacy, the elderly	Any further information section, should be completed by referrer	Yes– part of assessment process	Important note section on BEST computer database should be updated and patient file front sheet, showing same	Refer to Line Manager if required and access Bridgewater Intranet
Contrast of text on paper for learning difficulties	Would rely on referrer information	Would rely on client/carer to provide guidance on requirement	Important note section on BEST computer database should be updated and patient file front sheet, showing same	Refer to Line Manager if required and access Bridgewater Intranet
Large print	Would rely on referrer information	Would rely on client/carer to provide guidance on requirement	Important note section on BEST computer database should be updated and	Refer to Line Manager if required and access Bridgewater Intranet

			patient file front sheet, showing same	
Learning Disability Health Passport or Care Passport	Not currently noted/assessed	Not currently noted/assessed	Not currently noted/assessed	Refer to Line Manager if required and access Bridgewater Intranet
Telephone contact or text messaging	Any further information section, should be completed by referrer. Some clients/carers prefer email communication – if initial referral not from client/carer directly, a TEST fax/email is sent verifying correct addressee has been reached. Caution is shown in content of information sent.	Would rely on client/carer to provide guidance on requirement	Important note section on BEST computer database should be updated and patient file front sheet, showing same	Refer to Line Manager if required and access Bridgewater Intranet
Religious observances	Yes – referral form	From details on referral form and information given at clinic	Important note section on BEST computer database should be updated and patient file front sheet, showing same	Refer to Line Manager if required and access Bridgewater Intranet
Requests for same sex clinician	Would rely on referrer information	Would rely on client/carer to provide guidance on requirement	Important note section on BEST computer database should be updated and patient file front sheet, showing same	Refer to Line Manager if required and access Bridgewater Intranet
Quiet areas	Would rely on referrer information	Would rely on client/carer to provide guidance on requirement	Important note section on BEST computer database should be updated and patient file front sheet, showing same	Refer to Line Manager if required and access Bridgewater Intranet
Longer appointment times	Would rely on referrer information	Would rely on client/carer to provide guidance on requirement and clinical assessment findings, taking account of complexity of action required. Appointment times already take into account complexity of	Important note section on BEST computer database should be updated and patient file front sheet, showing same	Refer to Line Manager if required

		equipment request i.e. powered wheelchair assessment takes longer than a manual wheelchair assessment.		
Appointments at particular times, for example early or late when quiet	Would rely on referrer information and information given by client/carer	Requests should be discussed at appointment and noted on assessment form	Important note section on BEST computer database should be updated and patient file front sheet, showing same	Refer to Line Manager if required
Mental health illness	Would rely on referrer information	Would rely on referrer information and information given by client/carer	Important note section on BEST computer database should be updated and patient file front sheet, showing same	Refer to Line Manager if required and access Bridgewater Intranet

If a patient is unable to use the telephone are there other ways for them to contact the service?	Email or fax, or calling directly to the service. Carers can contact also.
How does the service ensure that all patients can access the reception and waiting area?	Level access and car parking facilities available. Appointment letters indicate parking arrangements and access to reception area.
How does the service ensure patients who may experience difficulties can access the treatment room?	All facilities wheelchair accessible
Are bathroom facilities available for patients who may need help from a carer?	Yes
Has the service experienced patients missing an appointment following arrival at a venue, for example because of the patient calling system excluding deaf or hard of hearing?	No cases known. The ILC has a hearing loop system
What does the service do to ensure patients understand the information given to them in the appointment?	This should form part of the clinician's assessment process, in terms of observation skills and asking for assurance (verbal or non-verbal) that information is understood. If not, the intervention approach should be adapted.
What does the service do to ensure carers understand the information given to them? For example information about pain relief or medicine administration.	This should form part of the clinician's assessment process, in terms of observation skills and asking for assurance that information is understood. If not, the intervention approach should be adapted. A handover is completed for all new equipment issued: instruction and demonstration is given. Contract letter and user manual are given at handover.
Does the service offer appointments to, and see homeless patients or those in temporary accommodation?	Yes – the prerequisite to inclusion for the service is that a person is registered with a GP within the area covered by the service.
Would one of the service's patients transition to another service?	There is no distinction between the transition from childhood to adulthood. The equipment remains on issue and is reviewed as required and guidance of when to request a review is given at the handover. The computer system registers and identifies a child. If the question relates to changing areas – the equipment will travel with a person, however the service should be informed so the patient records can be forwarded accordingly as per standard departmental policy
Does information regarding necessary adjustments for access and care get passed to the relevant agency when a patient transitions between services?	Yes

Would staff in the service be interested in receiving training or accessing advice in the following areas:	Autistic Spectrum Disorders	No
	Mental health awareness	No
	Sensory impairments	No
	Learning disabilities	No
	Learning difficulties e.g. dyslexia, dyspraxia	No
	Lesbian, gay, bisexual health	No
	Gender reassignment awareness	No
	Religious and cultural awareness	No
	Asylum seeker/refugee awareness	No

E&D signed off:	Ruth Besford	Date:	15.11.2016
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Equality Report

EqA Completion Date	Potential barriers identified	Protected Characteristic Group Affected							Other Groups Affected	Actions	Lead	Due
		Age	Disability	Gender Reassignment	Marriage/Civil Partnership	Pregnancy/Maternity	Race	Religion/Belief				
15.11.2016										Implementation of the Accessible Information Standard	E&D and Service Lead	Ongoing

Training Requested	Autistic Spectrum Disorders	Mental Health Awareness	Sensory Impairments	Learning Disabilities	Learning Difficulties (e.g. dyslexia, dyspraxia)	Lesbian, gay and bisexual health	Gender reassignment awareness	Religious and cultural awareness	Asylum seeker/refugee awareness

Report Sign Off	Service Lead	Name: Lynne Peters	Date: 11 November 2016
	E&D Lead	Name: Ruth Besford	Date: 15.11.2016

Action Plan Review Date	Ongoing
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