

Equality Analysis, Communications and Engagement Plan

Template 2018 06 V1.1 DRAFT

For guidance around filling in this form please see Appendix A. Please be mindful of the Gunning Principles when filling in this form, see Appendix B.

1. Project Title: The Light GP practice re-procurement

2. Date: 3 Sept 2019

3. Project Lead: Deborah McCartney

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4. Engagement Lead: Chris Bridle

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5. Communications Lead: Shak Rafiq

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6. Describe your project

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

In 2006 NHS Leeds Primary Care Trust (PCT), undertook a procurement process for a new practice to be located in the City to cope with the growing City Centre population. One Medicare LLP provides the GP service at The Light and the end date of the contract is 21 May 2019.

The Light has very different populations of need compared to most traditional GP practices. The registered population is approximately 13,236, only 15% of patients are within the 'student' age range of 20-24. However, 66% of the patients are aged 25-39, a reflection of the changing demographic of city centre residents which now includes younger professionals and young families. Only 1% of the patients are over 65. The turnover of registered patients is relatively high at 13.67%, reflecting the nature of the population.

The NHS Leeds Clinical Commissioning Group (CCG) is re-procuring (paying for) The Light GP service. Part of the re-procurement process is to engage with registered patients at The Light. The engagement will help us to understand people's experience of using The Light and their needs and preferences for future services. This information will help us develop a service that meets the requirements of registered patients.

This engagement plan outlines how we will engage with registered patients. It demonstrates our understanding of the registered population and outlines the methods we will use to engage and the questions we will be asking.

b. Outline the aim of the engagement (not the project)

'To understand the experience, needs and preferences of patients registered at the Light

GP practice to inform the re-procurement of the service'

c. Outline the objectives of the engagement (how will you achieve the aim?)

- To identify and engage with people who use The Light GP practice in Leeds.
- Identify and engage with 'seldom-heard' groups identified through the equality analysis.
- Develop a set of questions to understand the experience, needs and preferences of registered patients at the Light and their carers.
- Use a survey to encourage people to share their feedback.
- Hold focus groups with seldom heard groups to identify any gaps in service provision and potential positive or negative impacts in relation to characteristics/groups protected by the Equality Act 2010.
- Understand and analyse people's experiences, needs and preferences.
- Write a report which outlines the findings of the engagement.

d. Outline expected outcomes from the engagement

- An accessible stakeholder survey and set of questions
- Held a series of focus groups with seldom-heard groups
- A report which outlines and analyses the findings of the engagement, including
 - People's experience of the service
 - People's needs and preferences
- A series of recommendations for the re-procurement of The Light.

e. How will patient involvement influence the outcome?

Feedback from registered patients will be used by the commissioning team to develop a service specification for The Light contract. We will also use feedback to influence the potential location of the new service.

f. Who will provide patient assurance for your plan?

We will seek patient assurance on our engagement plan through The Light PPG and the CCG Patient Assurance Group. In the event that these groups are unable to provide assurance we will seek patient assurance through Healthwatch Leeds.

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

- People will live longer and have healthier lives
- People will live full, active and independent lives
- People's quality of life will be improves by access to quality services
- People will be involved in decisions made about them
- People will live in healthy and sustainable communities

h. What is the level of service change? (see appendix B – Stages of involvement)

Level 2

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

7. Pre-consultation information (Equality Analysis)

How well do people from protected groups (Appendix B) fare in relation to the general population?

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. (ask for support from the eMBED equality team, the commissioner and public health)

Group	Source Where did the intelligence come from? (JSNA, provider previous engagement etc)	Impact (yes/no)	Positive (describe)	Negative (describe)	Neutral (describe)	Comments
Age (under 25/ over 65)	Paper to Primary Care Commissioning Committee Primary Care Webtool	Y			Y The proposed change is not expected to impact on age	66% of the registered population are aged between 25-39. Age <25 = 2965 Age >65 = 118 0-4 = 3.17% 5-14 = 2.79% 15-44 = 87.43% 45-64 = 6.65% 65-74 = 0.64% 75-84 = 0.10% 85 + = 0.05%
Gender (male/female/intersex/ other)	Public Health Practice Profile	Y			Y The proposed change is not expected to impact on gender	Male 7309 Female 6251 (53.9%) of reg pop (46.1%) of reg pop We currently do not record intersex gender
Disability (sensory/ mental health/ long term illness/ addiction)	Public Health Practice profile	Y			Y The proposed change is not expected to impact on disability	There are no anomalies with regard to disability at the practice
Gender Reassignment		Y			Y The proposed change is not expected to impact on Gender Reassignment	Unable to obtain this information
Marriage/ civil partnership		Y			Y The proposed change is not expected to impact on Marriage/civil Partnership	Unable to obtain this information
Pregnancy/ maternity (breastfeeding/ adoption/ single or teenage parents)		Y			Y The proposed change is not expected to impact on Pregnancy/maternity	Unable to obtain this information
Race (non-English speakers/ refugees/ asylum seekers/ travellers)	Public Health England Practice Profile	Y			Y The proposed change is not expected to impact on Race	72.7% white 3.9% mixed race 13.3% Asian 4.9% black 5.2% other non-white ethnic groups

Religion/ Belief (or non)		Y			Y The proposed change is not expected to impact on Religion /Belief	Unable to obtain this information
Sexual orientation (lesbian, gay/ bisexual)		Y			Y The proposed change is not expected to impact on Sexual Orientation	Unable to obtain this information
<p>If your analysis has highlighted any gaps please outline what action you will take in section 8</p> <ul style="list-style-type: none"> Deprivation – Public Health Practice Profile shows a deprivation level of 27% The impact will be neutral. The proposed changes is not expected to impact on people from deprived backgrounds 						

8. 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)

Recruit patient volunteer	End Sept 2018
Give NHS England a heads up about distribution	3 Sept 2018
Initial draft of equality analysis, communications & engagement plan	3 Sept 2018
Share EIA with eMBED	3 Sept 2018
Draft survey and questions	3 Sept 2018
Design poster	12 Sept 2018
Proforma and draft plan/survey to VAL (if involved)	n/a
Complete all documents	18 Sept 2018
Add to website (consider video)	19 Sept 2018
Plan for survey distribution (see appendix C)	10 Sept
Attend group to share your plan with patients (patient assurance)	5 th Sept 2018 (virtual comments by 12 th Sept 2018)
Design and print survey	17 th Sept 2018
Carry out engagement (include number of weeks)	19 th Sept – 31 st Oct 2018
Complete engagement report and add to website	8 th November 2018
Date to be included in 'Statement of involvement'	April 2019
Update website with 'you said, we did'	ongoing

9. Engaging with your stakeholders
(consider using a mapping tool to identify stakeholders – Appendix C)

a. Who is the change going to affect and how? (Taking into consideration the information/data research and equality analysis in section 7)

Group (Which group of people? Providers, patients, public, carers, staff etc)	Inform/engage (Are you engaging or informing?)	Method How will you engage with them? (Surveys, focus groups etc)	Mechanism How will you share/distribute the engagement (e-bulletins, patient networks, press release)	By who Who will carry out this work? (Commissioners, engagement team, communications team, third sector, Engaging Voices)

Registered patients at The Light	Engaging	Survey	Letter to every household with an online link Hard copies of survey in the practice Hard copies in local services such as pharmacies	CCG primary care and engagement team with support from NHS England
		Drop-ins	Hold at least 1 drop-in at the practice during the day. These will be advertised in survey.	CCG primary care and engagement teams
		poster	Put up in practice and local services	CCG primary care and engagement teams
		Social media	Use CCG Facebook and Twitter account to promote the engagement	CCG communication team
Carers	Engage	Survey	Share via Carers Leeds	CCG engagement team
Other local GP practices	Inform	email	email	Primary Care Team
The above will be supported by:		<ul style="list-style-type: none"> Continuous promotion on CCG's 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 		
Underpinning principles to ensure that our engagement activities are accessible to all our diverse communities.		<ul style="list-style-type: none"> The bulk of the above activity will be done by email and on social media Documentation in alternative formats will be available on request. 		

10. 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?

Requires Primary Care Support England to send letters to registered patients.

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

The survey will be available in alternative formats on request. We will hold drop-ins for people to ask questions and get support filling in the survey.

c. Outline your budget

Resource (admin, design, print, staffing)	Est cost
NHS England fee for distributing the letter	£5000
Design and print of survey	£1200 est
Design and print of poster	£300 est
TOTAL	£6500

11. What are your consultation/engagement questions?

a. What do you want to find out?

- Peoples experience of using the existing service
- Peoples needs and preferences for accessing future primary care services
- Peoples views on locations for future services
- Peoples use of alternative healthcare services (walk in, A&E etc)

b. What questions will you ask?

- Personal information (name, address, phone, email - optional)
- Filling in the survey as:
 - Registered patient at The Light
 - Carer of someone registered at The Light
 - Other
- Are you receiving treatment for an ongoing problem or a long term condition such as diabetes or mental ill health? (yes/no)
- Do you have a disability that makes accessing buildings difficult for you? (yes/no)
- What support do you need to make accessing buildings easier?
- When did you last use The Light GP practice (in the last week, in the last month, in the last year, over a year ago, never)
- What did you use The Light for?
 - Repeat prescription
 - Home visit
 - On the day appointment
 - Book ahead appointment
 - Other (please state)?
- What other healthcare services have you accessed in the last six month?
 - Pharmacy
 - A&E
 - Shakespeare Walk in Centre
 - Other (please state)?
- Why did you use this healthcare service (tick all that apply)?
 - I couldn't get an appointment at my GP
 - I was advised to go by NHS 111
 - It was closer to where I live
 - It was an emergency
 - Other (please state)
- Would you use any of these digital (online) services to manage your health care? (tick all that you would use)
- Ordering repeat prescriptions online c Booking and cancelling appointments online c Reviewing your health records and test results online
 - Online health questionnaires which enable you to submit information to your practice and receive a reply from the practice
 - Online symptom checker
 - Video consultations
 - I would not use any of these digital services (Please give us more details) (text box)
- How important to you are the following aspects of a GP practice (very important – not important)
 - Location
 - Ease of making an appointment
 - On the day appointment
 - Book ahead appointments
 - Booking appointments online
 - SKYPE GP appointments
 - Friendly practice staff
 - Being understood by the practice staff
 - Being involved in the decisions about your health and Care
 - Having a named GP

- Access to appointments on an evening
- Access to appointments on a weekend
- Other (please state)
- How satisfied are you with the service you receive at The Light? (Very satisfied – very dissatisfied) please tell us why
- If The Light was to move to a different location in the city centre please tell us what you would like us to consider. (text box)
- Equality monitoring (optional)
- Stay involved

c. How will you test the questions to ensure they are suitable? (use patient reader group, PAG, HealthWatch Leeds)

We will test the draft survey questions with whoever is providing the patient assurance for the engagement plan.

d. How many people do you need to speak to? (should be proportionate and relate to level of involvement)

For this type of low impact engagement we would expect to receive approximately 500 responses.

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

The survey will be posted out to every registered household. We will include an equality monitoring form in our survey to understand any gaps in the responses.

12. Results

a. Who will collate the results?

The CCG engagement team

b. Who will analyse and theme the results?

The CCG engagement team

c. Who will write the report?

The CCG engagement team

d. How will patients assure the themes and recommendations?

We will share a draft report with the PPG and the volunteer overseeing this engagement.

13. Feedback and Evaluation

a. How and when will you feedback to participants?

Following the engagement we will write a report which will be shared directly with people involved in the engagement and added to our website. We will update the website by outlining how we have responded to the recommendations in the engagement. We will outline the 'you said, we did's' in our annual report on engagement 2018-2019.

b. What will you feedback?

In our engagement report we will feedback

- Background/context to the change

- How we identified and engaged with patients
- Who responded to the survey
- What people told us
- Themes and trends
- Recommendations
- What happens next

c. Will there be ongoing feedback or a follow-up event? (consider involvement in Engagement cycle)

Feedback will be used to develop a service specification for The Light. We will recruit a CCG volunteer to support the procurement process. This will involve developing engagement, equality and access questions in the tender and evaluation those questions for each bidder.

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 Communication/ 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 Equality Analysis and Engagement Plan	2 weeks			
7.	Write patient survey	2 weeks			
8.	Share draft equality analysis and engagement plan and survey with patient leader/project lead	2-3 weeks			
9.	Send equality analysis and engagement plan to the PAG	Depends on PAG date			
PAG supports the equality analysis and engagement plan					
		Approx. timescale (from date of PAG)			
10.	Make final amends to 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 – Q&A for commissioners

Why do we need to write an Equality Analysis, Communications and Engagement Plan?

Engaging with patients and the public is a **statutory duty**. To help us get it right first time we have developed this planning template. The plan will clearly outline what the communications and engagement team will do to support the project.

Do I need to complete a separate Equality Impact Assessment (EIA)?

No. 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 (EIA) process. The plan also includes any communications activity associated with the project.

Who should fill in this plan?

This plan should be filled in by the commissioner, engagement lead and communications lead. It is a joint plan for the project. Because the plan will be reviewed by patients it is really important that we use plain English, avoid jargon and explain any terms or acronyms that we use.

Where does the plan go?

This plan will be used by the team to get patient assurance for our engagement activity. Patient assurance will usually come from our patient assurance group (PAG). 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. Their role is to help you to develop a robust plan and should be seen as a 'critical friend'. Sometimes it might be better to get patient assurance from a patient group overseeing the project or from a patient organisation such as Healthwatch Leeds.

When does the plan need to be finished?

The plan should be shared with patients at the earliest opportunity. We will need a completed plan **two weeks before we attend a group for patient assurance** so that members can read through. This will help them understand your plan and save you time when you present it.

What will we be asked when we present our plan to patients?

When you present your plan to patients 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 group 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.

Appendix B – Gunning Principles

Before 1985 there was little consideration given to consultations until a landmark case in that year (R v London Borough of Brent ex parte Gunning). This case sparked the need for change in the process of consultations when Stephen Sedley QC proposed a set of principles that were then adopted by the presiding judge. These principles, known as Gunning or Sedley, were later confirmed by the Court of Appeal in 2001 (Coughlan case) and are now applicable to all public consultations that take place in the UK.

1. When proposals are still at a formative stage

Public bodies need to have an open mind during a consultation and not already made the decision, but have some ideas about the proposals.

2. Sufficient reasons for proposals to permit 'intelligent consideration'

People involved in the consultation need to have enough information to make an intelligent choice and input in the process. Equality Assessments should take place at the beginning of the consultation and published alongside the document.

3. Adequate time for consideration and response

Timing is crucial – is it an appropriate time and environment, was enough time given for people to make an informed decision and then provide that feedback, and is there enough time to analyse those results and make the final decision?

4. Must be conscientiously taken into account

Think about how to prove decision-makers have taken consultation responses into account.

The risk of not following these principles could result in a Judicial Review. A number of public bodies across the UK have been taken to Judicial Review and deemed to have acted unlawfully in their Public Sector Equality Duty – usually linked to the four Gunning Principles.

<https://www.gov.uk/government/publications/consultation-principles-guidance>

Appendix C – 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 D – Survey distribution plan

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

1. 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).

2. 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.

3. Gender (Sex)

A man or a woman.

4. Gender reassignment

The process of transitioning from one gender to another.

5. 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.

6. 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.

7. 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.

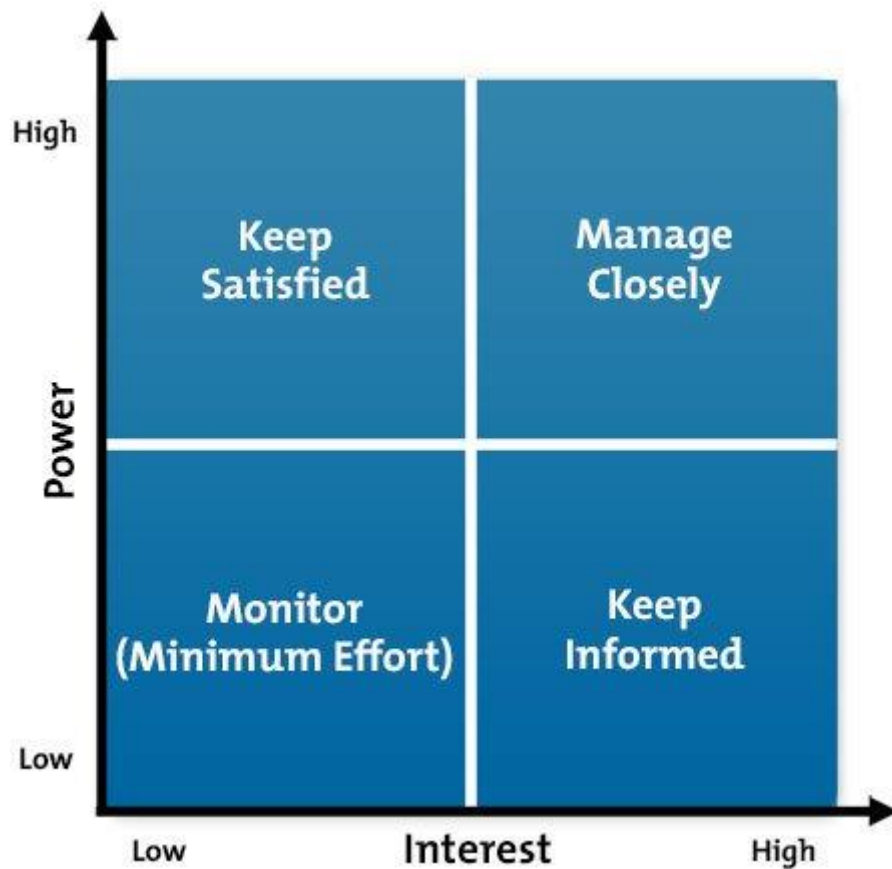
8. Religion or belief

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.

9. Sexual orientation

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

Appendix F – Stakeholder mapping tool



- **High power, highly interested people (Manage Closely):** you must fully engage these people, and make the greatest efforts to satisfy them.
- **High power, less interested people (Keep Satisfied):** put enough work in with these people to keep them satisfied, but not so much that they become bored with your message.
- **Low power, highly interested people (Keep Informed):** adequately inform these people, and talk to them to ensure that no major issues are arising. People in this category can often be very helpful with the detail of your project.
- **Low power, less interested people (Monitor):** again, monitor these people, but don't bore them with excessive communication.

The Mind Map

