Full Equality Impact Assessment template. For reference GNs are left in.

Title of policy:

Services the NHS Institute for Innovation and Improvement provides directly or indirectly to service users, the public and the wider community in England and how these may impact differently on different groups or communities in the population, as identified by the protected characteristics.

GN: The description should include:

- a summary of the policy's aims
- intended outcomes
- an explanation of how the policy fits into the DH's strategic objectives.

Description of policy:

NHS Institute products and services have a high impact on quality, cost-effectiveness and volume of care by identifying and spreading best practice at speed across England.

The December 2009 NHS Evidence showcase for products improving quality and productivity across the NHS, recommended three NHS Institute products considered to have the highest cost saving impact (the Productive Ward, Fractured Neck of Femur rapid improvement programme and the Stroke Pathway). **This EqIA shows NHS Institute products' practical positive impact across different groups or communities by age, gender, disability, ethnic origin, socio-economic disadvantage and religion or belief.**

This fits with DH Strategic objectives from the DH 2009-11 Business Plan:-

Business objectives to promote equality and diversity:

improve capability,

better health and well being for all;

better care for all,

better value for all.

The following products are free to the NHS in England.

Productive Series – applying "lean" principles from Japanese car manufacturing to NHS services, releasing staff time to care for patients, service users and clients whilst improving quality.

Experience Based Design – using patient and staff experience to design better healthcare services.

High volume care – 17 areas of NHS care accounting for the highest volume of NHS spending by HRG (healthcare resource groups). Identifying variations in national cost and practice, and what good practice looks like to increase its spread and adoption.

High Volume Care Products – 'Focus On' documents:
Acute Admissions in Adult Mental Health;
Acute Stroke
Caesarean Section s
Cataracts
Cholecystectomy – (gall bladder removal) day surgery;

Emergency and urgent care pathway for children and young people;
Fractured Neck of Femur
Frail Older People;
Heart failure;
Inpatient care for people with diabetes;
Magnetic resonance imaging (MRI) in the management of low back pain - radiology;
Musculoskeletal Interface Services;
Preparing for End Stage Renal Disease;
Primary Hip and Knee Replacement;
Psychiatric Intensive Care Units;
Short Stay Emergency Care;
Sick patients with suspected cancer.

Think Glucose (ensuring a high quality experience for patients admitted to hospital with diabetes as a secondary condition).

Productive Series
Productive Community Service (early figures suggest a 25 to 30% gain in time spent on direct patient care by introducing this).

Productive Ward including Privacy, Dignity, and delivering Same Sex Accommodation (eliminating mixed wards).
Productive Mental Health Ward**.**

Productive Series not included here are:-
Productive Operating Theatre; Productive Leader and Productive Community Hospital.

A separate EqIA screening assessment is available for **Breaking Through** the national positive action programme for BME senior managers.

The NHS Institute runs the **NHS national graduate management training scheme**.

The NHS Institute also has **a wealth of copyrighted specialist tools and guides covering health service improvement, innovation, leadership, patient safety and related learning across the NHS.**

These are not reviewed here but can be accessed to directly improve service delivery for patients across communities in different settings – acute, community and mental health.

It also supports NHS communities of practice like CHAIN 3, the Contact, Help, Advice and Information Network for innovation and improvement and Improvement Fellows.

Evidence – Sources of evidence

Achieving Age Equality in Health and Social Care, A report to the Secretary of State for Health, Sir Ian Carruthers OBE and Jan Ormondroyd**, 2009**
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107278

All but invisible, Nursing Older People, Volume 17,Number 4, June 2005, Elizabeth Price

Annual report and accounts of the NHS Institute for Innovation and Improvement, 2009 – 2010, June 17 2010

Count Me In
www.cqc.org.uk/_db/_documents/Count_me_in_census_2008_Results_of_the_national_census_of_inpatients_in_mental_health_and_learning_disability_services.pdf

DH Single Equality Scheme 2009-2011

Equality Act Impact Assessment Final Version (Royal Assent) April 2010

(the) EBD approach™ – Experience Based Design – Using Patient and staff experience to design better healthcare services; Guide and Tools, NHS Institute for Innovation and Improvement, 2009

(the) EBD approach™ – Experience Based Design – Concepts and Case Studies, NHS Institute for Innovation and Improvement, January 2010

Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England, Post 2010 – the Marmot Review
www.ucl.ac.uk/gheg/marmotreview

"Faith Requirements Resource Pack A Guide for Hospital Staff to Improve Patient Care" produced by the Department of Spiritual & Religious Care Bradford Teaching Hospitals NHS Trust www.mfghc.com/resources/resources_74.pdf

HES (Hospital Episode Statistics)
www.hesonline.nhs.uk

NHS Evidence
www.evidence.nhs.uk

NHS Institute Focus on High Volume Care Series
www.institute.nhs.uk/quality_and_value/introduction/quality_and_value.html

NHS National Service Frameworks
www.nhs.uk/NHSEngland/NSF/Pages/Nationalserviceframeworks.aspx

1 *National Service Framework for Coronary Heart Disease,* Chapter 6, 'Heart Failure' Department of Health 2000
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094275

Management of patients with heart failure in clinical practice: differences between men and women. Heart. 2008 Mar;94(3):e10. Epub 2007 Jun 17.Lenzen MJ, Rosengren A, Scholte op Reimer WJ, Follath F, Boersma E, Simoons ML, Cleland JG, Komajda M.

Race for Health
www.raceforhealth.org.uk**Religion or Belief, a Practical Guide for the NHS, DH 2009**
www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_093133

How is the policy likely to affect the **promotion of equality** and the **elimination of discrimination** in **each** of the groups?

Age By supporting the frontline NHS staff to improve services with patients which meet the needs of people of different ages and ensure access and treatment decisions are based on clinical need, not age.
Disability By supporting the frontline NHS staff to improve services with patients and their carers which meet the needs of people with disabilities and increasing the spread of good practice.
Ethnicity By supporting the frontline NHS staff to improve services with patients which meet the needs of people of different ethnic origins and increasing the spread of good practice.
Gender (including transgender) By supporting the frontline NHS staff to improve services with patients which meet the needs of people of different genders, including transgender and increasing the spread of good practice.
Religion or belief By supporting the frontline NHS staff to improve services with patients which meet the needs of people of different religions or beliefs including none and increasing the spread of good practice.
Sexual orientation By supporting the frontline NHS staff to improve services with patients which meets the needs of people of different sexual orientations, identifying and spreading good practice.
Socio-economic disadvantage By enabling more effective use of scarce resources to meet the needs of people with socio-economic disadvantage and ensuring addressing socio-economic disadvantage is considered in planning.
How will the policy meet the needs of **different communities** and groups?

Age

Wirral University NHS Foundation Teaching Trust saw a 4% reduction in A&E attendances, using **Emergency and Urgent Care for Children and Young People**. NHS organisations on the Rapid Improvement Programme have set goals to achieve 25% reduction in A&E attendances and admissions. 28% of the people who visit A&E each year are children and young people.

An increasing number of paediatric units are implementing the **Productive Ward.**

Cholecystectomy: Using keyhole surgery for day case Gall bladder removal
Challenging the view for example " Elderly patients and patients who live alone are not suitable for day surgery" with the fact that "The pre-assessment process should ensure patients are not excluded from the option of day surgery and are helped to organise a carer/relative to support the early postoperative period. Exclusion from day surgery on age alone is inappropriate; it should be based on clinical criteria.".

There are 300,000 **cataract** operations a year, predominantly on people who are **senior citizens**.

The mean age of a patient with a **fractured neck of femur** is 79 and 75% are female. HES (Hospital Episode Statistics) age profiles for this are:-

Year	Primary diagnosis: 3 character code and description (ICD10 code)	Mean age	Total	Age 0-14	Age 15-59	Age 60-74	Age 75+	% Age 60+
2008/09	S72 Fracture of femur	79	103,994	2,073	6,879	15,105	79,937	91.39 %
2007/08	S72 Fracture of femur	78	101,209	2,143	6,795	14,154	78,117	91.17 %

Using NHS Institute fractured neck of femur programmes, South Tyneside NHS Foundation Trust managed to eliminate cancelled operations

Disability

The **focus on Caesarean** "recognising that women with physical, learning or mental disabilities have the potential to have a normal delivery. One trust in the north of England employs a specialist midwife for disabled women. The philosophy of the service for women is that of 'normality with specific needs'

Using the **Productive Community Service** to improve a podiatry or foot health service, can release more staff time to focus on service users with diabetes, helping to prevent them having future additional disability.

Since its launch in Summer 2009, 76% of NHS Trusts have taken up the **Think Glucose** product which aims to improve the experience of people admitted to hospital where diabetes is their secondary diagnosis.

Many patients with **cataracts** will experience disability before their operation. Highlighting the difference it makes to have audio and large print pre-operative information removes potential service access barriers, as does reducing the number of journeys to hospital across a patient's diagnostic and treatment pathway.

There will be an equality objective to include photographs of NHS staff with visible disabilities in the NHS Institute's stock photo library for its products and services, to show in an empowered way, what they can do, not can't.

Ethnicity

By directly highlighting the higher risk of developing coronary heart disease among people from a **South Asian descent** and that they may have a worse prognosis following hospital admission for a heart attack than the white population, as well as that **variation exists in the treatment of ethnic minority communities**, can help clinicians, managers and commissioners recognise and address this.

Having a **Productive Community Service** can benefit
People who have sickle cell or thalassemia.

All NHS Institute printed and electronic material includes people who are visually representative of the ethnic origins of people in England.

The **Productive Mental Health Ward** can directly positively impact people of a minority ethnic origin who are over-represented as mental health service in-patients. (2008 Count Me in Survey)
Nationally:-

- 10% were from Black or White/Black Mixed groups
- 5% were from Other White groups
- 3% were from South Asian (Indian, Pakistani and Bangladeshi) groups
- 2% were White Irish
- 3% were from other ethnic groups (including Chinese).
- 77% were White British

Overall, 23% of inpatients were from minority ethnic groups, compared with 20% in the 2005 census. The increase was largely due to the increased proportion of the Other White group. 70% of inpatients from black and minority ethnic groups were inpatients at 27 of the 255 organisations involved in the census.

The NHS Institute works with 57% of NHS mental health organisations with The Productive Mental Health Ward. On one Rampton ward, levels of staff sickness fell from 14% to as low as 1% after implementing the productive mental health ward. Increasing personal continuity of care supports clients.

Gender (including transgender)

Reducing the incidence of mixed sex wards in acute and mental health settings can benefit women, men and people who are transgender, including those across genders with prior experience of abuse. Of mental health in-patients - 68% (the same as in 2007) of patients were not in a single sex ward.

Highlighting that variation exists in the treatment for women patients with coronary heart disease, can help clinicians, managers and commissioners recognise and address this.

Decision support for patients with prostate cancer addresses the 34,000 new diagnoses each year. There was no evidence that one treatment was more effective than another but each had different side effects, hence the importance of decision support.

The NHS Institute supported 20 Trusts with its **Caesarean** product. As a result, Royal West Sussex NHS Trust increased its rate for women considering vaginal birth following a prior caesarean from 26% to 84%. In 2010-11 South East Coast SHA is planning to roll this product out across all its Trusts.

64% of community provider Trusts ordered the **Productive Community Service** kit. A number have requested implementation support in 2010/11. Having a productive community service can benefit:-

Women, men and children of different genders to access Health Visitors and School Nurses. Where there is a local shortage of health visitors, improving how home visits are planned can release extra direct contact hours for staff.

An increasing number of maternity units are implementing the **Productive Ward.**

Religion or belief

Reducing the incidence of mixed sex wards can have a positive impact on service users who are Hindu, Muslim, Orthodox Jewish and Sikh

Sexual orientation

Socio-economic disadvantage

Healthy Places, Healthy Lives addresses the recommendations of the 2010 Marmot Review. It identifies develops and spreads joint public service and commissioner led actions which reduce health inequalities. This has included childhood obesity, smoking, teenage pregnancy and domestic violence (which occurs across socio-economic groups and genders). Services working together include health, local government, policing and fire.

The focus on **Caesareans** highlights:- Professionals working with representatives of hard-to-reach groups to improve access to services; and a trust improving access to maternity services for asylum seekers by employing a midwife within the community specifically for this group of women.

Having a **Productive Community Service** can benefit

- Looked after Children (in the care of local authorities)
- People who are in prison
- People who are homeless or in vulnerable housing

Give details of any **consultation** that has already been done which is relevant to this policy.

The NHS Institute is committed to co-producing products with frontline NHS staff. It invites clinicians, managers and patients from inside the NHS to work with it as part of its project teams.

It does this to ensure that the people it wants to use its products are able to influence their design as much as possible

The NHS Institute has deep and established links with NHS Services and staff across England. It works directly with over 90% of NHS organisations (NHS Institute 2009-10 Annual Report).

As an example for sick patients with possible cancer, during the course of its work, the NHS Institute team visited a number of organisations providing emergency care to patients with possible cancer. In addition, it worked closely with many stakeholders including:

• the National Cancer Director

• the National Cancer Team

• the Cancer Service Collaborative Improvement Partnership

• a number of cancer charities.

The **Adult Mental Health Admission and Psychiatric Intensive Care** programmes built on and strengthened support from the National Mental Health Czar, Department of Health, National Association of Pyschiatric Intensive Care Units and the National Mental Health Development Unit.

Age

Disability

Through Experience Based Design, in a DVD "Living Life to the Full on Dialysis", patients tell their own stories about managing dialysis. The project manager who made the film spent months visiting patients in their homes, encouraging them to recount their own experiences (Case Study, page 58)

Project reflection includes "really involving patients may mean letting go of systems and processes that you've worked hard to set up" (Case study, p 59)

EBD at Wigan Renal Unit – During discussions with patients it became clear how really frustrating it was when new staff come onto the unit who do not know the individual patient's name or preferences, despite the fact that the patient may have been coming to the Unit for years. In response, with patients, the unit set up a patient-held care plan. This work has been recognised nationally. (Case study p 60)

Ethnicity

Using **Experience Based Design, Guy's and St Thomas's NHS Foundation Trust Renal Team produced three social marketing campaigns aimed at African, West African and White Men**. Their aim was to raise awareness of the importance of getting your blood pressure checked regularly to help prevent kidney disease (Case Study, p 58)

Gender (including transgender)

Religion or belief
Sexual orientation
Socio-economic disadvantage **Focus on sick patients with suspected cancer, June 2009** "For added detail also target your survey at hard-to-reach minority groups or groups with special needs**.** Successful hospital service planners and commissioners may use a range of the measures suggested in this document, including a comparison to ensure equity of access and outcomes for minority and/or vulnerable population groups."
Give examples of existing **good practice** in this area, for example measures to make it easier for people in particular groups to influence policy.
Age – NHS Institute Experience Based Design approach, in particular if data is recorded on age range of participants. Using **Experience Based Design for the Emergency and Urgent Care for Children** product**,** the NHS Institute team held a workshop for 13 and 14 year olds. By listening, they learned that "traditional questionnaires just won't cut it, by using methods like going into schools, teenagers are keen to become involved". The Programme Lead reflected "It's important to go where the users are and where they feel comfortable rather than asking them to come to you". Through **Experience Based Design**, at the Royal Bolton NHS Foundation Trust, NHS staff learned that the practicalities of leaving hospital were a challenge for patients following **orthopaedic surgery.** In response, patients can now practice this before they leave the ward and are accompanied to a car by their nurse or physiotherapist. (Case study, p 76) "Improving the patient experience is critical. It doesn't matter how many targets we meet if we can't get this right". Facilitator reflection.

Disability – NHS Institute Experience Based Design approach, in particular if data is recorded on the disability profile of participants to measure this. Rather than solely define people by disability, this can also look at any barriers to participation that can be removed (like access and communication). **Multiple Sclerosis (MS) is the most common disabling illness of young adults in the UK**. Ealing PCT wanted to understand the experience of having it from a patient's perspective. They used Experience Based Design (EBD) to do this. Almost every negative experience was associated with a feeling of not being in control and not knowing what was going on. Resulting from this work a community service for people with neurological conditions was developed. It included co-ordinated access to a community multi-disciplinary team; telephone advice, weekly outpatient gym physio appointments and a single point of contact, facilitating self referral once a person is known to the team. (Case study, p 57) **EBD really captures the user experience of a person with a disability** "When you come into the mobility office waiting room the chairs are arranged in a way so you have to be an expert (wheelchair) driver just to get through the door... it was a nightmare.... (Guide, p12) **Through EBD safety and dignity in a stroke unit was improved**. From patient feedback, toilet roll holders were installed on both sides of toilets, so service users could reach them using their stronger side. (Guide, p 13) With **EBD a patient experience as a mental health service user gave emergency care practitioners a personal insight into the effects of the conditions.** The ambulance staff gained much better understanding from this. This enabled them to be more confident dealing with service users, who would have a more positive and less stressful experience when coming into contact with ambulance staff. (Case Study, p 74) **Ridgeway Partnership NHS Trust** used EBD to improve annual service reviews for service users with mild to severe learning disabilities, as well as some with additional health needs. This included a service user who is profoundly deaf and another service user with Down's Syndrome. Consent was carefully considered. The project revealed huge variability in reviews across areas and providers. (Case study, p 81)
Ethnicity – NHS Institute Experience Based Design approach, particularly if data is recorded on the ethnic origin of participants, using standard Census categories.
Gender (including transgender) – NHS Institute Experience based design approach, if data is recorded on gender. Due to small numbers, it is not appropriate to directly collect data which might identify an individual as transgender. **Using Experience Based Design, the Breast Screening Unit at Milton Keynes, which already does well in peer reviews and against targets, identified numerous patient experience improvements.** These included making patient information more personalised, making sure patients were not alone when waiting and improving the waiting environment. (Case study, p83)
Religion or belief - NHS Institute Experience Based Design approach particularly if data is recorded on the religion or belief of participants, using standard Census categories.
Sexual orientation – by working together across Government to consult with groups which are representative of people with different sexualities and highlighting any evidence or data gaps.

Socio-economic disadvantage –

Using an **Experience Based Design approach** to improve the patient experience in direct patient quotes (Guide, p87)

"I suffered because I did not get the benefits that I could have"
"I did not have the right information and did not know what benefits were available to me"

Results in improving information for patients, including who can help with financial advice to reduce economic disadvantage. This can help people who may have to give up work and have a partner reduce their working hours, combined with increased heating bills, travel costs to hospital and prescription charges.

GN: List the main sources of evidence on **each** group – both **quantitative** and **qualitative**.

Remember to consider how your policy may affect people's human rights

Qualitative evidence may include comments and opinions from stakeholders as well as academic research.

See **Section 3** for more advice on what information to include.

Evidence – Key facts

How is the policy likely to affect the **promotion of equality** and the **elimination of discrimination** in **each** of the areas?

Age

Achieving Age Equality in Health and Social Care, DH, October 2009
"we have seen data that shows marked differences in service provision between age groups that are hard to explain by reference to the patterns of need. We have heard about care assessments and decisions whether to refer for investigation or treatment where it has been assumed that because of their age, the patient or service user will not want or will not benefit from a specific treatment or a care package."

Experience Based Design – by involving users in service improvement.

Equality Act 2010 Impact Assessment Final Version (Royal Assent) April 2010
About two thirds of hospital beds are occupied by people aged 65 and over. (p 60)

- Shows the positive impact of the Productive Ward on people aged 65 and over, and under 65.

Disability

Count Me In
www.cqc.org.uk/_db/_documents/Count_me_in_census_2008_Results_of_the_national_census_of_inpatients_in_mental_health_and_learning_disability_services.pdf

- Gives national base line data.

Experience Based Design – by involving users in service improvement.

Ethnicity

Count Me In
www.cqc.org.uk/_db/_documents/Count_me_in_census_2008_Results_of_the_national_census_of_inpatients_in_mental_health_and_learning_disability_services.pdf

- Identifies service user over representation by ethnic origin.

Experience Based Design – by involving users in service improvement.

Race for Health www.raceforhealth.org.uk

involves PCTs and NHS Trusts that have pledged to tackle deep-seated health inequalities for black and minority ethnic communities, including those relating to **cardiovascular disease, diabetes, infant mortality and mental health**.

Gender (including transgender)

Count Me In
www.cqc.org.uk/_db/_documents/Count_me_in_census_2008_Results_of_the_national_census_of_inpatients_in_mental_health_and_learning_disability_services.pdf

- Identifies service user gender split.
- Identifies challenge of mixed sex wards.

Religion or belief

Religion or Belief, a Practical Guide for the NHS, DH 2009

"Faith Requirements Resource Pack A Guide for Hospital Staff to Improve Patient Care" produced by the Department of Spiritual & Religious Care Bradford Teaching Hospitals NHS Trust www.mfghc.com/resources/resources_74.pdf

- Identifies challenge of mixed sex wards for particular religions or beliefs, including Hindus, Muslims, Orthodox Jews and Sikhs

Sexual orientation

- All but invisible
  ...the particular experiences, needs and concerns of older gay and lesbian people have been unrecognised and largely ignored from a policy, practice and research perspective (Wilson, 2005)

Recognising research may not be available and considering how to overcome this to ensure equity of outcome.

Socio-economic disadvantage

- Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England, Post 2010 – the Marmot Review
  www.ucl.ac.uk/gheg/marmotreview

GN: Give a selection of key facts relevant to **each** area:

If there is little or no evidence, say what you will do to find some evidence and give examples of the types of evidence you might find.

Challenges and opportunities

What measures does the policy include, or what could it include, to address existing patterns of **discrimination**, **harassment** or **inequality**?

Using evidence based data to highlight variation exists and promoting examples of good practice that works.

What impact will the policy have on **helping different groups of people** to get on well together to **improve community relations**

Working together as patients with staff across ethnic origins and religions or beliefs to improve services can increase community cohesion.

If the policy is likely to have a **negative** impact, what are the reasons?

If any change to the NHS Institute resulted in the NHS, its staff and patients, service users and clients not being able to continue benefiting from its knowledge, experience, products and services.

What will be done to **improve access** to, and **take-up** of, services and **understanding the policy**?

The NHS Institute works with over 90% of NHS organisations (NHS Institute 2009-10 Annual Report). Its new Solutions division works for the NHS across the North, South, East and West of England. This responded to NHS demand for help with the implementation of current products.

Sample NHS feedback on accessing and using the **Transforming Radiology Services Kit**

"In one afternoon, we mapped our booking process, highlighted areas for improvement and developed action plans, thanks to this very quick and simple toolkit. Both patients and staff have benefited from reduced DNA (did not attend) rates, shortened time taken for vetting and booking requests and improved staff education and morale through greater involvement". Clinical Director and Consultant Radiologist, Northampton General Hospital NHS Trust

In 2009-10, a series of web seminars was introduced, negating the need for travel, promoting learning and networking across NHS staff. Over 25,000 people receive a monthly e-update. Each week there are 20,000 unique web hits to the NHS Institute website, with downloadable improvement tools and case studies.

The NHS Institute has a strong focus on measurement, spread, adoption and sustainability. It considers how to sustain an improvement as part of any improvement itself.

What can you do to **promote equality** and **eliminate discrimination** when you procure goods and services?

When the NHS Institute holds off site training events for NHS staff for its services, it can specify the highest possible standards for accessibility and faith needs. This can include not only asking for a quiet room to be available for faith reasons but giving additional detail like having nearby facilities for ablution and being able to divide the faith room for different genders. This can increase the awareness and capacity of suppliers, including NHS Trusts, to meet demand allowing equality of access to (training) services.

GN: You need to consider how the policy could reduce or remove existing inequalities when answering these 6 questions.

Equality Impact Assessment

Please give a summary of your findings.

NHS Institute services have a direct positive impact on promoting equality and eliminating discrimination on different genders, ages, disabilities, ethnic origins and religions or belief.

They do this by referencing evidence based research in their development and by using co-production – designing with rather than for.

Through promoting the spread and adoption of good practice they can challenge assumptions – for example on what care should be provided to people who are elderly.

By improving how NHS services are provided, in the community and in hospitals, they have a direct positive impact on service users across protected characteristics. This may be through a better patient pathway (with less journeys to hospital); greater client independence, through NHS staff having more time to spend with patients and less on paperwork/managing equipment or by including patients in how services, including what they feel like, are improved.

This is in addition to NHS Institute services' recognised contribution to cost reduction, quality and productivity improvement across the NHS.

GN: We suggest that you chose, adapt and explain one of the statements from page 30/31 of the guidance. If you chose statement F, you will **need to seek legal advice**.

Action plan

Please give an outline or your action plan based on the challenges and opportunities you have identified.

The NHS Institute is currently updating its Single Equality Scheme, in the light of the Equality Act 2010. Its action plan will have an equality objective that any new product development takes a formal EIA approach at an early stage, to identify relevant research across the protected characteristics.

As an example, the NHS Institute is at concept stage for a "productive" GP practice. While the focus on Productives is on applying "lean" principles within the NHS, it should consider how evidence like:-

Men between 16 and 44 years old are 50% less likely to visit a GP than women. This often leads to late diagnosis. (DH EIA summary tool and guidance for policy makers)

40% of people with a visual impairment believe that their GPs are not fully aware of their needs.
Nzegwu F, *The experiences of visually impaired users in the NHS: a survey*, The Guide Dogs for the Blind Association, 2004

24% of people who are deaf or hard of hearing miss appointments and 19% miss more than 5 because of poor communication (DH EIA summary tool and guidance for policy makers)

Gay and bisexual men are four times as likely to commit suicide as heterosexual men (DH EIA summary tool and guidance for policy makers)

People from some black and minority ethnic (BME) groups are less likely to be offered psychological therapy, less likely to access mental health care through GPs and community services and more likely to access them through social services or the criminal justice system.[7] *Count me in 2007: Results of the 2007 national census of inpatients in mental health and learning disability services in England and Wales*, Healthcare Commission, 2007

can be translated into service improvements across the protected characteristics.

While there is strong evidence in NHS Institute products and services of co-production with patients across geographic and rural/urban settings, as well as with people with disabilities and long-term conditions, there is no explicit systematic data on the ethnic origin or religion or belief of patients who have been involved. This would be beneficial in ensuring all communities are being reached.

GN: Your action plan could include:

- Plans that are already under way or that you are already thinking about to address the **challenges** and **priorities** you have identified.
- Arrangements for continued **discussion** and **involvement** with stakeholders.
- Arrangements for **monitoring** and **evaluating** the policy for its impact on different groups throughout the policy making process and as the policy is carried out.
- Arrangements for ensuring that any **pilot projects** are evaluated and take account of issues described in the assessment, and that they are assessed to make sure they are having the intended impact.
- Arrangements for discussing how far you can take account of the issues in the assessment with other agencies, service providers, Non-Departmental Public Bodies

(NDPBs) and regulatory bodies.

- Arrangements for ensuring that your relevant **colleagues** are **made aware** of the assessment
- Arrangements to make sure the assessment contributes to reviews of DH's Single Equality Scheme (SES).
- Arrangements for **disseminating information** about the assessment to all relevant **stakeholders** who will be implementing the policy.
- Arrangements for improving the body of **evidence** you have.

For the record
Name of person who carried out the EqIA: Dianne Murray Single Equality Scheme and Action Plan Lead
Date EqIA completed: June 25th, 2010
Name of Director/Director General who signed the EqIA:
Date EqIA was signed:

GN: These details are for the record only, and **not** for publication.

All EqIAs must be signed off at Director level before they are published.

Directors must be sure that you have:

- **consulted** and **involved** stakeholders from each group
- gathered all the **relevant evidence**
- have an **action plan**. There is guidance about creating an action plan on page 25 of the guidance