

Equality Analysis and Engagement Plan

A template for staff v1.1

Engaging with patients and the public is a **statutory duty**. To help you get it right first time we have developed this planning template. This will help you plan your engagement and present your plan at the Patient Assurance Group (PAG). Our engagement team can help you fill it in. Your plan should be shared with the PAG at the earliest opportunity.

Evidencing that we have considered the impact our activities will/may have on patients and the public; and identifying changes we can make to reduce/remove any negative impacts is a **statutory duty**. The equality analysis in this plan forms the initial stage of the equality impact assessment process. Our Equality Lead can provide advice and support in relation to this.

The PAG is a group of patients who meet regularly to assure the board that we are engaging in the right ways and with the right people. It is made up of members of the public who are asked to represent the wider public at the meeting. They can help you to develop a robust equality analysis and engagement plan and should be seen as a 'critical friend'.

There are three reasons you might come to the PAG:

1. To give advance notice of a **significant** service change (a level 3 or 4 change)
2. To present the equality analysis and engagement plan
3. To provide a update on an engagement project that has previously been taken to PAG

We will need your completed equality analysis and engagement plan **two weeks before you attend the PAG** so that members can read through. This will help them understand your plan and save you time when you present. Our aim is to keep questions to you relevant so please avoid jargon in the plan and explain any terms or acronyms that you use.

When you present your equality analysis and engagement plan at the PAG you will have a few minutes to outline your proposal. If you have been working with a patient on the project you might like to invite them to the PAG to support your presentation. You should be prepared to talk about:

1. **The extent to which the engagement reflects the size and topic of the change.**(the level of change)
2. **Who the change affects and how you know this, in particular protected or vulnerable groups.** (existing intelligence)
3. **Which protected groups or vulnerable groups this proposal will/may affect or where you have identified gaps in intelligence and how you will engage with them** (existing intelligence and partnerships)
4. **How you will find out what people think about the change.** (methodology)
5. **How you will work with the voluntary sector when you engage.** (partnerships)
6. **How you have developed your engagement questions**(outcomes and testing)
7. **The timescale for your project**
8. **How you will involve patients throughout the commissioning cycle**

Please have the answers to all these questions when you attend the PAG so that we can manage the meeting with the appropriate questions and answers.

If you have any questions please speak to the engagement team.

1. Project Title: Engagement of prescribing changes

2. Project Lead: Heather Edmonds

Contact details: heather.edmonds@nhs.net

3. This project is: Citywide

4. Describe your project

a. Describe the project (what are you changing and why?)

The NHS in Leeds spends around £1 million a year paying for medicines that patients get free on prescription which could be bought over the counter for pennies. We believe this money could be better spent on essential healthcare services that benefit everyone.

We need to review how we spend our money so we have the chance to look at how we best spend our money to pay for newer treatments and support other services.

This engagement outlines proposals to change the way we prescribe some medications in Leeds. We will make the following proposals:

- Not to routinely fund gluten free products on prescription
- Not routinely fund a range of products on prescription (over the counter products)
- To routinely commission the prescribing of non-branded products unless there is a medical reason.

Details of these proposed changes and costs involved will be outlined in the engagement document (draft attached).

This is a project that has already been undertaken in other CCGs and is planned to be undertaken across CCGs in West Yorkshire. It has already been completed within Wakefield.

b. Outline the aim of the engagement

The aim of the engagement is to canvass opinion from the people of Leeds about the proposed changes to prescribing gluten free products, branded products and 'over the counter products.

c. Outline the objectives of the engagement

The objectives of the engagement are as follows:

- To inform the general population about the current position relating to prescribing gluten-free foods, branded products and over the counter medication
- To obtain feedback from the people of Leeds about the proposed changes
- To engage with a wide variety of different groups, including those who may be directly affected by the proposed changes, including seldom heard groups.
- To use various methods to ensure that we engage with as many people as possible and share feedback

d. Outline expected outcomes from the engagement

Some expected outcomes from the engagement are as follows:

- We will have a better understanding of what people think regarding the proposed changes to prescribing gluten-free foods, branded products and over the counter medication
- The general public will have a better understanding about the proposed changes, what it may mean for them and how it may affect them.
- We will know how a wide range of people, including seldom heard groups, understand the proposed changes and what they think.

e. How will you use patient involvement to influence the outcome?

The thoughts, opinions and consensus will help influence how the proposed prescribing changes will take shape. This will include developing guidelines for prescribers in Leeds.

- How does the project support the Leeds Health and Wellbeing Board outcomes? (delete as appropriate)
- People will be involved in decisions made about them
- People will live in healthy and sustainable communities

f. What is the level of service change? (see appendix A)

Level 1

Level 2

Level 3

Level 4

If your project is classed as a 'significant variation' (level 3) or 'major change' (level 4) you should use the following DH guidance: (please note that level 4 changes will require considerable long term planning and this DH guidance is mandatory for all level 4 changes)
['Planning and delivering service changes for patients'](#) DH 2013

5. Pre-consultation information (Equality Analysis)

What do you already know about peoples' access, experience, health inequalities and health outcomes? Use relevant intelligence from existing local, regional or national research, data, deliberative events or engagements.

<p>Source</p> <p>Where did the intelligence come from? This might be the JSNA, provider data, Health Needs Assessments, complaints or previous engagement exercises etc</p>	<p>Analysis</p> <p>What did the intelligence tell you about the people with protected characteristics (age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex and sexual orientation) and other vulnerable/seldom heard communities (see appendix B) Please note you must evidence that you have considered all protected characteristics.</p>
<p><u>BBC News</u></p>	<p>The story indicates that when necessary, prescription of over the counter medication can still happen, as people on long term pain management or low incomes may still need the prescription.</p>
<p><u>GP Online</u></p>	<p>The story implies that moving to paying for these items will reduce congestion in GP surgeries as people will be seeking out pharmacist's advice or independently purchasing their items. This would mean that there are more appointments available for all who need it.</p>
<p><u>Ipswich and East Sussex CCG</u> <u>NHS East Riding of Yorkshire CCG</u></p>	<p>Other CCGs have already completed this procedure and have reported on their findings. Ipswich and East Sussex have documented that the £1 million spent on paracetamol prescribing could provide better Alzheimer's treatment, cataract and breast cancer treatment. They would also be able to provide more community nurses, who can help out more isolated people in the community.</p>

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<u>The Telegraph</u>	Newly diagnosed, elderly and isolated people may struggle to change their lifestyles in the first instance. Children may also be affected if they do not understand why they are not able to have something their friends are having (like a piece of cake). Low income households or people with mobility problems may rely on gluten-free. People can make dietary changes providing they are given guidance but changing that lifestyle maybe difficult for many, especially newly diagnosed.
<u>Bradford City CCG</u>	There is no strong clinical evidence that patients who receive gluten-free food on prescription are more likely to comply with a gluten-free diet or have better health outcomes than those who don't. Quality impact assessment doesn't indicate that healthcare will be impacted on from these changes. Other people whose health is affected by diet are not prescribed for i.e. diabetics, people with high blood pressure or high cholesterol.

If your analysis has highlighted any gaps please outline what action you will take in section 7.

6. What timescales are you working to?

Please share your engagement plan with the PAG at the earliest opportunity and allow time make any necessary changes to your engagement.

(include planning implementation, evaluation and feedback)

Complete communications and equality analysis and engagement plan	February 2017
Attend PAG to share your plan	February 2017
Brief scrutiny board (if level 3 or 4)	February 2017
Carry out engagement	March – April
Complete engagement report	May 2017
Commencement of service	?
Feedback to stakeholders and the PAG	May/June 2017

7. Engaging with your stakeholders

(consider using a mapping tool to identify stakeholders)

a. Who is the change going to affect and how? (Taking into consideration the information/data research and equality analysis in section 5)

The change will affect the general population but will have a greater impact on people who are exempt from the prescription charge including:

- Families/carers of children and young people.
- Pregnant women and new mothers.
- Patients aged 60 or over.
- Patients with long term health conditions that entitle them to free prescriptions.

- People in receipt of low income benefits.

The change would have the highest impact on people on low incomes.

To engage with the following...

Group (which group of people? Providers, patients, public, carers etc)	Inform/engage (are you engaging or informing?)	How (how will you engage with them? – surveys, focus groups etc. This will need to be different for different groups)	By who (who will carry out this work? Commissioners, engagement team, third sector, Engaging Voices)
Example: patients using the chronic pain service	Engaging	Asking patients in the waiting room to fill out a survey about their experience. Holding focus groups with chronic pain service users	Leeds involving people (LIP) will support CCG staff to carry out surveys in the waiting room. CCG staff will plan and deliver the focus groups
Patients – general patients	Engaging/informing	People supported to fill out the survey in GP practices.	LIP
		Survey shared with PPG members, encourage PPGs to aid in completion. Continuous promotion on CCGs' social media channels linking in and encouraging all identified groups/third sector partners to share using their own social media. Writing and sharing a standard article for inclusion in any internal bulletins, magazines or websites of all the above identified groups/third sector partners.	CCG engagement teams
Patients with coeliac disease	Engaging/informing	People asked to share their thoughts using the survey. Work with Leeds Coeliac Groups to engage people with the condition http://www.leedscoeliacgroup.org.uk/ https://www.coeliac.org.uk/local-groups/leeds/ https://en-gb.facebook.com/LeedsCoeliacUK/	Engagement team at CCGs Head of Medicines Optimisation
General public	Engaging/informing	People asked to share their thoughts using the survey. Survey to be shared with the community network	LIP CCG engagement teams
People with protected characteristics as defined by Equality Act 2010: • Black and minority ethnic (BME) communities.	Engaging/informing	People asked to share their thoughts using the survey. Share survey with Vol, Comm and faith Sector organisations People supported to fill out the survey by Engaging	Engaging Voices. Voluntary, Community and Faith sector organisations

<ul style="list-style-type: none"> • Carers. • Children and young people. • Older people. • People with disabilities. • Users of mental health services. • Lesbian, gay, bisexual and transgendered people. • Gypsies and travellers. • Homeless people. 		<p>voices team.</p> <p>Invited to focus groups that are to be held by the CCG.</p>	
<p>The above will be supported by:</p>	<ul style="list-style-type: none"> • Continuous promotion on CCGs' social media channels linking in and encouraging all identified groups/third sector partners to share using their own social media • Writing and sharing a standard article for inclusion in any internal bulletins, magazines or websites of all the above identified groups/third sector partners 		
<p>Underpinning principles to ensure that our engagement activities are accessible to all our diverse communities.</p>	<ul style="list-style-type: none"> • All the above will have access to material and suggested text developed by CCG communications and engagement team • The bulk of the above activity will be done by email and on social media • Documentation in alternative formats will be available on request. 		

8. What resources do you need for the engagement?
 Consider if you need additional staffing, administration, design work or printing

a. What additional staffing do you need?

Engagement support from LIP and Engaging Voices

b. Do you need to make any of your resources accessible (ie for people with learning disabilities or sight impairments)

Engagement not targeted specifically at people with learning disabilities. It will be available in easy read or other formats on request.

c. Outline your budget

Resource (admin, design, print, staffing)	Est cost
TOTAL	

9. What are your consultation/engagement questions?

a. What do you want to find out?

We want to find out:

- We want to inform the general public and patients about the proposed change
- We want to find out what a range of different people think about the proposed change
- We want to understand which prescriptions people think should be available on prescription
- Equality monitoring data.

b. What questions will you ask?

The questions we will ask are outlined in the draft survey (attached)

c. How will you test the questions to ensure they are suitable?

This survey has already been tested and used in Wakefield with success. We will share the questions with the Patient Assurance Groups (PAG) in the city.

d. How many people do you need to speak to?

- We will aim to engage with at least 500 people. **Agree a total for LIP and our own CCG target**
- (We will ask people to fill in the equality monitoring section of the survey so that we can be confident that we have engaged with people from a range of different backgrounds.

e. How will you demonstrate that you have consulted with a representative sample?

We will:

- Share the survey with voluntary sector organisations across the city.
- Share with community networks across the city.
- Attend GP practices and public spaces to ask the survey.
- Ask Engaging Voices to share the survey with 'easily ignored groups'.
- Collect equality monitoring data on the surveys.
- Actively promote and encourage attendance at any focus groups held.

10. Results

a. Who will collate the results?

NHS Leeds West CCG Engagement Team

b. Who will analyse and theme the results?

NHS Leeds West CCG Engagement Team

c. Who will write the report?

NHS Leeds West CCG Engagement Team

d. How will you use the feedback – what will you do differently?

We will use the feedback to:

- Inform any change we make
- Develop guidance for GPs.
- Develop marketing campaigns and patient literature which promotes and explains the change

11. Feedback and Evaluation

a. How and when will you feedback to participants?

Following the engagement we will share the engagement report with people who have shared their contact details. The report will also be added to the websites of the three CCGs in Leeds.

b. What will you feedback?

We will share the findings of the survey including:

- Results.
- Themes.

- Recommendations.
- Equality monitoring data.

c. Will there be ongoing feedback or a follow-up event?

Feedback/updates will be provided between **six to eight months** following the engagement and then again when there are significant updates.

Action Plan dates

	Action	Approx. Timescale (from start of project)	Lead	Deadline	Comments/ progress
1.	Recruit patient rep	1 week			
2.	Agree level of change (confirm with Comms engagement manager)	1 week			
3.	Consider a date to take project to PAG (invite reps from other PAGs if citywide)	1 week			
4.	Give Leeds Involving People and Engaging Voices a heads up	1 week			
5.	Meet with patient leaders	2 weeks			
6.	Write communications and equality analysis and engagement plan	2 weeks			
7.	Write patient survey	2 weeks			
8.	Share draft comms/ equality analysis and engagement plan and survey with patient leader/project lead	2-3 weeks			
9.	Send comms/equality analysis and eng plan to the PAG	Depends on PAG date			
PAG supports the engagement plan					
		Approx. timescale (from date of PAG)			
10.	Make final amends to comms , equality analysis and engagement plan	1 week			
11.	Design and print survey	3 weeks			
12.	Write engagement covering letter	1 week			
13.	Add survey to snap survey	1 week			
14.	Consider creating a video to introduce the project and add to website	3 weeks			
15.	Add engagement onto website	1 week			
16.	Press release	1 week			
17.	Social media plan	1 week			
Start engagement					
		Approx. timescales (from start of engagement)			

	Action	Approx. Timescale (from start of project)	Lead	Deadline	Comments/ progress
18.	Email out link PDF of survey and link to online survey(patients, public and VCF sector)	1 day			
19.	Mail-out covering letter and paper surveys	2 days			
20.	Drop off paper surveys to health centres and GP surgeries	1 week			
21.	Share paper copies of survey with Engaging voices/LIP	1 week			
22.	Organise and run drop-ins at clinics	2-12 weeks			
23.	Organise and run focus groups	2-12 weeks			
24.	Add to staff e-bulletins and share content with partners identified in the plan	1-12 weeks			
Engagement ends					
		Approx. timescales (from end of engagement)			
25.	Time for final surveys to be recorded	1 week			
26.	Add relevant patients to community network	2-4 weeks			
27.	Write equality impact and engagement report	2-4 weeks			
28.	Share equality impact and engagement report with patient leader and project team	2-4 weeks			
29.	Share equality impact and engagement report with PAG/s by email	2-4 weeks			
30.	Send equality impact and engagement report to stakeholders	3-5 weeks			
31.	Share findings with patient experience team	3-5 weeks			
32.	Write follow-up report and send to patients	6 months			

Appendix A – Stages of engagement

Definitions of reconfiguration proposals and stages of engagement/consultation			
Definition & examples of potential proposals	Stages of involvement, engagement, consultation		
	Informal Involvement	Engagement	Formal consultation
Major variation or development Major service reconfiguration – changing how/where and when large scale services are delivered. Examples: urgent care, community health centre services, introduction of a new service, arms length/move to CFT			Category 4 Formal consultation required (minimum 12 weeks)
Significant variation or development Change in demand for specific services or modernisation of service. Examples: changing provider of existing services, pathway redesign when the service could be needed by wide range of people		Category 3 Formal mechanisms established to ensure that patients/service users/ carers and the public are engaged in planning and decision making. In most cases this means 12 weeks engagement period	Information & evidence base
Minor change Need for modernisation of service. Examples: Review of Health Visiting and District Nursing (Moving Forward Project), patient diaries		Category 2 More formalised structures in place to ensure that patients/ service users/ carers and patient groups views on the issue and potential solutions are sought	Information & evidence base
Ongoing development Proposals made as a result of routine patient/service user feedback. Examples: proposal to extend or reduce opening hours	Category 1 Informal discussions with individual patients/ service users/ carers and patient groups on potential need for changes to services and solutions	Information & evidence base	

Appendix B – Protected characteristics (*Equality and Human Rights Commission 2016*)

Age

Where this is referred to, it refers to a person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

Disability

A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Gender reassignment

The process of transitioning from one gender to another.

Marriage and civil partnership

Marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. [1]

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).

[1] Section 1, Marriage (Same Sex Couples) Act 2013, Marriage and Civil Partnership (Scotland) Act 2014.

Pregnancy and maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Race

Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Religion and belief

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Sex

A man or a woman.

Sexual orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.