

## Tameside & Glossop Strategic Commission Equality Impact Assessment (EIA) Form

<b>Subject / Title</b>	UEC by Appointment
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<b>Team</b>	<b>Directorate</b>
Ageing Well Team	Commissioning Directorate (NHS T&GCCG)

<b>Project Lead Officer</b>	Elaine Richardson
<b>Contract / Commissioning Manager</b>	Elaine Richardson Strategic Lead for Ageing Well and Assurance
<b>Assistant Director/ Director</b>	Jess Williams, Commissioning Director, Strategic Commission

<b>EIA Group</b> (lead contact first)	<b>Job title</b>	<b>Service</b>
Elaine Richardson	Strategic Lead for Ageing Well and Assurance	Strategic Commission
Tracy Turley	Policy and Strategy Lead	Policy, Performance and Communications

### **PART 1 – INITIAL SCREENING**

*An Equality Impact Assessment (EIA) is required for all formal decisions that involve changes to service delivery and/or provision. Note: all other changes – whether a formal decision or not – require consideration for an EIA.*

*The Initial screening is a quick and easy process which aims to identify:*

- *those projects, proposals and service or contract changes which require a full EIA by looking at the potential impact on, or relevance to, any of the equality groups*
- *prioritise if and when a full EIA should be completed*
- *explain and record the reasons why it is deemed a full EIA is not required*

*A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon, or relevance to, people with a protected characteristic. This should be undertaken irrespective of whether the impact or relevancy is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.*

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<b>1a.</b>	<b>What is the project, proposal or service / contract change?</b>	<p>Urgent and Emergency Care by Appointment is a national programme to provide more integrated Urgent and Emergency Care that is expected to be implemented across England by December 2020.</p> <p>It is seen as a key programme in reducing the risk of crowded Emergency Departments (ED) mitigating the risks this poses of spreading the COVID-19 virus.</p> <p>It consists of two elements:</p> <p><b>Before Hospital:</b></p> <p><b>Asking people to call 111 first, instead of coming to A&amp;E.</b> NHS 111 will answer the call and help to quickly identify if the patient needs to attend an A&amp;E straight away. If the patient does not need to attend A&amp;E straight away people will be <b>connected directly with local clinicians</b> to complete a more in depth assessment of the patient. The service will be able to offer self-care advice or book the patient into appointments in the community. In some cases, an appointment might be booked to attend A&amp;E.</p> <p><b>At hospital:</b></p> <p><b>Pre ED triaging of patients to identify if they need to access A&amp;E straight away.</b> People who attend A&amp;E will be triaged as soon as they arrive. The triage at the hospital might be completed online or via a telephone. Those that do not require emergency care, may go on for further assessment in a different area of the hospital or be referred back to another service in the community, which might include pharmacy, or GP.</p>

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1b.	<b>What are the main aims of the project, proposal or service / contract change?</b>	<p>The national integrated programme aims to improve outcomes and experience of urgent and emergency care. Ensuring people receive the most clinically appropriate care whilst keeping them safe and allowing them to maintain social distancing.</p> <p>The benefits will be:</p> <ul style="list-style-type: none"> <li>• People who do need rapid emergency care will be seen and treated more quickly in less crowded A&amp;E departments.</li> <li>• There will be less risk of contracting infections. By using 111 patients can be referred to their local A&amp;E only when they absolutely need to, who will be ready to receive them at a specific time.</li> <li>• If the clinical assessment service refers a caller to A&amp;E or another service they will be given a time for an appointment – so the caller can wait at home, and this shortens the time they have to wait at the hospital or other setting.</li> <li>• People will be able to receive more treatment in their own homes or closer to home</li> <li>• Patients may be linked to the right specialists for their condition much more quickly</li> <li>• Reduced travel for patients and their families</li> </ul> <p>In Tameside and Glossop the service will be delivered by Tameside and Glossop Integrated Care NHS Foundation Trust in partnership with the Greater Manchester Clinical assessment service, NHS 111 and 999, building on existing tried and tested services that have delivered positive outcomes for the populations through more effective use of services and improved patient experience.</p> <p>People who ring NHS 111 will be assessed and any who need a 999 blue light response will receive one. Those that can be supported in routine time scales will be directed to the most appropriate service e.g. GP or Mental Health support with appointments booked directly when possible. Those who are assessed as having an urgent need or where a more in depth assessment of the patient is needed will be transferred to the Locality Clinical Assessment Service.</p> <p>The Locality CAS (LCAS) is made up of local clinicians who will conduct a remote assessment with the patient and identify the most appropriate local service for the patient booking appointments where possible to support prompt care in urgent cases when the remote consultation is unable to resolve the condition.</p> <p>When people who have not been booked in by NHS 111 arrive at ED they will be triaged and those who do not need ED will be directed to the most appropriate service e.g. Same Day Emergency Care, Urgent Treatment Centre with appointments made where possible.</p>
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**1c. Will the project, proposal or service / contract change have either a direct or indirect impact on, or relevance to, any groups of people with protected equality characteristics?**

**Where there is a direct or indirect impact on, or relevance to, a group of people with protected equality characteristics as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.**

Protected Characteristic	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Age	X			Direct access to services already exists but this may be further improved through this programme. The opportunity to avoid the need to travel to ED may also be beneficial
Disability	X			The opportunity to avoid the need to travel to ED may be beneficial
Ethnicity	X			NHS 111 and CASs have appropriate systems to support people who do not speak English which may help. Remote consultation may mitigate limitations due to COVID around multiple people attending
Sex			X	It is not anticipated that implementation of this programme will impact directly or indirectly on this particular characteristic
Religion or Belief			X	It is not anticipated that implementation of this programme will

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				impact directly or indirectly on this particular characteristic
Sexual Orientation			X	It is not anticipated that implementation of this programme will impact directly or indirectly on this particular characteristic
Gender Reassignment			X	It is not anticipated that implementation of this programme will impact directly or indirectly on this particular characteristic
Pregnancy & Maternity	X			People are already able to go direct to services in urgent cases but this could increase opportunities via NHS 111
Marriage & Civil Partnership			X	It is not anticipated that implementation of this programme will impact directly or indirectly on this particular characteristic
<b>Other protected groups determined locally by Tameside and Glossop Strategic Commission?</b>				
<b>Group (please state)</b>	<b>Direct Impact/Relevance</b>	<b>Indirect Impact/Relevance</b>	<b>Little / No Impact/Relevance</b>	<b>Explanation</b>
Mental Health	X			Direct access to the most appropriate service first time should reduce stress.  Direct access to Mental Health services are a key

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				part of the programme
Carers	X			There are currently 27, 594 registered carers in Tameside and Glossop which equates to 10.93% of the total population. The use of remote consultations, reduced need to travel and reduced waiting times in ED should support carers
Military Veterans			X	It is not anticipated that implementation of this programme will impact directly or indirectly on this particular characteristic
Breast Feeding			X	It is not anticipated that implementation of this programme will impact directly or indirectly on this particular characteristic
<b>Are there any other groups who you feel may be impacted by the project, proposal or service/contract change or which it may have relevance to?</b> <i>(e.g. vulnerable residents, isolated residents, low income households, those who are homeless)</i>				
Group (please state)	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Homelessness	X			<p>Due to the nature of this cohort it may be more difficult to utilise NHS 111</p> <p>The CAS will link with the Homelessness and Rough Sleepers Development Officer</p>

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Low income households	X			The opportunity to avoid the need to travel to ED may be beneficial. NHS 111 is a free service
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*Wherever a direct or indirect impact or relevance has been identified you should consider undertaking a full EIA or be able to adequately explain your reasoning for not doing so. Where little / no impact or relevance is anticipated, this can be explored in more detail when undertaking a full EIA.*

1d.	Does the project, proposal or service / contract change require a full EIA?	Yes	No
		X	
1e.	What are your reasons for the decision made at 1d?	Whilst this is a national programme with limited scope for local variation, the provision is through existing Tameside and Glossop and GM Providers.	

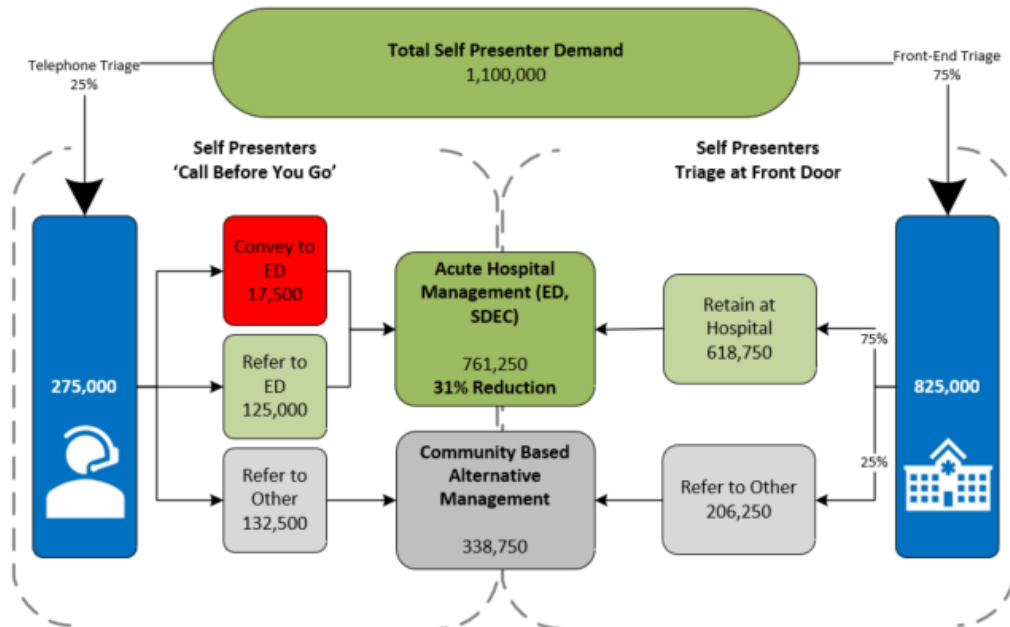
*If a full EIA is required please progress to Part 2.*

## PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary
<p>Tameside and Glossop implementation of the national Urgent and Emergency Care by Appointment programme will start in early November 2020 with 111 First with the Pre-ED triage element following later in November 2020.</p> <p>The delivery involves a partnership between Tameside and Glossop Integrated Care NHS Foundation Trust, the GM out of Hours Alliance and NWAS with each delivering part of the integrated pathway as part of an overall GM model.</p> <p>The GM model promotes locality-developed services based on the needs of patients - supported and connected by digital solutions where possible. This has enabled Tameside and Glossop to build on the learning from Digital Health and develop a local Clinical Assessment Service that is embedded in Community and Hospital services and has strong links and integrated pathways with Mental Health services and Primary Care.</p> <p>The GM model below assumes that 25% of 1.1m people who currently attend ED in Greater Manchester would 'call before they go'. The remaining 75% of patients would still attend an acute site but, would go through a very similar triage and assessment process to that used in the telephony-based service prior to the ED..</p>



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The initial NHS 111 service will be provided by NWS and they will continue to transfer people to 999 or book an appointment in ED where needed. For people who do not need either emergency or urgent care they will be advised on self-care or booked into Community based support including GPs. Where appointments cannot be directly booked people will be advised on how to access services themselves.

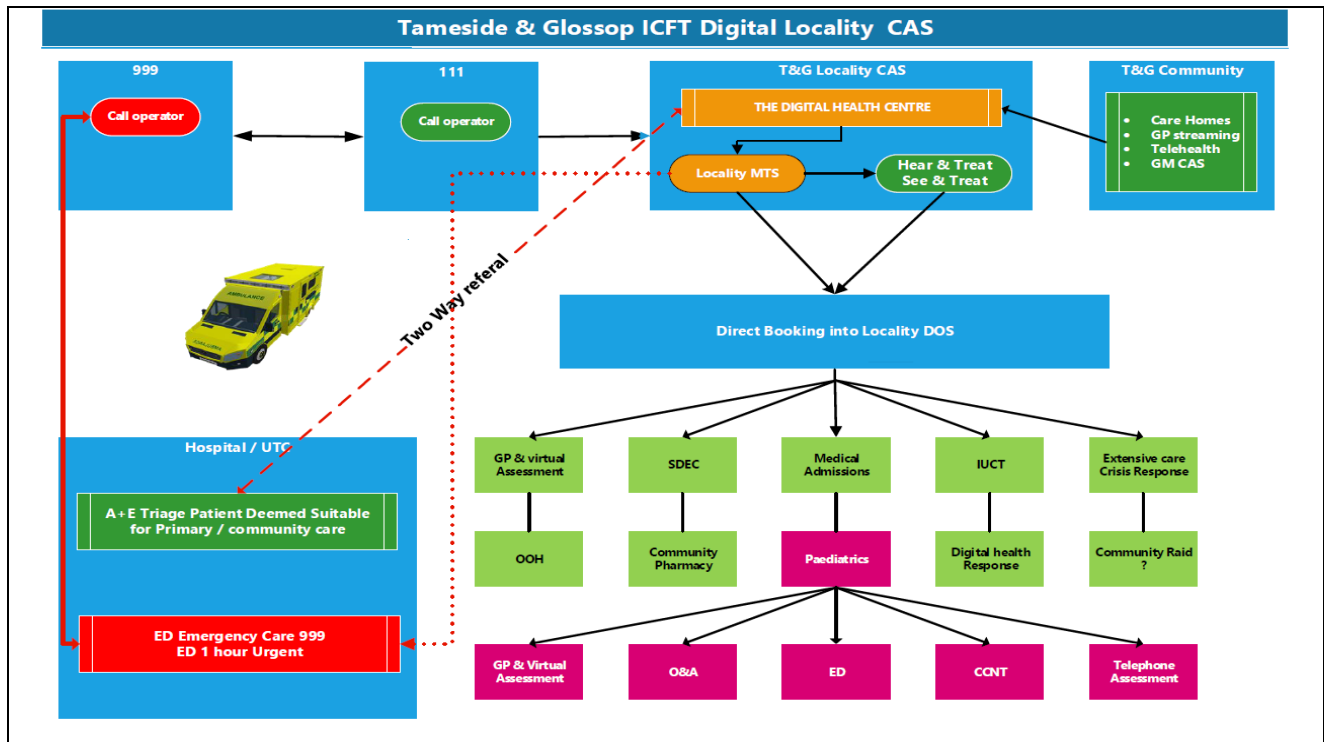
For people who are not an emergency but do have an Urgent Care need or further clinical assessment is required these calls will be transferred to the Local Clinical Assessment Service LCAS. The local knowledge of the clinicians and agreed pathways will then be used to book people directly into the most appropriate service as shown in the diagram below.

The LCAS will be provided by the ICFT seven days a week between the hours of 08:00 and 22:00 with calls transferring over to the GM CAS team at 21:00 until 08:00.

The Pre-ED triage will be delivered by the ICFT in a similar way to the LCAS but operating 24/7 with ICFT clinicians.



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## 2c. Impact/Relevance

The whole programme is designed to improve outcomes for the population as whole by ensuring people receive the right treatment first time and minimising waiting times by utilising appointment slots.

The programme aims to deliver the key requirement in COVID-19 to prevent crowded waiting rooms and reduce risk of infection.

The ability of people to get help initially by phone and a timed appointment will support people who need to consider other members of the family and make arrangements should they need to travel to receive care. It should also minimise unnecessary travel and expense.

The services involved are already in existence and effective managing the whole population so the programme should not introduce and further concerns around access.

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2d. Mitigations (Where you have identified an impact/relevance, what can be done to reduce or mitigate it?)	
Impact 1 – Access to telephone or digital equipment	<p>Some people may not have access to a telephone to ring NHS 111 however the Pre-ED triage will ensure that these individuals are not disadvantaged. If a video consultation is required and an individual does not have the technology to undertake an alternate means of support will be provided.</p> <p>Work is also underway in T&amp;G on digital access to reduce inequalities and this programme will be able to utilise that support.</p> <p>For particular cohorts such as the homeless connections have been made with organisations who directly link in with homeless people to support this cohort of participants</p>

2e. Evidence Sources

2f. Monitoring progress		
Issue / Action	Lead officer	Timescale
<p>The national programme includes a reporting requirement which will be utilised along with Locality data to monitor the impact of the national programme on the health outcomes for local people.</p> <p>Updates on the programme will be discussed on a monthly basis at the Tameside and Glossop A&amp;E Delivery Board</p>	<p>Elaine Richardson Strategic Lead for Ageing Well and Assurance</p>	<p>March 2021</p>

Signature of Contract / Commissioning Manager	Date
Elaine Richardson	28 Oct 20
Signature of Assistant Director / Director	Date
Jessica Williams	2 Nov 20