

## Equality Analysis

<b>Borough</b>	Cheshire	
<b>Service Name</b>	Willaston GP Surgery	
<b>Equality Analysis Number (provided by the E&amp;D Team)</b>	CHE01.11.2015	
<b>Directorate</b>	Adults	
<b>Service Lead Responsible for completion of Equality Analysis</b>	Name Job Title Tel Number Email Address	Neil Gregory Assistant General Manager 01744 621821 <a href="mailto:Neil.gregory@bridgewater.nhs.uk">Neil.gregory@bridgewater.nhs.uk</a>
<b>Review Date</b>	October 2018	

What is the aim of the service and the intended health improvements to patients?	To procure an Alternative Provider Medical Service (APMS) contract to the patients of Willaston Surgery.
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Which, if any, third sector, (charity and voluntary sector), groups does the service work with?	N/A
Does the service carry out any patient engagement or work with any patient groups? For example Patient Partners	Yes – Patient Participation Group

How do patients access the service? e.g. GP referral, self-referral	Self-referral by ringing the surgery/online access		
How long do patients tend to stay with the service?	The service provides a APMS contract		
Are patient records paper based or computerised, if computerised which system is used?	EMIS Web		
Which of the 9 equality strands does your service record?	<ul style="list-style-type: none"> <li>• Age</li> <li>• Disability</li> <li>• Gender Reassignment</li> <li>• Marriage/Civil Partnership</li> <li>• Pregnancy/Maternity</li> <li>• Race</li> <li>• Religion/Belief</li> <li>• Sex (Gender)</li> <li>• Sexual Orientation</li> </ul>	Yes	
At what point are patients discharged?	They are not discharged		
What is the discharge process?	N/A		
What is the process following a Did Not Attend?	It is recorded and discussed with the team to ensure there is no trends/or patient issues.		
How does the service ensure a DNA was not because the patient had difficulties contacting the service or accessing the service location?	By reviewing the detail and seeing if there is a pattern.		

## Equality Analysis

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.

Would there be any reason, other than clinical need, for the service to refuse to see a patient?	Yes, if the patient was violent or aggressive.
Do you make patients aware of other clinic venues, options for home visits or flexible/extended appointment times?	For extended hours and out of hours – yes.
How would the service identify if a patient should be offered a pre-appointment familiarisation visit to the clinic? <i>This could be important for patients with a learning disability or autistic spectrum disorder.</i>	This is available if required.
Is there an appointment reminder procedure within the service, for example text messaging?	No

<b>Does the service know if a patient requires assistance for any of the following...?</b>	At referral or at the appointment? <i>yes/no</i>	Post appointment (for example for follow up information provided or future contacts)? <i>yes/no</i>	Do the staff understand why these adjustments may be needed and how to ensure they are provided? <i>yes/no</i>	Any comments?
Translation or interpretation for other languages	Yes	Yes	Yes	
Communication support for Deaf, deafened or hard of hearing	Yes	Yes	Yes	
Communication support for blind or visual impaired	Yes	Yes	Yes	
Communication support for difficulties with speech	Yes	Yes	Yes	
Easy read for learning disabilities, lower literacy, the elderly	Yes	Yes	Yes	
Contrast of text on paper for learning difficulties	No	No	No	
Large print	Yes	Yes	Yes	
Learning Disability Health Passport or Care Passport	No	No	No	
Telephone contact or text messaging	Yes	Yes	Yes	
Religious observances				
Requests for same sex clinician	Yes	Yes	Yes	
Quiet areas	N/A	N/A	N/A	
Longer appointment times	Yes	Yes	Yes	
Appointments at particular times, for example early or late when quiet	Yes	Yes	Yes	
Mental health illness	Yes	Yes	Yes	

If a patient is unable to use the telephone are there other ways for them to contact the service?	Via online booking or coming to the surgery.
How does the service ensure that all patients can access the reception and waiting area?	The reception is available as you enter. Ground floor is accessible for those with limited mobility
How does the service ensure patients who may experience difficulties can access the treatment room?	We ask patients if they require an alternative room (downstairs) if required.
Are bathroom facilities available for adult 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
What does the service do to ensure patients understand the information given to them in the appointment?	We write it down for them.
What does the service do to ensure carers understand the information given to them? For example information about pain relief or medicine administration.	Leaflets given. There is detail available on the notice board
Does the service offer appointments to, and see homeless patients or those in temporary accommodation?	No
Would one of the service's patients transition to another service?	Yes, via a referral
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	
	Mental health awareness	
	Sensory impairments	
	Learning disabilities	
	Learning difficulties e.g. dyslexia, dyspraxia	
	Lesbian, gay, bisexual health	
	Gender reassignment awareness	
	Religious and cultural awareness	
Asylum seeker/refugee awareness		

E&D signed off:	Ruth Besford	Date:	01.12.2015
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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	Sex	Sexual Orientation				
01.12.2015	Information formats and communication support		√								Lower literacy	Work with the Practice on the implementation of the mandatory Accessible Information Standard	E&D	1 <sup>st</sup> April 2016

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: N Gregory	Date: 30.11.2015
	E&D Lead	Name: Ruth Besford	Date: 01.12.2015

<b>Action Plan Review Date</b>	May 2016
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