

Equality Impact Assessment Form

Part I: Initial Screening

Equality impact assessment (EIA) is the process by which the Department of Health (DH) seeks to meet its legal requirements in conjunction with the DH Single Equality Scheme (SES) and to narrow the health inequalities that exist in England between people from different backgrounds.

Under Equality legislation, the PCT needs to ensure that EIAs are carried out and published in all main areas of service change, development and review. All new policies (and eventually, all existing) must be screened for their impact on people from each of the seven equality strands.

The EIA is a process of analysing a proposed or existing service, strategy or policy in order to identify any potential discrimination and negative consequences for a particular group or sector of the community. There is a need to ensure any negative impact is minimised and promoting equality is maximised.

Name of the policy / function / service development being assessed?
Enhanced Community Dermatology Service

Assessment Completed by?	
Name(s): Julia Gosden	Directorate: Performance
Date assessment completed:	Approved by Head of Service: Yes / No

Briefly describe its aims and objectives:
<p>The development of an enhanced community dermatology services is part of the JHIP service transformation programme focussed on redesigned care pathways to support integrated and seamless models of service for patients and deliver savings to the local health economy through a shift of secondary care outpatient based activities from a hospital setting into a community setting in recognition that hospital is not always the best place for receiving care.</p> <p>This service development builds on the existing GPwSI service providing a community dermatology service at Surbiton Hospital. The intention is to transfer and treat more dermatology conditions in a community setting building on the existing case mix and including the diagnosis and treatment of Basal Cell Carcinoma in line with IOG and minor surgery excisions</p>

Project Objectives

The programme and service changes will

- Improve access to and the quality of services
- Deliver integrated and seamless services closer to patients homes
- Reduce unnecessary outpatient attendances
- Maximise the use of resources and deliver efficiency savings

The Model

The local vision is to develop integrated and multidisciplinary models of outpatient care encompassing investigations and treatment that minimise attendances and is provided closer to home and in community settings. The services will be integrated between providers across primary, community and secondary care.

This programme will build on the work already undertaken to support the business case for the redevelopment of Surbiton Hospital, the redesign of diabetes and ophthalmology services. Consideration will also be given to work around the development of GPwSI roles, Local Enhanced Services and the intentions of Associate Commissioners/ future GP Commissioners of Kingston Hospital services.

What outcomes are expected and who is intended to benefit from it and why?

Outcomes and benefits

For patients

- Improved access to high quality services
- Receive integrated and seamless care closer to home
- Reduce waiting times between referral and treatment
- Provide see and treat /one stop care packages
- Facilitate self management

For Clinicians

- Deliver integrated and seamless care to patients
- Deliver care inline with best practice guidelines including NICE
- Release secondary care capacity to concentrate on complex cases

For Commissioners

- High quality and accessible services for patients
- Improved patient experience
- Maximise the use of resources and deliver efficiency savings

Have you consulted on this policy, service, strategy, procedure or function?

Yes or No

Details:

Since 2004 NHS Kingston has commissioned a GPwSI led community dermatology service

diagnosing, treating and managing dermatology conditions – acne, eczema, psoriasis, alopecia, urticaria and leg ulcers. Governance support is provided by KH Consultant.

The intention is to transfer and treat more dermatology conditions in the community under the care of the GPwSI supported by an outreach consultant.

Soundings have been taken from patients on what is important to them with regards to services and short referral to treatment are rated as very important and seeing practitioners with the appropriate skills and experience.

What evidence has been used for this assessment?

Skin disorders are amongst the most common diseases encountered by the health profession and affect all ages. Much skin disease is self limiting and much infective in origin, but much is a life long problem

It has been reported that anywhere between a quarter and a third of the population are affected by a skin disorder at any one time and as many as 55% of the population will have suffered a skin disorder within the past year. Many conditions are trivial but 18—27% of adults may benefit from medical care.

Around 24% of the population seek medical advice about a skin condition each year – in Kingston this equates to c45, 000 people pa. They are the commonest reason for people to consult their GP with a new problem and there are 2 consultations per episode of skin disease

Between 5-8% patients seen by GPs will be referred for further specialist opinion / care - for Kingston this equates to c2300-3600 referrals.

In 2009/10 there were 2792 GPwSI and Secondary care dermatology first consultations including 370 under the 2 week cancer pathway.

There is a range of guidelines for managing skin conditions produced by the British Association of Dermatologists (BAD) and NICE, and clearly defined pathways on the Map of Medicine

There has been an increase in referrals to the dermatology GPwSI of 14% between 2009/10 and 2010/11 (prorata) compared to a 3% increase over all into secondary care (including 2 week wait referrals)

Equality Effect Key

Positive:	High Highly likely to promote equality opportunity and good relations	Medium moderately likely to promote equality opportunity and good relations	Low unlikely to promote equality opportunity and good relations
Negative:	Highly likely to have a negative impact	moderately likely to have a negative impact	unlikely to have a negative impact
Neutral:	No impact		

Is there any information or reason to believe that the operation of this policy / function / service development would or does affect any of the below groups differently?			Equality relevance Low = 1 Medium = 2 High = 3
Disability	Staff	Yes	3
	Public	Yes	3
Sexuality	Staff	No	1
	Public	No	1
Age	Staff	Yes	3

Equality Effect Please use the above key to rate the equality effect	Please explain reasons for answer and any considerations made when developing the policy / function / service development. Please provide <u>evidence</u> for your reasons.
Positive and High	The working environment will take into account the needs of people with disabilities– access and design.
Positive and High	The location of services will take into account the needs of disabled people – access and design. The work will be informed by the joint strategic needs assessment and the views of local disabled people and carers
Neutral	It is unlikely that the new enhanced service will have no adverse impact on equality for sexual orientation
Neutral	It is unlikely that the new enhanced service will have no adverse impact on equality for sexual orientation
Positive and High	The enhanced service will promote equality of opportunity for all age groups

	Public	Yes	3
Race	Staff	Yes	3
	Public	Yes	3
Gender	Staff	No	1
	Public	No	1
Religion and Belief	Staff	No	1
	Public	No	2
Socio-economic / human rights	Staff	Yes	3
	Public	Yes	3

Positive and High	The enhanced service will promote equality of opportunity for all age groups ?? teenagers with acne
Positive and Medium	The enhanced service will take into account the particular needs of people from different ethnic and cultural backgrounds reflecting the diverse needs of the workforce
Positive and Medium	The enhanced service will take into account the particular needs of people from different ethnic and cultural backgrounds reflecting the diverse needs of the Royal Borough of Kingston / NHS Kingstons registered population This will be informed by the JSNA and views of local people ? are there specific dermatology problems which effect certain communities for which specialist provision maybe required
Neutral	Flexibility of access and availability of services with regards to gender will be considered. It is unlikely that the enhanced service will have an adverse impact on gender equality
Neutral	Flexibility of access and availability of services with regards to gender will be considered. It is unlikely that the enhanced service will have an adverse impact on gender equality
Neutral	It is unlikely that the enhanced service ill have an adverse impact on equality for religion and beliefs
Positive and Medium	Local services mean it is easier to have a family chaperon to take account of religion and beliefs
Positive and High	Policies and training in place
Positive and high	This service will provide improved access to patients

Should the policy / function / service development proceed to a full Equality Impact Assessment?

No

If you have identified a **negative impact** please outline how you have addressed this and proceed to a full Equality Impact Assessment.

If you have identified that this would produce a **significant positive impact** by reducing inequalities proceed to a full Equality Impact Assessment

On completion, please send to the PA of the Director of Professional and Clinical Development for publishing