Birmingham and Solihull
Clinical Commissioning Group

Equality Analysis

(Health Inequalities, Human Rights, Social Value)

Proposed plans to reduced waiting times for **Trauma & Orthopaedic and Gynaecology** patients at UHB

Before completing this equality analysis it is recommended that you:

- ✓ Contact your equality and diversity lead for advice and support
- ✓ Take time to read the accompanying policy and guidance document on how to complete an equality analysis

1. Background

EA Title	Proposed plans to reduce waiting times and improve outcomes for Trauma & Orthopaedic and Gynaecology Patients at University Hospitals Birmingham NHS Foundation Trust (UHB)		
EA Author	Balvinder Everitt – Senior Manager Equality Diversity Inclusion	**Team**	Nursing Directorate
Date Started	10 July 2019	**Date Completed**	
EA Version	V0.1	**Reviewed by E&D**	

What are the intended outcomes of this work? Include outline of objectives and function aims

A proposal to change how UHB NHS Foundation Trust delivers trauma and orthopaedic services and gynaecology services at three of its hospital sites; Good Hope Hospital, heartlands Hospital and Solihull Hospital.

By investing £2.5 million in these services and improving the way these services are delivered, the Trust hopes to improve the quality of patient care by:

Reducing waiting times for operations and associated cancellations caused by bed pressures
Creating dedicated and specialised facilities designed for modern healthcare
Improving clinical outcomes and patient experience
Creating centres of excellence which will help recruit and retain a skilled workforce

These proposed changes apply to the patient's surgery/procedure only and may result in patients needing to attend a hospital which is not their local site for part f their care journey. The Trust will not be making changes to where pre and post-operative outpatients, x-rays and scans and therapy appointments take place – the status quo will remain.

Benefits of the proposed changes will be:

- Treating patients quickly
- Reducing the likelihood of complications occurring
- Reducing the likelihood of cancellations
- Patients being treated and cared for by a skilled workforce in environments designed for modern healthcare
- Enabling investment into specialised facilities to improve patient and staff experience

Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.

Patients

2. Research

What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

Research/Publications	Working Groups	Clinical Experts
		A number of specialist clinicians have been involved in the development of these plans

3. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

Age: Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:

Age Demographic Data

Birmingham has a relatively young population compared to other cities in England, with a larger proportion of children and young people, and a smaller proportion of people in older age groups. However, Birmingham's population is far from stable and the rate of growth for various age groups varies widely. 46% of the Birmingham population is under 30. 13% is over 65 years. There is also a sizeable 20-24 years' population due to the large student population.

The Solihull population is relatively stable with the older population; with the greatest increase in the 65+ population. 19% of the population are over 65 years, compared to 13% in Birmingham. The number of children and young people (aged 15 and below) in Solihull is, at 19%, in-line with the England average, although it is notable the borough has a relatively low proportion of pre-school age children; those aged 0-4 years represent 29% of all children in Solihull compared to 34% nationally.

Local population figures by age groups:

Age	Birmingham	Solihull	BSol	England
Age 0 to 17	25.54%	21.77 %	24.94 %	21.39 %
Age 18 to 64	61.57%	59.06 %	61.17 %	60.59 %
Age 65+	12.88%	19.16 %	13.90 %	16.33 %

3. Impact and Evidence:

Total Popln	1073045	206674	1279719	53012456

Age Impacts
The proposals will impact on patients of Adult age across Birmingham and Solihull. Children are currently cared for at both Heartlands and Good Hope hospitals with all major trauma patients being cared for already at Heartlands Paediatric unit. There is no envisaged change to the way children access and receive care within this proposed model.

Older people are more likely to require hip and knee replacements due to the factor associated with ageing and therefore more likely to be impacted by the proposals.

Older patients with mobility issues and patients unable to travel independently may find it more challenging if travelling to a hospital that is further from their home and not their local hospital. There will also be a greater degree of unfamiliarity about going to a new or different hospital.

The overall benefits of increased access to specialist care and reduced waiting times would potentially offer patients greater accessibility overall.

Age Mitigations
Support and information on the hospitals with maps and facilities should be made clear to patients in accessible formats. Additionally, parking information should be provided to patients, along with transport information, routes, and public transport.

Patients unable to travel independently and who meet the criteria may be eligible to apply for non-emergency patient transport.

Disability: Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:

Disability Data
According to census data across Birmingham as a whole 9.1% of the population either have a disability that limits their day to day activities a lot, compared to 8.2% for Solihull and 8.3% for England. When you look at activities limited a little, the figure for Birmingham is the same as England at 9.3%, though the figures for Solihull are higher at 9.7%.

The number of patients on the Learning Disability register (in Birmingham) in 2015/16 was 4324 which is in line with the national average of 4.3 per 1,000 populations.

Mental illness is associated with one in every five people occupying a hospital bed each day in Birmingham.

Disability Impacts

The overall benefits of increased access to specialist care and reduced waiting times could potentially prevent some of the disabling impacts of the conditions if treatment is delayed, thereby providing positive impact on disability.

3. Impact and Evidence:

Disabled patients with mobility issues, visual impairments, hearing impairments and learning disabilities who are unable to travel independently may find it more challenging if travelling to a hospital that is further from their home and not their local hospital. There will also be a greater degree of unfamiliarity about going to a new or different hospital.

Disability Mitigations
Support and information on the hospitals with maps and accessibility facilities should be made clear to patients in accessible formats. Additionally, parking information should be provided to patients, along with transport information, accessibility routes, and public transport.

Patients with learning disabilities who may find it challenging to navigate unfamiliar environments should be offered additional support, access to quiet waiting areas, longer appointment times, to ensure they understand the procedure and where it will be undertaken (use of pictoral images, easy read, communication with carers)

Patients unable to travel independently and who meet the criteria may be eligible to apply for non-emergency patient transport.

The new clinical pathways should be compliant with the NHS Accessible Information Standard, ensuring information and communication support is available to disabled patients in accessible formats.

Gender reassignment (including transgender): Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:

There are no known impacts on gender reassignment.

Marriage and civil partnership: Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:

There are no known impacts on marriage and civil partnership.

Pregnancy and maternity: Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:

There are no known impacts on pregnancy and maternity.

Race: Describe race related impact and evidence**.** This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:

Ethnicity Data
The table below shows the percentage of the population in Birmingham, Solihull and then jointly as BSol by race, taken from the 2011 census.

3. Impact and Evidence:

Race %	B'ham	Solihull	Bsol
White British	53.14%	85.76%	**58.40%**
White Irish	2.05%	1.90%	**2.02%**
Gypsy/Irish Traveller	0.04%	0.03%	**0.03%**
White Other	2.70%	1.45%	**2.49%**
White & Black Caribbean	2.30%	1.16%	**2.11%**
White & Black African	0.30%	0.12%	**0.27%**
White & Asian	1.04%	0.56%	**0.96%**
Other Mixed	0.79%	0.29%	**0.70%**
Asian Indian	6.02%	3.43%	**5.60%**
Asian Pakistani	13.48%	1.65%	**11.56%**
Asian Bangladeshi	3.03%	0.31%	**2.59%**
Asian Chinese	1.18%	0.44%	**1.06%**
Asian Other	2.90%	0.73%	**2.55%**
Black African	2.79%	0.41%	**2.41%**
Black Caribbean	4.44%	0.93%	**3.87%**
Black Other	1.75%	0.22%	**1.49%**
Arab	1.02%	0.17%	**0.88%**
Other	1.02%	0.42%	**0.91%**

Ethnicity Impacts

The changes to the potential site for treatment will need to be communicated with patients who have English language needs in an accessible way to avoid patients either missing appointments or attending at the wrong site. Access to interpreters will need to be made available to patients and GP's should clearly communicate the treatment location to their patients.

Ethnicity Mitigations
GPs should check patients with English language needs understand where the treatment will be held.

Patients with English language needs will have access to an interpreter and this should be accurately recorded in the referral letter from the GP to the receiving hospital.

Religion or belief: Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:

Religion and Belief in Birmingham and Solihull
Data from the 2011 Census in the table below, shows that for the Birmingham and Solihull area, the % of people who stated that they have a religion is higher than the figure for England (73.88% and 68.09% respectively):

3. Impact and Evidence:

	England	Birmingham	Solihull	BSol
Has religion	68.09%	74.19%	72.27%	73.88%
No religion	24.74%	19.27%	21.38%	19.61%
Not stated	7.18%	6.53%	6.35%	6.50%

Religious Impacts

Patients attending a new hospital site may require information on faith / pastoral facilities and services available to them, that they would normally access when attending their local hospital.

Religion and Belief Mitigations

Ensure patients have access to the hospital website information, maps, and facilities to plan effectively for their faith based needs ahead of their treatment / visit to a new hospital.

Sex: Describe any impact and evidence on men and women. This could include access to services and employment:

Sex Demographic Data

Birmingham has a slightly higher number of women 545,239 (50.8%) than men 527,806 (49.2%) this reflects the picture for England as a whole. Life expectancy for men is 77.6 years compared to a national average of 79.4 years, for women it is 82.2 years compared to a national average of 83.1 years. Birmingham has a gap in life expectancy between the most deprived and least deprived areas of 7.4 years for men and 4.9 years for women.

In Solihull it is slightly different, where again women are in the majority but by a higher figure than for that of Birmingham and England (51.4%). Life expectancy in Solihull is higher than the national average; however, the gap ranges by up to nearly 10 years between the best and worst wards. Life expectancy is 80.3 years for men and 84.8 years for women.

Sex Impacts

Women attending Gyneacology services will be more impacted by the changes. The most significant impact will be the increased time taken to travel to appointments.

Mitigations

Support and information on the hospitals with maps and facilities should be made clear to patients in accessible formats. Additionally, parking information should be provided to patients, along with transport information, routes, and public transport.

Patients unable to travel independently and who meet the criteria may be eligible to apply for non-emergency patient transport.

3. Impact and Evidence:

Sexual orientation: Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:

LGBT Demographic Data

In 2016, just over 1 million (2.0%) of the UK population aged 16 and over identified themselves as lesbian, gay or bisexual (LGB).

The population aged 16 to 24 were the age group most likely to identify as LGB in 2016 (4.1%).

More males (2.3%) than females (1.6%) identified themselves as LGB in 2016.

The population who identified as LGB in 2016 were most likely to be single, never married or civil partnered, at 70.7%.

In 2016, around 2% of the population identified themselves as lesbian, gay or bisexual (LGB). This has increased from 1.7% in 2015 (a statistically significant increase)

There are no known impacts on sexual orientation.

Carers: Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities:

Carers Demographic Data
The 2011 Census indicated that 107,380 people in Birmingham provide unpaid care (10% of usual resident population). Of those who provided unpaid care over 26% provided 50 or more hours a week.

There are nearly 21,000 carers in Solihull equating to 10.5% of the total population, higher than the national average of 9.9%. This correlates with the larger 65+years population in Solihull

Carer Impacts
Carers attending appointments will be more impacted by the changes. The most significant impact will be the increased time take and cost of travel to appointments.

Mitigations
Support and information on the hospitals with maps and facilities should be made clear to patients in accessible formats. Additionally, parking information should be provided to patients, along with transport information, routes, and public transport.

3. Impact and Evidence:

Other disadvantaged groups: Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)

The most significant impact of the changes will be the increased cost to patients who are living in poverty or deprived areas affording the additional cost of travel incurred by the proposals. People who do not drive or cannot afford a car will be faced with paying for public transport or taxis.

4. Health Inequalities	Yes/No	Evidence
Could health inequalities be created or persist by the proposals?	Yes	The increased cost in travel will more challenging for patients living in deprived areas.
Is there any impact for groups or communities living in particular geographical areas?	No	All patients using the hospital sites will be impacted
Is there any impact for groups or communities affected by unemployment, lower educational attainment, low income, or poor access to green spaces?		

How will you ensure the proposals reduce health inequalities?

The proposals will help to provide quicker access to treatment and better access to specialised care and treatment for all patients.

Good quality information on public transportation and parking facilities should be made available to patients to prevent patients who cannot afford the cost of travel and avoiding DNAs.

5. FREDA Principles/ Human Rights	Question	Response
Fairness – Fair and equal access to services	How will this respect a person's entitlement to access this service?	The proposals will improve access to treatments and reduce waiting times. All eligible patients will access the service.
Respect – right to have private and family life respected	How will the person's right to respect for private and family life, confidentiality and consent be upheld?	All staff working within the NHS adhere to confidentiality and consent. This will be

		adhered to at all of the hospitals.
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	Patients with disabilities and patients with English language needs will be met through the Accessible Information Standard. All NHS providers are required to provide access to Interpreters. Patients living in poverty who cannot afford the cost of travel will be the most significantly impacted by the proposals. Good quality information on public transport will need to be provided.
	How will this affect a person's right to freedom of thought, conscience and religion?	N/A
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	The proposals will not impinge on a patients right to dignity.
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	The proposals will not impinge on a patients autonomy.
Right to **Life**	Will or could it affect someone's right to life? How?	The proposals will not impinge on a patients right to life
Right to **Liberty**	Will or could someone be deprived of their liberty? How?	The proposals will not impinge on a patients right to liberty.

6. Social Value

Consider how you might use the opportunity to improve health and reduce health inequalities and so achieve wider public benefits, through action on the social determinants of health.

Marmot Policy Objective	**What actions are you able to build into the procurement activity and/or contract to achieve wider public benefits?**
Enable all people to have control over their lives and maximise their capabilities	This is not a procurement
Create fair employment and good work for all	
Create and develop health and sustainable places and communities	

Strengthen the role and impact of ill-health prevention	

7. Engagement, Involvement and Consultation

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	Protected Characteristic/ Group/ Community	Date

For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us …. So we will …..):

An engagement plan is in place.

It is recommended the engagement targets the following groups who are most significantly impacted by the proposals and in particular by the increased travel:

- Disabled people
- Carers
- Women in receipt of gynae services
- People living in deprived areas / poverty

The Equality Analysis will be reviewed following the engagement exercise.

8. Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work:

9. Mitigations and Changes :

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

10. Contract Monitoring and Key Performance Indicators

Detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract (refer to NHS Standard Contract SC12 and 13):

11. Procurement

Detail the key equality, health inequalities, human rights, and social value criteria that will be included as part of the procurement activity (to evaluate the providers ability to deliver the service in line with these areas):

12. Publication

How will you share the findings of the Equality Analysis?

This can include: reports into committee or Governing Body, feedback to stakeholders including patients and the public, publication on the web pages. All Equality Analysis should be recommended for publication unless they are deemed to contain sensitive information.

Following approval all finalised Equality Analysis should be sent to the Communications and Engagement team for publication: bsol.comms@nhs.net

13. Sign Off

The Equality Analysis will need to go through a process of **quality assurance** by the Senior Manager for Equality Diversity and Inclusion or the Manager for Equality Diversity and Inclusion prior to approval from the delegated committee

	Name	Date

Quality Assured By:		
Which Committee will be considering the findings and signing off the EA?		
Minute number (to be inserted following presentation to committee)		

Please send to Balvinder Everitt or Michelle Dunne, Equality, Diversity and Inclusion for Quality Assurance.

Once you have committee sign off, please send to Caroline Higgs, Communications & Engagement Team for publication: bsol.comms@nhs.net