

# Equality Analysis and Engagement Plan

## A template for staff v1.2

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 an 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 in relation to protected, seldom heard or vulnerable groups.** (existing intelligence)
3. **Which protected groups, seldom heard 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: Re-procurement of New Cross Surgery; Middleton Park Surgery; & Swillington Health Practice**

**2. Project Lead: Deborah McCartney** Contact details: [Deborah.mccartney@nhs.net](mailto:Deborah.mccartney@nhs.net)

**3. This project is: Local**

**4. Describe your project**

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

In 2007 NHS Leeds PCT awarded an Alternative Provider Medical Services Contract (APMS) to Grange Medicare Limited for three medical services practices:

- New Cross Surgery;
- Middleton Park Surgery; &
- Swillington Health Practice

The APMS contract for the three individual practices ends on 31 October 2018. Grange Medicare is not committed to delivering the service past the current contract end date and the current contract cannot be extended.

Grange Medicare Ltd holds the overall contract however each practice is a stand-alone practice with individual populations. As a CCG we are aware that there are limitations regarding the premises at Swillington and that going forward these will not be functionally suitable for the duration of the future contract.

A full procurement process for the new service will be undertaken to ensure the new service commences on the 1<sup>st</sup> November 2018.

This engagement seeks to understand the primary care needs and preferences of people registered at the three practices and wider stakeholders. The engagement will also outline the potential future service models for local primary care and gives people an opportunity to identify their preferred option.

Feedback from this engagement as well as wider patient experience and other factors will be used to shape an options appraisal document. This document will be taken to the Primary Care Commissioning Committee in January 2018 for final decision on the service model.

Following the decision we will hold a series of engagement events to inform patients and stakeholders of the outcome and support people with any potential future changes.

Procurement for the new service will commence in March 2018 and the preferred bidder will be confirmed in August 2018.

**b) Outline the aim of the engagement**

The engagement aims to:

*Gather feedback from patients and other stakeholders to inform the future service provision for the patients registered at New Cross Surgery, Middleton Park Surgery and Swillington Health Practice.*

**c) Outline the objectives of the engagement**

The objectives of the engagement include:

- *Produce a public engagement document*
- *Share the document with households registered at the three practices*
- *Hold a series of public events*
- *Hold focus groups with seldom heard groups*

- Write up the findings in an engagement report
- Make a series of recommendations to inform the options appraisal

**d) Outline expected outcomes from the engagement**

The outcomes of the engagement will be:

- An understanding of patient’s needs and preferences with regards primary care
1. An understanding of patient’s views on a range of different service models
  2. An understanding of the views of people from seldom heard groups
  3. An understanding stakeholders views on the service model
  4. A report outlining the findings and recommendations

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

We will use feedback from patients alongside other intelligence to develop the options appraisal. PCCC will use this information to make a decision about the future model of care.

**f) How does the project support the Leeds Health and Wellbeing Board outcomes? (delete as appropriate)**

- People’s quality of life will be improved by access to quality services
- People will be involved in decisions made about them
- People will live in healthy and sustainable communities

**g) What is the level of service change? (see appendix A)**

The level of change will depend on the decision made at PCCC.

We have chosen to carry out in depth engagement to support existing patient experience intelligence and this will be used to inform the PCCC decision.

Following the decision we will carry out further engagement to inform local people and stakeholders about the decision. This engagement will also enable us to support any people affected by change.

**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.

<b>Source</b>	<b>Analysis</b>			
Where did the intelligence come from? This might be the JSNA, provider data, Health Needs Assessments, complaints or previous engagement exercises etc.	<p>What did the intelligence tell you about the <b>people with protected characteristics (age, disability, gender (sex), gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation)</b> and other vulnerable/seldom heard communities (see appendix B)</p> <p>Please note you must evidence that you have considered all protected characteristics.</p>			
Primary Care Web tool JSNA		New Cross Surgery, Rothwell Health Centre	Middleton Park Surgery, Middleton Park Avenue	Swillington Health Practice, Hillcrest Close
	Population Profile	6082 (reasonably static) 6150.35 Weighted pop	5202 (increase of 800 patients in 10years) 4288.78 Weighted pop	1560 (reasonably static) 1770.79 Weighted pop
	Gender	50%male, 50% female	47%male, 53% female	46%male, 56% female
	Age	0-4 years 6.29 % 5-14 years 12.63 % 15-44 years 37.54 % 45-64 years 24.82 % 65-74 years 10.81 % 75-84 years 5.81 % 85 years + 2.09 %	0-4 years 12.84 % 5-14 years 19.23 % 15-44 years 46.13 % 45-64 years 15.86 % 65-74 years 3.31 % 75-84 years 2.13 % 85 years + 0.5 %	0-4 years 4.3 % 5-14 years 11.88 % 15-44 years 33.38 % 45-64 years 23.01 % 65-74 years 14.1 % 75-84 years 10.05 % 85 years + 3.29 %
	Race	BME: 4.04% Language line usage 2016: 0 calls	BME: 20.94% Language line usage 2016: 78 calls	BME: 0% Language line usage 2016: 1 call
	Disability	Disability Living Allowance: 2.45%	Disability Living Allowance: 5.04%	Disability Living Allowance: 5.95%
	Deprivation	Deprivation: 7.9	Deprivation: 52.04	Deprivation: 26.66
	Severe Mental Health Prevalence	0.7%	0.75%	1.9%

## 6. What timescales are you working to?

Please share your equality analysis and 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 equality analysis and engagement plan	Beginning Nov 2017
Share draft engagement plan and engagement document with PAG and PPG members virtually for comment	Beginning Nov 2017
Attend PAG to share your plan	30 November 2017
Brief scrutiny board (if level 3 or 4)	Primary Care Paper discussed at Scrutiny 10 Oct 2017
Carry out engagement (phase one)	15 Nov 17 – 30 Dec 17
Complete engagement report	5 January 2018
Decision made about service model	24 January 2017
Engagement (phase two)	February – April 2017
Commencement of service	1 Nov 2018
Feedback to stakeholders and the PAG	Ongoing

## 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)

**Patient/Public:** Any changes to the service model could affect registered patients at one or more of the three practices involved.

**People with protected characteristic:** Following the equality analysis we will carry out focussed work with the following groups:

- People with long term conditions in Swillington
- The BME community in Middleton
- People with poor mental health in Middleton

### **Other Stakeholders:**

We will need to inform and engage with other key stakeholders, these include:

- Local Councillors including Chair of Scrutiny
- Other practices in surrounding areas
- Local Pharmacists
- LMC
- Public Health England
- MPs
- Leeds Community Health – Neighbourhood Team
- NHS England
- Health Watch Leeds
- Leeds City Council Social Care
- Primary Care Commissioning Committee

Following the decision on the future service model at PCCC, there will be a second phase of engagement. This information and impact engagement will involve all stakeholders. Depending on the changes involved some stakeholder may be involved more than others during this phase. For example if one of the practices becomes a branch surgery, the opening hours will need to be communicated to all health and social care providers working with the practice population to ensure they understand how to contact the GP team.

### To engage with the following...

<b>Group</b> (Which group of people? Providers, patients, public, carers etc)	<b>Inform/engage</b> (Are you engaging or informing?)	<b>How</b> (How will you engage with them? – Surveys, focus groups etc. This will need to be different for different groups)	<b>By who</b> (Who will carry out this work? Commissioners, engagement team, third sector, Engaging Voices)
Patients registered at the three practices	Engaging (phase 1)	Surveys	Third sector engagement team (LIP/VAL) PPG members
	Informing and impact reduction (phase 2)	Patient leaflet and engagement events	Commissioners and engagement team
Seldom heard groups	Engaging (phase 1)	Focus groups Supported engagement	Third sector engagement team
	Informing and impact reduction (phase 2)	Focus groups Supported engagement	Third sector engagement team/ commissioners/ engagement team
Wider stakeholders (as outlined above)	Engaging (phase 1)	letter	commissioners
	Informing and impact reduction (phase 2)	Letter Engagement events	Third sector engagement team/ commissioners/ engagement team

### 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?

LIP/VAL will undertake the initial consultation on behalf of the CCG and the practice, however further engagement following the decision by the PCCC will see the Practice leading this process, with support from the CCG.

#### b. Do you need to make any of your resources accessible (i.e. for people with learning disabilities; sight impairments; or alternative languages?)

LIP/VAL will use an asset-based approach to engage with local seldom heard groups. Engagement documents will be available in alternative formats i.e. braille

#### c. Outline your budget

The communications and engagement team will pick up these costs.

There may be a resource need to focus group venues and refreshments.

<b>Resource(admin, design, print, staffing)</b>	<b>Est cost</b>
Additional engagement support	N/A
Envelopes	£200 est
Survey design and printing	£1000 est
Postage	£4500 est
Staff resource (stuffing envelopes and inputting data when they	?



are returned)	
Covering letter to patients	£30
Phase two engagement events (tbc)	?
TOTAL	£5700 est

## 9. What are your consultation/engagement questions?

### a. What do you want to find out?

We want to understand people's needs and preferences when they access primary care health services. We also want to understand peoples preferences around a new service model

### b. What questions will you ask?

- Contact details (optional but required if people want to find out more about the engagement)
- Filling in as a (patient/carer/interested stakeholder)
- When was the last time you visited the practice (include options i.e. 1 week ago, 1 month ago, 3 months ago, 6 months ago, more than 6 months ago – please tell us how long ago you visited the practice, I have not visited the practice).
- What do you value most about the service you receive at your GP practice?
  - Ease of making an appointment
  - Friendly Practice staff
  - Being understood by the practice staff
  - Being involved in the decisions about your health and Care
  - Access to a same gender GP
  - Access to a nursing team who can take bloods
  - Access to appointments on an evening
  - Access to appointments on a weekend
  - Child friendly waiting areas
  - Other- [Text Box please specify:]
- Are you receiving regular treatment for an ongoing medical problem or long term condition?
- Do you have a condition or disability which makes accessing buildings difficult for you?
- What other arrangements need to be considered when accessing your GP?
- Do you have access to your own transport?
- Any other comments? [text box]
- The feedback you give us will help us make a decision about the way primary care services are delivered in Rothwell, Swillington and Middleton. There are five different ways services might be provided. We would like to know which model you would prefer and why. Please select your preferred scenario and give the impact each scenario would have on you.
- See scenarios document for further info
- Equality monitoring

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

The engagement document will be based on similar documents we have used in previous successful engagements.

We will also share the draft engagement document (survey) with:

- PPG members at the three practices
- PAG members
- Third sector engagement team (VAL/LIP)

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

We will seek to engage as many of the registered practice population as possible. This will involve:

- Posting the engagement document to every registered household
- Holding a series of community events
- Holding a series of focus groups with seldom heard groups
- Making the survey available online
- Sharing the survey with local community groups
- Making the survey available in each GP practice
- Providing a freepost return address (and envelope on request)
- Using internal and external bulletins to promote the engagement
- Using social media to promote the engagement
- Sharing the survey with wider stakeholders

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

We will use out third sector engagement partners and other stakeholders to engage with a wide range of different groups.

Ask the PPG members to support the engagement

The survey will be available in alternative formats

We will ask people to share their details using an equality monitoring form

## 10. Results

**a. Who will collate the results?**

LIP/VAL will summarise the results from the focus groups. They will also input onto Snap survey any engagement documents that they fill in with patients.

Surveys returned to practices or using our freepost address will be collated by the CCG.

**b. Who will analyse and theme the results?**

LIP/VAL will analyse and theme the results from the focus groups

The CCG will analyse and theme the results from the survey

**c. Who will write the report?**

LIP/VAL will write the report linked to the focus groups

CCG staff will write the report linked to the survey

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

Feedback will be used alongside other intelligence to develop a range of options for future service provision. This options paper will be presented to the PCCC in January and they will use the paper to make a decision on the future service model.

## 11. Feedback and Evaluation

**a. How and when will you feedback to participants?**

We will write up the feedback in an engagement report which will be available in mid January 2017. The report will be on the CCG website and will be shared directly with patients who request a copy.

Following the decision on the service model with PCCC we will contact all registered



patients to outline the new service. We will also invite patients to share their thoughts on the new model at a series of local events and activities (phase 2)

**b. What will you feedback?**

The engagement report will outline:

- Background to the engagement
- Methods used to engage
- Themes from the feedback and recommendations
- Next steps

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

The phase 2 engagement will give patients an opportunity to feedback on the new service model. We will continue to work with patients and PPGs as we develop the model and procure (buy) the service.

## Action Plan Dates

	Action	Approx. Timescale (from start of project)	Lead	Deadline	Comments/ progress
1.	Recruit patient rep	1 week		Oct 2017	PPG to provide assurance
2.	Agree level of change (confirm with Communication/ engagement manager)	1 week		Jan 2018	Dependant on outcome of PCCC
3.	Consider a date to take project to PAG (invite reps from other PAGs if citywide)	1 week		Nov 2017	Attending PAG end Nov
4.	Give Leeds Involving People and Engaging Voices a heads up	1 week		19 June 2017	Agreed timescales and actions with LIP/VAL
5.	Meet with patient leaders	2 weeks		Oct 2017	Met with PPGs Oct 2017
6.	Write Equality Analysis and Engagement Plan	2 weeks		Beg Nov 2017	In process
7.	Write patient survey	2 weeks		Beg Nov 2017	In process
8.	Share draft equality analysis and engagement plan and survey with patient leader/project lead	2-3 weeks		Beg Nov 2017	
9.	Send equality analysis and engagement plan to the PAG			End Nov 2017	
PAG supports the equality analysis and engagement plan					
		<b>Approx. timescale</b> (from date of PAG)			
10.	Make final amends to equality analysis and engagement plan	1 week		Beg Nov 2017	
11.	Design and print survey	3 weeks		w/c 13 Nov 2017	
12.	Write engagement covering letter (patients)	1 week		w/c 13 Nov 2017	
13.	Write engagement letter (wider stakeholders)	1 week		w/c 13 Nov 2017	
14.	Add survey to snap survey	1 week		w/c 13 Nov 2017	LIP to upload SNAP survey
15.	Consider creating a video to introduce the project and add to website	3 weeks		NA	
16.	Add engagement onto website	1 week		w/c 13 Nov 2017	

	Action	Approx. Timescale (from start of project)	Lead	Deadline	Comments/ progress
17.	Press release	1 week			N/A
18.	Social media plan	1 week			Identify Cottingley social networks / neighbourhood forums
Start engagement					
		Approx. timescales (from start of engagement)			
19.	Email out link PDF of survey and link to online survey(patients, public and VCF sector)	1 day			
20.	Mail-out covering letter and paper surveys	2 days			
21.	Drop off paper surveys to health centres and GP surgeries	1 week			
22.	Share paper copies of survey with Engaging voices/LIP	1 week			
23.	Organise and run drop-ins at clinics	2-12 weeks			
24.	Organise and run focus groups	2-12 weeks			
25.	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)			
26.	Time for final surveys to be recorded	1 week			
27.	Add relevant patients to community network	2-4 weeks			
28.	Write equality impact and engagement report	2-4 weeks			
29.	Share equality impact and engagement report with patient leader and project team	2-4 weeks			
30.	Share equality impact and engagement report with PAG/s by email	2-4 weeks			
31.	Send equality impact and engagement report to stakeholders	3-5 weeks			
32.	Share findings with patient experience team	3-5 weeks			
33.	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
<b>Major variation or development</b> 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			<b>Category 4</b> Formal consultation required (minimum 12 weeks)
<b>Significant variation or development</b> 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		<b>Category 3</b> 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
<b>Minor change</b> Need for modernisation of service. Examples: Review of Health Visiting and District Nursing (Moving Forward Project), patient diaries		<b>Category 2</b> 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
<b>Ongoing development</b> Proposals made as a result of routine patient/service user feedback. Examples: proposal to extend or reduce opening hours	<b>Category 1</b> 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 (Sex)**

A man or a woman.

### **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 or 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.

### **Sexual orientation**

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