

Equality Impact Assessment for Liver Metastases

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| Title of policy: IOG compliant service for liver metastases |
| Description of policy: |
| <p>The introduction of an IOG compliant service for the population of the Anglia Cancer Network area aims to increase the number of patients being offered surgery for their liver metastases and improve outcomes for patients.</p> <p>This policy meets the East of England SCG's strategic objective of commissioning IOG compliant services for cancer and ensures that we provide high quality accessible health care, when people need it.</p> |

Part 1: Assessment of impact

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| How will the policy meet the needs of different communities and groups? |
| Age: This policy is non-discriminatory with reference to age |
| Disability: This policy is non-discriminatory with reference to meeting the needs of disabled individuals |
| Ethnicity: People whose first language is not English may experience difficulties in engagement in understanding the written and spoken word. Information regarding this policy will remove these barriers ensuring that interpreting services are available and that written materials are translated when required |
| Gender (including transgender): This policy is non-discriminatory with reference to meeting the needs of people of different genders |
| Religion or belief This policy is non-discriminatory with reference to meeting the needs of those with different religions or belief |
| Sexual orientation This policy is non-discriminatory with reference to meeting the needs of those with a different sexual orientation |
| Socio-economic disadvantage This policy is non-discriminatory with reference to meeting the needs of those with different socio-economic disadvantage |
| People living in rural areas The service criteria recognises the requirement of the providers to address the needs of people living in rural areas |
| Other: (includes other groups who may find it difficult to access or use services such as family carers, people who are homeless, prisoners, street workers) |
| This policy is non-discriminatory with reference to meeting the needs of other groups of individuals |
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| <p>Positive impact: Reducing inequalities</p> <p>A key aim of this policy is to assist the SCG to fulfil our statutory duty to reduce any inequalities in the commissioning of cancer services</p> | |
| <p>How is the policy likely to have a significant positive impact on equality by reducing inequalities that already exist?</p> <p>Explain how it will meet our duty to:</p> | |
| 1. | <p>Promote equal opportunities</p> <p>Implementation of this policy should reduce variation in health care as it aims to increase the numbers of people receiving liver metastases surgery across the Anglia Cancer Network area.</p> |
| 2. | <p>Get rid of discrimination</p> <p>This policy is not designed to directly address issues of discrimination</p> |
| 3. | <p>Get rid of harassment</p> <p>This policy is not designed to directly address issues of harassment</p> |
| 4. | <p>Promote good community relations</p> <p>This policy is not designed to directly address issues of good community relations</p> |
| 5. | <p>Promote positive attitudes towards, encourage participation by, and enable more favourable treatment of, disabled people</p> <p>This policy is not designed to directly address issues of attitude towards disabled people</p> |
| 6. | <p>Promote and protect human rights</p> <p>This policy is not designed to directly address issues of human rights</p> |
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| <p>Negative impact: Potential discrimination</p> | |
| <p>Could the policy have a significant negative impact on equality in relation to each of the following groups or characteristics?</p> | |
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| Age | <p>People whose first language is not English may experience difficulties in engagement both in understanding the written and spoken word. The service should aim to remove these barriers ensuring that interpreting services are available and that written materials are translated when required.</p> <p>No group of individuals should be excluded from this policy as a decision to fund a health care intervention will be based on medical judgment rather than social-demographic characteristics.</p> <p>The service criteria recognises the requirement of the providers to address the needs of people living in rural areas</p> |
| Disability | |
| Ethnicity | |
| Gender (including transgendered people) | |
| Religion or belief | |
| Socio-economic groups | |
| People living in rural areas | |
| Other: (includes other groups who may find it difficult to access and use services, such as family carers, people who are homeless, prisoners, street workers) | |

Part 2: Evidence

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| Evidence |
| <p>What is the evidence for your answers above? List the main sources of evidence on each group – both quantitative and qualitative</p> |
| <p>Improving Outcomes : A strategy for cancer 2011</p> <p>East of England SCG Liver Metastases Service Criteria</p> <p>Liberating the NHS 2010</p> <p>Improving Outcomes: A Strategy for Cancer first annual report 2011, published Dec 2011</p> |
| <p>Age No evidence of impact on age</p> |
| <p>Disability No evidence of impact on these groups</p> |
| <p>Ethnicity No evidence of impact on these groups</p> |
| <p>Gender (including transgender) No evidence of impact on these groups</p> |
| <p>Religion or belief No evidence of impact on these groups</p> |
| <p>Sexual orientation No evidence of impact on these groups</p> |
| <p>Socio-economic disadvantage No evidence of impact on these groups</p> |
| <p>People living in rural areas There will be an impact for some patients living in very rural communities but the service criteria will try to address these issues by ensuring providers resolve any individual concerns. More information will be available once the consultation/engagement process is complete</p> |
| <p>Other: (includes other groups who may find it difficult to access or use services, such as family carers, people who are homeless, prisoners, street workers) No evidence of impact on these other groups</p> |

Part 3: Conclusion

Conclusion of Equality Impact Assessment

A negative impact is unlikely. The policy has a clear potential to have a positive impact as all patients irrespective of their background will receive improved levels of care leading to long term outcomes.


Part 4: Next steps

Action Plan

Full engagement and/or full public consultation (this will be updated once a decision is made) is planned for the spring 2013 and pre-engagement work is currently underway with the regional LINK organisations and a Joint Overview and Scrutiny Committee (JHOSC) has been set up between Suffolk, Norfolk and Cambridgeshire to scrutinise the SCG plans.

The service criteria is on the website and policy will be published once agreed.

Part 5: For the record

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| Name and title of people who carried out the EQIA: Tina Starling - Senior Communications Manager Midlands and East SCG Pam Evans – Senior Cancer Commissioner Midlands and East SCG |
| Date EQIA completed: November 2012 |
| Signature of Director  |
| Name of Director who signed the EQIA (please print): CAROLE THEOBALD |
| Date EQIA was signed: November 2012 |
| GN: All EQIAs must be signed off at director level before they are submitted to the relevant decision-making body for approval and published on the Midlands and East SCG website (see Appendix 1 of the guidance). Directors must be sure that: <ul style="list-style-type: none">● the policy has been informed by the outcome of the EQIA● that you have gathered all the relevant evidence and used any feedback from previous involvement / consultation and / or consulted and involved stakeholders from each group as appropriate● have an action plan (if required) to reduce any (potential) adverse impact. |

Appendix 1: Action plan template

This template is to help you make your action plan.

You might want to change the categories in the first column to reflect the actions needed for each policy.

| Category | Actions | Target date | Person responsible and their Directorate |
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| Practical changes required to reduce adverse impact | The single provider will take responsibility for creating a suitable policy which will ensure that information for liver metastases patients their family/carer and friends will be available. This will include information on travel options, accommodation for family and carers, car parking, available benefits, etc | Once service goes live | Commissioner SCG |
| Measures to improve access to / take up of services and understanding of the policy | The policy as highlighted above has been produced. The single provider has researched, designed and published information on travel options, accommodation for family/carer and friends, car parking, available benefits etc and that the information is easily accessible for patients. | Once service goes live | Commissioner SCG |
| Dissemination of information on the EQIA | This will go for approval by the SCG and ACN Boards | TBA | SCG |
| Involvement and consultation | Full engagement and/or consultation will take place | Spring 2013 | Communications lead SCG |
| Data collection and evidence | Post implementation we will seek feedback | Post implementation | Commissioner SCG |
| Assessment and analysis | Post implementation we will assess and analysis feedback | Post implementation | Commissioner SCG |
| Procurement and partnerships | We will work with the Trust who wins the contract to ensure that no one is disadvantaged as part of the introduction of this IOG compliant service | Post implementation | Commissioner SCG |
| Monitoring, evaluating and reviewing (including publishing the results) | Feedback will be regularly requested and monitored | Post implementation | Commissioner SCG |