

# 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: Closure of Radshan Medical Centre

2. Project Lead: Kirsty Turner

Contact details: [kirsty.turner@nhs.net](mailto:kirsty.turner@nhs.net)

3. This project is: Citywide

## 4. Describe your project

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

The Practice Plc have taken the difficult decision to terminate the contract at Radshan Medical Centre after providing services to the population for a number of years. Over recent time, it has become increasingly difficult to attract GPs to the practice in its current form with the building itself no longer suitable to deliver modern healthcare services.

The contract ends on 30 April 2018 at which time the practice will close meaning people will need to register with a new GP practice

### b. Outline the aim of the engagement

The aim of the engagement is to inform registered patients at Radshan Medical Centre about the closure of the practice, how it will affect them and what patients need to do.

### c. Outline the objectives of the engagement

The objectives of the engagement are as follows:

- To inform the patients of Radshan Medical Centre about the closure of the practice.
- To inform patients how the closure will affect them and what they need to do.
- Give patients the opportunity to tell the NHS Leeds CCG Partnership what is important to them and what they want from their GP practice.

### d. Outline expected outcomes from the engagement

Some expected outcomes from the engagement are as follows:

- Patients will have a better understanding about the closure of Radshan Medical Centre and how it affects them.
- Patients will be informed of local practices in the area of Radshan Medical Centre.
- Patients will understand that they need to register with a neighbouring practice by the time Radshan Medical Centre closes.

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

The thoughts and opinions of patients will be taken into consideration for future work in primary care. As the decision has been accepted by the Primary Care Commissioning Committee, Radshan Medical Centre will be closing. The engagement document will provide details of neighbouring practices allowing patients to be informed about which practice they can pick.

- 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

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><b>Source</b></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><b>Analysis</b></p> <p>What did the intelligence tell you about the <b>people with protected characteristics (age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex and sexual orientation)</b> and other vulnerable/seldom heard communities (<b>see appendix B</b>) <b>Please note you must evidence that you have considered all protected characteristics.</b></p>
<p><a href="#">National General Practice Profiles</a></p> <p><a href="#">QPZM – Local Stats</a></p>	<p><b>Race</b></p> <p>38 patients (2%) of the practice population are from a 'non-white' ethnic group/BME population.</p> <p>GP Survey data results only shows results from British and Irish residents with no responses indicating results from any BME groups.</p> <p>95.9% of the population of Kippax and Methley ward were born in England. Other top answers for country of birth were 1.2% Scotland, 0.4% Wales, 0.3% Northern Ireland, 0.2% Ireland, 0.1% India, 0.1% South Africa, 0.1% Zimbabwe, 0.1% Australia, 0.1% Kenya. The total population of the area is 21,116.</p> <p>99.2 % of the Kippax and Methley ward speak English. The other top languages spoken are 0.1% Polish, 0.1% French, 0.1% Panjabi, 0.1% Arabic, 0.1% British sign language, indicating that there are potential language barriers.</p>
<p><a href="#">National General Practice Profiles</a></p> <p><a href="#">Radshan Medical Centre website</a></p>	<p><b>Age</b></p> <p>741 patients (39%) of the practice population are over 65 years old.</p> <p>538 patients (28.3%) of the practice population are under 18 years old.</p> <p>A large percentage of people over 65 years old may have issues in access neighbouring practices if there are mobility issues or require additional support/transportation.</p> <p>Patients may require child health surveillance as is currently provided by Radshan Medical Centre at neighbouring practices.</p>

## 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><b>Source</b></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><b>Analysis</b></p> <p>What did the intelligence tell you about the <b>people with protected characteristics (age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex and sexual orientation)</b> and other vulnerable/seldom heard communities (<b>see appendix B</b>) <b>Please note you must evidence that you have considered all protected characteristics.</b></p>
<p><a href="#">National General Practice Profiles</a></p> <p><a href="#">Radshan Medical Centre website</a></p>	<p><b><u>Disability</u></b></p> <p>1269 patients (67%) of the practice population have a long standing health condition.</p> <p>32 patients (1.7%) of the practice population are nursing home patients.</p> <p>378 patients (19.1%) of the practice population are identified as having a caring responsibility.</p> <p>Patients may have issues in access neighbouring practices if there are mobility issues or require additional support/transportation.</p> <p>Additionally, people with mental health conditions, learning disabilities or developmental disabilities (such as autism) may need additional support in making the change to a different practice if a change in structure or routine is hard to understand or make the change to.</p> <p>Patients continuing care for long term conditions such as Asthma, COPD, coronary heart disease or diabetes may be interrupted with the change in surgeries.</p>
<p><a href="#">Stonewall – Leeds LGBT+ Mapping Project Report</a></p>	<p><b><u>Gender Reassignment</u></b></p> <p>There is currently no official estimate of the trans population in the UK. Leeds is known to have a transgender population and it has been reported by Stonewall that people from the transgender community often experience long waiting lists for treatment, impacting physical and mental health. Additionally, Leeds has a Gender Identity service, one of only a few in the country.</p>
<p><a href="#">National General Practice Profiles</a></p> <p><a href="#">Stonewall – Leeds LGBT+ Mapping Project Report</a></p>	<p><b><u>Sex and Sexual Orientation</u></b></p> <p>The practice population is nearly evenly split between male (51.4%) and female patients (48.6%).</p> <p>Specific data regarding sexual orientation at the practice is currently unavailable. The charity, Stonewall, estimates that 10% of the population of Leeds identifies as gay, lesbian or bisexual (around 75,150).</p> <p>It is likely, then, that the practice will have members from the LGB community who may have specific needs that will need to be covered by neighbouring practices.</p>

## 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> Where did the intelligence come from? This might be the JSNA, provider data, Health Needs Assessments, complaints or previous engagement exercises etc	<b>Analysis</b> What did the intelligence tell you about the <b>people with protected characteristics (age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex and sexual orientation)</b> and other vulnerable/seldom heard communities ( <b>see appendix B</b> ) <b>Please note you must evidence that you have considered all protected characteristics.</b>
<a href="#">Maternity Strategy for Leeds – 2015 -2020</a>	<b><u>Pregnancy and Maternity</u></b>  There are over 10,000 babies born every year in Leeds. Expectant mothers and new mothers will continue to need maternity related care from neighbouring practices that they were receiving at Radshan Medical Centre.
<a href="#">QPZM – Local Stats</a>	<b><u>Religion and Belief</u></b>  The religious make up of Kippax and Methley (21,116 population) is 67.8% Christian, 23.9% No religion, 0.4% Muslim, 0.1% Sikh, 0.1% Jewish, 0.1% Buddhist, 0.1% Hindu, 0.1% Agnostic.  1,431 people did not state a religion. 61 people identified as a Jedi Knight.  Certain faiths or cultures may require specific interventions to adhere to their way of life. This may be disrupted if procedure differs at the neighbouring practices.
<a href="#">Grange Medicare Engagement Report</a>	A previous engagement conducted by the NHS Leeds CCG Parntership, consulting on potential changes to three practices identified that there were concerns from many patients about the impact of a potential closure of a GP practice on the remaining practices. The concerns were that patients of the remaining practices would struggle to make appointments as there will be more patients trying to get the same limited number of appointments.
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 2018
Attend PAG to share your plan	February 2018
Brief scrutiny board (if level 3 or 4)	February 2018
Carry out engagement	March – April 2018
Complete engagement report	April 2018
Closure of service	30 April 2018
Feedback to stakeholders and the PAG	April/May 2018

## 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 all 1,901 registered patients at Radshan Medical Centre. In particular the closure of the practice may affect more directly:

- Patients with mobility issues including physical disabilities or lack of access to transportation.
- Patients with learning disabilities or autism who may struggle to adapt to change in routine or structure.
- Patients at neighbouring practices may be affected by the increase numbers of registered patients on the practice's services.

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

### 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)
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
<b>Patients – patients</b> registered with the practice	Engaging//informing	Survey to be shared with PPG ahead of rollout for feedback.  Discuss opportunities to support the engagement and raise profile of the survey and what is happening.  Write questions and answers sheet and share on the websites	PPG   CCG Communications team
		Survey shared to all registered patients homes (one per household).  Reminder letters to be sent to registered patients about the closure of the surgery and need to register elsewhere  Survey's available in the surgery.  Survey's available to complete online and link can be shared via email and will be included on the survey.	The Practice PLC   CCG engagement team

		Arrange and advertise drop in sessions for patients to attend to ask questions and complete surveys	
		People supported to fill out the survey in GP practices.	PPG/VAL
<b>People with protected characteristics as defined by Equality Act 2010:</b> <ul style="list-style-type: none"> <li>• Black and minority ethnic (BME) communities.</li> <li>• Carers.</li> <li>• Children and young people.</li> <li>• Older people.</li> <li>• People with disabilities.</li> <li>• Users of mental health services.</li> <li>• Lesbian, gay, bisexual and transgendered people.</li> <li>• Gypsies and travellers.</li> <li>• Homeless people.</li> </ul>	Engaging/informing	<p>People asked to share their thoughts using the survey. Share survey with Vol, Comm and faith Sector organisations</p> <p>People supported to fill out the survey by Engaging voices team.</p> <p>Invited to focus groups that are to be held by the CCG.</p>	VAL/CCG engagement team
<b>Wider stakeholders –</b> <ul style="list-style-type: none"> <li>• Councillors</li> <li>• Neighbouring practices</li> <li>• Local pharmacies</li> </ul>	Informing	Letter written to wider stakeholders to inform them of closure and engagement process.	CCG/The Practice PLC
<b>The above will be supported by:</b>	<ul style="list-style-type: none"> <li>• Continuous promotion on CCGs' social media channels linking in and encouraging all identified groups/third sector partners to share using their own social media</li> <li>• Writing and sharing a standard article for inclusion in any internal bulletins, magazines or websites of all the above identified groups/third sector partners</li> </ul>		
<b>Underpinning principles to ensure that our engagement activities are accessible to all our diverse communities.</b>	<ul style="list-style-type: none"> <li>• All the above will have access to material and suggested text developed by CCG communications and engagement team</li> <li>• The bulk of the above activity will be done by email and on social media</li> <li>• Documentation in alternative formats will be available on request.</li> </ul>		

## 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 Voluntary Action Leeds (VAL)

- 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
Design and print surveys	£500
TOTAL	

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

- What do you want to find out?

We want to:

- To inform the patients of Radshan Medical Centre about the closure of the practice.
- To inform patients how the closure will affect them and what they need to do.
- Find out what is important to patients and what they want from their GP practice.
- Find out equality monitoring data.

- a. What questions will you ask?**

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

- b. How will you test the questions to ensure they are suitable?**

The questions are based on previous engagements run of a similar nature (York Road, Grange Medicare consultations).

- c. How many people do you need to speak to?**

- We will aim to engage with at least all patients registered with Radshan Medical Centre.
- 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.

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

We will:

- Share the survey to every household registered with the practice.
- Share with community networks across the city advertising the survey for affected patients.
- Attend the GP practice and public spaces to have discussion and encourage completion of the survey.
- Ask VAL/Engaging Voices to share the survey with 'easily ignored groups' in the area
- 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 CCG Partnership Engagement Team

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

NHS Leeds CCG Partnership Engagement Team

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

NHS Leeds CCG Partnership Engagement Team

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

We will use the feedback to:

- Develop guidance for GPs in the future.
- Assist in allocating patients who have not registered with a neighbouring practice to a new practice when Radshan Medical Centre closes.

## 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?**

As the practice will be closed there will be no follow up monitoring or report. However, given the potential impact on neighbouring practices a follow up consultation may be considered.

## 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			
<b>PAG supports the engagement plan</b>					
		<b>Approx. timescale</b> (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			
<b>Start engagement</b>					
		<b>Approx. timescales</b> (from start of engagement)			

	<b>Action</b>	<b>Approx. Timescale (from start of project)</b>	<b>Lead</b>	<b>Deadline</b>	<b>Comments/ progress</b>
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			
<b>Engagement ends</b>					
		<b>Approx. timescales (from end of engagement)</b>			
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
<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 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.