Midlands and Lancashire
Commissioning Support Unit

Equality Impact and Risk Assessment Stage 2 for Services

Intravenous Antibiotic Service (IVAB) Blackburn with Darwen CCG

09/10/2018

Equality & Inclusion Team, Corporate Affairs
For enquiries, support or further information contact
Email: equality.inclusion@nhs.net

EQUALITY IMPACT AND RISK ASSESSMENT TOOL FOR SERVICES STAGE 2
ALL SECTIONS – MUST BE COMPLETED **Refer to guidance documents for completing all sections**
SECTION 1 - DETAILS OF PROJECT
Organisation: Blackburn with Darwen CCG
Assessment Lead: Lisa Sculpher
Directorate/Team responsible for the assessment: Integrated Commissioning
Responsible Director/CCG Board Member for the assessment: Janet Thomas
Who else will be involved in undertaking the assessment: Lisa Sculpher, Janine Shepherd (LCFT Service Manager)
Date of commencing the assessment: 24 Sept 2018
Date for completing the assessment: 09/10/2018

EQUALITY IMPACT ASSESSMENT			
Please tick which group(s) this service / project will or may impact upon?	**Yes**	**No**	**Indirectly**
Patients, service users	√		
Carers or family			√
General Public		√	
Staff		√	
Partner organisations			√

Background of the service / project being assessed:

The current service provides IV Antibiotics to patients in their own home for cellulitus. Patients are all stepped down from the hospital and have medication administered at home rather than as outpatients to hospital. The service forms part of the Intensive Home Support Service and to date (M6) has had 23 referrals. This decision is for patients living in Blackburn with Darwen.

The service provides IVAB for Cellulitis 7 days a week and accepts patients 5 days/week. This involves the patient receiving treatment from specialist community nurses and would involve daily visits which usually are required for a week. Not all patients may choose to receive IVAB at home.

The service is provided by LCFT at a cost of £140,000. Activity to date is very low with Lancashire Care Foundation Trust (LCFT) reporting at Month 5 an under performance of activity of 45% (this includes face to face and non face to face contacts).

The low activity rate and cost has resulting in the service being reviewed.

What are the aims and objectives of the service / project being assessed?

The aim of the service was to reduce hospital admissions and to reduce length of stay. Medical oversight is required to provide the service in the community, this was originally provided by East Lancashire Medical Services (ELMS). This was decommission in April 2017 and since the activity has all been step down with referrals coming from the hospital.

Due to low activity and high costs, the service is being decommissioned. In 2017/18 there were a total of 74 referrals. This equates to £1891 per referral.

Services currently provided in relation to the project:

IVAB forms part of the Intensive Home Support offer. Patients can also currently access IVAB in hospital as part of their ongoing inpatient care.

The CCG would not expect that patients that have Cellulitis but are medically fit for discharge to remain in hospital for IVAB. This would be expected to be provided as an outpatient in the revised pathway.

Which equality protected groups (age, disability, sex, sexual orientation, gender reassignment, race, religion and belief, pregnancy and maternity, marriage and civil partnership) and other employees/staff networks do you intend to involve in the equality impact assessment?

Please bring forward any issues highlighted in the Stage 1 screening

It is likely that decommissioning the service will impact on the following protected groups:

- Age
- Disability

The EIA will be completed with employees from LCFT and clinical leads from the CCG.

How will you involve people from equality/protected groups in the decision making related to the project?

A business case and options appraisal has been shared with executive and clinical leads at the CCG who made the decision that the service does not offer value for money and does not prevent the number of admissions as originally thought. It was decided that the contract value

would be reduced to £50,000 and the service be a stepdown offer only.

LCFT rejected this option and informed the CCG that they would no longer provide the service. Subsequently, LCFT said they would produce a business case detailing how they would increase activity and provide a step down offer within the cost envelope.

The CCG rejected the business case and decided to enact the LCFT decision to terminate the service.

The activity data and analysis has been shared with service leads and managerial leads at the provider. LCFT provide an exception report monthly regarding under activity and have been unable to increase activity.

A patient survey will be developed by the CCG & LCFT to seek the views of previous and current patients on the IVAB caseload. The survey will ask what patients liked/disliked about the service, what changes could be made and how any changes could be mitigated. Eg transport.

Does the project comply with the NHS Accessible Information Standard? (providing any documents, leaflets, resources in alternative formats if requested to meet differing communication needs of patients and carers) YES

Please explain how?
All NHS providers and CCG's are required to comply with the Accessible Information Standard.

Any materials produced to inform patients may need to be adapted to meet the communication needs of patients such as larger font, easy read or audio. These will be met on an individual needs basis.

EVIDENCE USED FOR ASSESSMENT

What evidence have you considered as part of the Equality Impact Assessment?

- **All research evidence base references including NICE guidance and publication– please give full reference**
- **Bring over comments from Stage 1 and prior learning (please append any documents to support this)**

The decision to terminate the contract is based on financial rather than clinical performance. The service has a cost envelop of £140,000 with very low number of referrals (74 in 2017/18). The breakdown of cost per case amounts to £1891/case.

The service has been unable to provide step up activity due to the lack of provision of medical oversight.

When reviewing potential activity, there are very low numbers of GP referrals into hospital for IVAB with a zero length of stay (a total of 11 in 2016/17).

Information on Cellulitis: skin infection caused by bacteria. https://www.nhs.uk/conditions/cellulitis/ https://cks.nice.org.uk/cellulitis-acute#!scenario		
ENSURING LEGAL COMPLIANCE		
Think about what you are planning to change; and what impact that will have upon 'your' compliance with the Public Sector Equality Duty (refer to the Guidance Sheet complete with examples where necessary)		
In what way does your current service delivery help to:	How might your proposal affect your capacity to:	How will you mitigate any adverse effects? (You will need to review how effective these measures have been)
End Unlawful Discrimination?	**End Unlawful Discrimination?**	**End Unlawful Discrimination?**
Patients currently receive IVAB at home – the service is provided regardless of background.	The decommissioning of IVAB may impact on current patient cohort negatively. This is unlikely to constitute unlawful discrimination as other similar cohorts requiring IV treatments would receive these at the hospital.	No patients will be denied access to the IVAB treatment they need. All patients will be seen and have medication administered as an ambulatory care admission in hospital.
Promote Equality of Opportunity?	**Promote Equality of Opportunity?**	**Promote Equality of Opportunity?**
The IVAB service is currently provided to a range of patients with Cellulitis. The original aim of the service was to help reduce hospital admissions. The service also provide treatment at home so patients did not have to travel to hospital. These patients were more likely to be vulnerable (older with health conditions)	Support will be provided for vulnerable patients who may experience negative impacts due to the change in the service. Current guidance on NICE (Clinical Knowledge Summaries - https://cks.nice.org.uk/cellulitis-acute#!scenario) note that some patients can be treated with IVAB in the community. This is not currently noted as best practice.	Patients who may experience negative impacts from the change from treatment at home to hospital setting will be supported – this may require patient transport being arrange, information on where to go for treatment and reassurance that the quality of care will remain the same regardless of the setting.

Foster Good Relations Between People	Foster Good Relations Between People	Foster Good Relations Between People
The current IVAB service provided in homes provided treatment at home without the need to attend hospital. No issues identified with fostering good relations.	Some patients that currently prefer their treatment at home may feel unhappy with the change however the treatment only lasts around 1 week then patients are discharged from the service.	A communications plan will be developed that will cover patients, GP referrers, the hospital and LCFT staff. It will detail the impact of de-commissioning and alternative referral routes. Reassurance will be provided to patients and their carers.

WHAT OUTCOMES ARE EXPECTED/DESIRED FROM THIS PROJECT?

Patients will still be able to have IVAB, however this will need to be administered in a hospital setting as a walk in patient.

GPs will have to refer directly to hospital and those patients already in hospital will been seen by the hospital service.

This treatment is usually a short term treatment lasting on average for a week.

There is no guidance on the preferred setting for this treatment.

The service is delivered by 3 x specially trained staff who will be put on the LCFT “at risk” list for employment. There is the potential for them to be absorbed into the existing community nursing team, there are other staff employed by LCFT who are able to prescribe and deliver IVAB and they will continue as complex case managers and treatment room staff.

The outcome of the decommissioning is saving NHS funding of £140,000 per annum minus costs for alternative outpatient provision. Savings will form part of the QIPP programme which is an NHSE requirement.

How will any outcomes of the project be monitored, reviewed, evaluated and promoted where necessary?

“think about how you can evaluate equality of access to, outcomes of and satisfaction with services by different groups”

Not applicable as the service is being de-commissioned.

EQUALITY IMPACT AND RISK ASSESSMENT

Does the 'project' have the potential to:

- Have a ***positive*** **impact (benefit)** on any of the equality groups?
- Have a ***negative impact / exclude*** **/ discriminate** against any person or equality group?
- **Explain** how this was **identified? Evidence/Consultation?**
- Who is most likely to be **affected** by the proposal and **how** (think about barriers, access, effects, outcomes etc.)
- Please include all evidence you have considered as part of your assessment e.g. Population statistics, service user data broken down by equality group/protected group

Please see Equality Groups and their issues guidance document, this document may help and support your thinking around barriers for the equality groups

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect
Age		x	

Explanation:
Any age can get Cellulitis however older people tend to be at higher risk of skin infections.

Source: https://www.ncbi.nlm.nih.gov/pubmed/12093320

All patients will now have to attend hospital for any intervention rather than remain at home. Patient transport may be an issue with older patients and their family/carer having to take the patient to hospital. Older people are more likely to rely on public transport and not have access to a car. They may also have other conditions such as dementia, hearing loss and impaired eye sight.

Car parking may be an issue as well as access to private transport. It is unlikely that the cohort of patients will easily be able to access public transport due to having cellulitis which effects legs and the ability to bear weight.

The contact details of patient transport will be shared with any new patients referred onto the service.

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect
Disability		x	

Explanation: (cross reference with above age section)
A large cohort of the patients that use this IVAB service may fall into the protected characteristic of disability due to other health conditions. This includes long term conditions which affect daily activities. Cellulitis in itself in unlikely to constitue the definition of disability as defined within the Equality Act 2010.

The change may affect those with mobility issues that will have further to travel to access the treatment.

Patients with learning disabilities may be disadvantaged as they will have further to travel and may require carer to attend with them.

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect
Gender Reassignment			x

Explanation:

No impact identified for this characteristic.

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect
Pregnancy and Maternity			x

Explanation:

No impact identified for this characteristic. There is no evidence of increased risk. These patients (if pregnant) would be referred into the hospital for treatment.

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect
Race			x

Explanation:
There is limited information linking ethnicity to risk of developing Cellulitis, however one study notes that there is a risk factor for acute lower limb cellulitis in the U.K. include being of white ethnicity. Source: https://www.ncbi.nlm.nih.gov/pubmed/18341662

For patients that do not have English as a first language, the information of treatment would be communicated in most appropriate language / format.

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect
Religion or Belief			X
Explanation: No impact identified for this characteristic.			

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect
Sex (Gender)			X
Explanation: There is no evidence that prevalence of Cellulitis differs between men or women.			

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect
Sexual Orientation			X
Explanation: No impact identified for this characteristic.			

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect
Marriage and Civil Partnership **N.B.** Marriage & Civil Partnership is only a protected characteristic in terms of work-related activities and NOT service provision			X

Explanation:
No impact identified for this characteristic.

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect
Carers		x	

Explanation:
All patients will now have to attend hospital for any intervention rather than remain at home. Patient transport may be an issue with patients and their family/carer having to take the patient to hospital.
Car parking may be an issue as well as access to private transport. It is unlikely that the cohort of patients will easily be able to access public transport due to having cellulitis which effects legs and the ability to bear weight.
The contact details of patient transport will be shared with any new patients referred onto the service.

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect
Deprived Communities		x	

Explanation:

All patients will now have to attend hospital for any intervention rather than remain at home. Patient transport may be an issue with patients and their family/carer having to take the patient to hospital. This may have a cost of travel either for public transport, taxi or car parking.

Car parking may be an issue as well as access to private transport. It is unlikely that the cohort of patients will easily be able to access public transport due to having cellulitis which effects legs and the ability to bear weight. Car parking at East Lancashire Hospitals Trust cost £1.90 for 0-3 hours, £2.80 for 3-8 hours and £3.50 for 8-24 hours. There are some concessions as detailed on the trusts website: https://www.elht.nhs.uk/your-visit/car-parking

The contact details of patient transport will be shared with any new patients referred onto the service. This service is free of charge.

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect

Vulnerable Groups e.g. Asylum Seekers, Homeless, Sex Workers, Military Veterans, Rural communities.		x	

Explanation:
A risk factor for developing Cellulitis is drug abuse – injecting drugs. (source: https://www.nhs.uk/conditions/cellulitis/). Other lifestyle factors may put groups at higher risk of developing the illness such as obesity, circulation conditions and diabetes.

Vulnerable groups requiring IVAB treatment will be disadvantaged by having to travel to hospital rather than receiving care at home.

SECTION 3 - COMMUNITY COHESION & FUNDING IMPLICATIONS

Does the 'project' raise any issues for Community Cohesion (how it will affect people's perceptions within neighbourhoods)?

Patients will have to attend hospital for their treatment rather than be seen at home. As a specialist service, there are too few patients identified in the community requiring IVAB and as such, community nurses could not deliver the services and they would not be confident enough and would an insufficient number of procedures to maintain competencies.

The decision to decommission the home IVAB service will affect patients living Blackburn with Darwen. This may cause some postcode lottery issues with patients living in East Lancashire receiving the treatment at home. In the medium to long term, a Pennine Lancashire review of community services will be undertaken with a focus on preventing hospital admissions and improving discharge numbers of which the provision of an IVAB service may be required.

What effect will this have on the relationship between these groups? Please state how relationships will be managed?

The CCG and Provider will have a Communication plan to manage any concerns over the changes.

Does the proposal / service link to QIPP (Quality, Innovation, Productivity and Prevention Programme)? Yes

Does the proposal / service link to CQUIN (Commissioning for Quality and Innovation)? No

What is the overall cost of implementing the 'project'?
Please state: Cost & Source(s) of funding:

Saving of £140,000 per annum

This is the end of the Equality Impact section, please use the checklist in Appendix 2 to ensure and reflect that you have included all the relevant information.

SECTION 4 - HUMAN RIGHTS ASSESSMENT

If the Stage 1 Equality Impact and Risk Assessment highlighted that you are required to complete a Stage 2 Human Rights assessment (please request a stage 2 Human Rights Assessment from the Equality and Inclusion Team), please bring the issues over from the screening into this section and expand further using the Human Rights full assessment toolkit then email to equality and inclusion team.

SECTION 5 – RISK ASSESSMENT

See guidance document for step by step guidance for this section

Risk Matrix. Use this table to work out the risk score

RISK MATRIX					
	Risk level				
Consequence level	**RARE 1**	**UNLIKELY 2**	**POSSIBLE 3**	**LIKELY 4**	**VERY LIKELY 5**
1. Negligible	**1**	**2**	**3**	**4**	**5**
2. Minor	**2**	**4**	**6**	**8**	**10**
3. Moderate	**3**	**6**	**9**	**12**	**15**
4. Major	**4**	**8**	**12**	**16**	**20**
5. Catastrophic	**5**	**10**	**15**	**20**	**25**

Consequence Score: **Likelihood Score:** **Risk score = consequence x likelihood**	**Enter risk score here**
Example: *risk of not consulting patients leading to legal challenge: Consequence score of 5 and Likelihood score of 4*	*20*
Any comments / records of different risk scores over time (e.g. reason for any change in scores over time): Some possible risk of complaint due to negative impacts of travel.	**6**

Important: If you have a risk score of 9 and above you should escalate to the organisations risk management procedures.

EQUALITY IMPACT AND RISK ASSESSMENT AND ACTION PLAN				
Risk identified	**Actions required to reduce / eliminate negative impact**	**Resources required (this may include financial)**	**Who will lead on the action?**	**Target date**
Complaints from patients / carers on having to travel to hospital	Communication plan to explain change and reassure patients of changes. The treatment is only short term so the number of potential complaints may be small.		Lisa Sculpher 7 Shelley Whittle	Oct 2018
Negative impact on current patient cohorts due to travel which may include house bound patients	Information on free patient transport and parking. However, the exit plan will state that existing patients on the case load will remain so until their treatment is finalized.			
Different delivery models provided across Pennine Lancashire	Establish a PL steering group to review activity and resources required to be able to provide a PL service.			

SECTION 6 – EQUALITY DELIVERY SYSTEM 2 (EDS2)

Please go to Appendix 1 of the EIRA and tick the box appropriate EDS2 outcome(s) which this project relates to. This will support your organisation with evidence for the Equality and Inclusion annual equality progress plan and provide supporting evidence for the annual Equality Delivery System 2 Grading

SECTION 7 – ONGOING MONITORING AND REVIEW OF EQUALITY IMPACT RISK ASSESSMENT AND ACTION PLAN

Please describe briefly, how the equality action plans will be monitored through internal CCG governance processes?

This proposal for decommissioning has been ratified by Commissioning Business Group meeting in July 2018.

Date of the next review of the Equality Impact Risk Assessment section and action plan? (Please note: if this is a project or pilot, reviews need to be built in to the project/pilot plan) N/A

Which CCG Committee / person will be responsible for monitoring the action plan progress?

N/A
FINAL SECTION **SECTION 8**
Review date linked to Commissioning Cycle:
Acknowledgement that EIRA will form evidence for NHS Standard Contract Schedule 13: Not applicable
Date sent to Equality & Inclusion (E&I) Team for quality check: 05/10/2018
Date quality checked by Equality and Inclusion Business Partner: 09/10/2018
Date of final quality check by Equality and Inclusion Business Partner: 09/10/2018
Signature Equality and Inclusion Business Partner: *JENNIFER MULLOY*
CCG Committee Name and sign off date: **tba**

This is the end of the Equality Impact and Risk Assessment process: By now you should be able to clearly demonstrate and evidence your thinking and decision(s).
To meet publishing requirements this document SHOULD NOW BE PUBLISHED ON YOUR ORGANISATIONS WEBSITE.

- Save this document for your own records. Send this documents and copy of Human Rights Screening to equality.inclusion@nhs.net

Supplementary information to support CCG compliance to equality legislation:

Appendix 1: Equality Delivery System:

APPENDIX 1: The Goals and Outcomes of the Equality Delivery System			**Tick box(s) below**
Objective	**Narrative**	**Outcome**	
1. Better health outcomes	The NHS should achieve improvements in patient health, public health and patient safety for all, based on	**1.1** Services are commissioned, procured, designed and delivered to meet the health needs of local communities	**X**
		1.2 Individual people's health needs are assessed and met in appropriate and effective ways	**X**
		1.3 Transitions from one service to another, for people on care pathways, are made	**X**

	comprehensive evidence of needs and results	smoothly with everyone well-informed	
		1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	**X**
		1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	**2.1** People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	**X**
		2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	
		2.3 People report positive experiences of the NHS	
		2.4 People's complaints about services are handled respectfully and efficiently	
3. A representative and supported workforce	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	**3.1** Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	
		3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	
		3.3 Training and development opportunities are taken up and positively evaluated by all staff	
		3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	
		3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	

		3.6 Staff report positive experiences of their membership of the workforce	
4. Inclusive leadership	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	**4.1** Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	
		4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are managed	
		4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	