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| Initial Equality Impact Assessment |
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| 1. Name of the service, strategy, project or policy | Upper GI MDT Operational Policy |
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| 2. Directorate, Department/ Service | Cancer Services |
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| 3. Details of the person responsible for the Equality Impact Assessment |
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| Name | |
| Job Title | MDT Co-ordinator Manager |
| Telephone Number | 5580 |

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| Date of Equality Impact Assessment submission | June 2010 |
| Approval | Yes... <input checked="" type="checkbox"/> No..... |
| Comments by Approver: Equality & Diversity Manager | |
| As a result of this assessment is a Full Impact Assessment Required? | Yes..... No... <input checked="" type="checkbox"/> |

Step 1: Aims and objectives of the Policy/Service

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| 4. Type of Service or Policy | Existing New..... |
| 5. Describe the main aims, objectives and activities of the service or policy | ❖ To ensure a coordinated approach to diagnosis, treatment and care services for all patients diagnosed with UGI cancers. |
| 6. Are there any other services or policies that are linked to this one. | |
| 7. Who are the key stakeholders? | |

Step 2: Considering Existing Research, Data & Engagement

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| 8. What data is available about each of the following Equality groups and what does it say in relation to this service/policy | <p>Points you should consider:</p> <ul style="list-style-type: none"> ❖ Demographic data including census statistics ❖ Who is using the function/policy; PAS & ESR ❖ Recent research findings. ❖ Recent surveys or questionnaires. ❖ Single Equality Scheme data ❖ Results of equality monitoring data ❖ Analysis of complaints ❖ Information, engagement or consultation from different groups |
| General comments across all equality strands. | <p>2812 patients accessed the service in 2009/10.</p> <p>Upper GI hold a support and steering group. Having reviewed the last three sets of minutes there are no clear issues that suggest any negative impacts on equality groups.</p> <p>The policy needs to be amended to include a paragraph around “special requirements” to ensure that all needs are met.</p> |
| Age | <p>Stockport is a relatively old borough. The average age is 39.4 and there are more people in their 50s than in their 20s.</p> <p>The following statistics show the age breakdown of patients in 2009/10.</p> <p>0-20: 146 21-30: 229 31-40: 301 41-50: 437 51-60: 441 61-70: 500 71-80: 468 81-90: 252 91-102: 38</p> <p>The patient breakdown has a high figure 40+- this may be due to the nature of the cancer.</p> <p>In previous consultation older people asked for jargon-free explanations of diagnoses, medication, ideally with take-away written/ audio information. They also asked to be treated with respect e.g. not using first names without permission.</p> |

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| | <p>Appointments late in the day could have a negative impact on many older people because of transport and safety issues and exasperated by waiting for transport for long periods.</p> <p>The policy needs to ensure that all age requirements are taken into account. This could include making information accessible in different formats.</p> |
| Dependants/Caring Responsibility | <p>Need to consider Consent policy- If a person does not have the capacity to make their own decisions an IMCA may need to be present at the consultation with the clinician and key worker (CNS) where diagnosis and treatment is discussed (Decision to Treat)</p> <p>Need to ensure that information is in accessible formats?</p> <p>Ensure the treatment is accessible for people with a disability</p> <p>The implementation of a key worker is a good idea as people with a LD will need a constant figure.</p> <p>In previous consultation older people asked for carers to be appropriately involved in explanations of diagnoses, medication etc.</p> |
| Disability | <p>Need to consider Consent policy- If a person does not have the capacity to make their own decisions an IMCA may need to be present at the consultation with the clinician and key worker (CNS) where diagnosis and treatment is discussed (Decision to Treat)</p> <p>Is information accessible in terms of different formats?</p> <p>Ensure the treatment is accessible for people with a disability</p> <p>The implementation of a key worker (CNS) is a good idea as people with a LD will need a constant figure.</p> |
| Gender | <p>The Annual population survey 2005 estimated that there are 281,600 people living in Stockport. Of these residents, 51.6% are women and 48.4% are men. The gender divide in Stockport is roughly equal to national levels.</p> <p>The following statistics are based on the patients from 09/10 who accessed an upper GI consultant. They are very similar to the Stockport statistics.</p> <p>1292 Men 1520 Female</p> |
| Ethnicity | <p>Stockport has a small, but growing population of black and minority ethnic residents (4.3% at the 2001 census, but now estimated at 6.4%).</p> <p>The following statistics are based on the patients from 09/10 who accessed an upper GI consultant.</p> <p>2490- British 6 Chinese 48- any other white 131-not stated 20- Irish 16 Pakistani 46- Unknown</p> |

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| | <p>Other- 18 12- Indian 8- Caribbean 6-Bangladeshi 1-White Asian 1- African</p> <p>The policy needs to ensure palliative care meets the needs of all ethnic groups and that communication is clear and an interpreter may need to be involved. At present there is no data to assess whether there has been a negative impact.</p> |
| Religion or Belief | The policy needs to ensure palliative care meets the needs of all ethnic groups and that communication is clear and an interpreter may need to be involved. At present there is no data to assess whether there has been a negative impact. |
| Gypsies & Travellers | At present no information is gathered by the Trust. |
| Transgender or Transsexual | <p>At present no information is gathered by the Trust</p> <p>Need to adhere to the same sex policy.</p> <p>Previous consultation identified the lack of clear guidance in responding to the needs of transgender patients.</p> |
| Sexual Orientation | <p>At present no information is gathered by the Trust</p> <p>Previous consultation called for staff to use appropriate language to describe same-sex partners and not making assumptions about and responding positively to HIV status.</p> |

Step 3: Assessing the likely impact on Equality Groups

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| 9. From the information you have gathered, please assess whether the service/policy would have a negative, positive or differential impact on each equality group. | <p>Points you should consider:</p> <ul style="list-style-type: none"> ❖ What positive things are you undertaking to ensure inclusion by all? ❖ Are there any barriers which could impact any of the different groups? ❖ Does the function/policy promote the same choices for all groups? ❖ Can the function/policy be accessed by all? ❖ Is there enough data? ❖ Could to service/policy have any impact on Human Rights? (see guidance) |
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| Equality Group | Positive Impact | Negative Impact | Actions |
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| General comments across all equality strands. | | There is not enough data in terms of complaints or patient surveys to assess whether the policy impacts negatively on any equality group. | Introduce equality monitoring questionnaires. Monitor complaints in terms of equality strands. |

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| | | The policy needs to be amended to ensure there is a paragraph regarding “special requirements” | Amend policy to ensure treatment takes into account people from all equality strands. For example providing information in accessible formats, ensuring interpreters are booked, longer appointments. |
| Age | | | |
| Dependants/Caring | | | |
| Disability | | | |
| Gender | | | |
| Ethnicity | | Need to ensure palliative care meets the needs of all religions and beliefs. | Monitor equality data and complaints |
| Religion or Belief | | | |
| Gypsies & Travellers | | | |
| Transgender or Transsexual | | The policy must adhere to the sex same accommodation policy | |
| Sexual Orientation | | | |

Step 4: Action Plan for Negative Impacts

| Equality Group | Impact Description | Action required | How would you measure & monitor impact | Timescale | Responsible Lead |
|---------------------|--|---|--|-------------------------|------------------|
| All | Lack of equality data | Need to ensure that equality monitoring happens | Introduce an equality monitoring questionnaire and measure the responses. | Ongoing from June 10 | Angela Heer |
| All | Special requirements-paragraph needs to be added in the policy | Amend policy to ensure treatment takes into account people from all equality strands. For example providing information in accessible formats, ensuring interpreters are booked, longer appointments. | Amend policy. Policy to include statement regarding special requirements and attach the Trusts' Interpretation and Same Sex Accommodation policies. | Immediately Complete | AH |
| Religion and belief | Need to consider palliative care meets the needs of all | Ensure all key workers are aware of end of life needs | Training/Trust's Communication Guide (this document will be published in the next few months) | Ongoing | AH |
| Gender/Transgender | Policy impact on Same Sex | Need to adhere with Same Sex Accommodation | Monitor complaints | Ongoing | AH |
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