

Analysing the Impact on Equality - Template

<p>1. Title of policy/ programme/ framework being analysed</p> <p>Redevelopment of Chase Community Hospital</p>
<p>2. Please state the aims and objectives of this work and the <i>intended equality outcomes</i>. How is this proposal linked to the organisation's business plan and strategic equality objectives?</p> <p>The refurbishment will expand existing services and provide new health services to operate from the site, thus reducing the need for local people to travel to access services.</p> <p>The refurbishment of the Chase Hospital premises is expected to improve facilities for disabled and older people.</p> <p>Providing care in patients' own homes may benefit those with long-term conditions by allowing them to experience the same clinical outcomes and an improved patient experience, compared to hospitalisation¹.</p> <p>The new based model of care may require patients and relatives to travel further to access care; this however, equates to less than 1% of the population. (This also links to the NHS Benchmarking report (2011) where there are 29 community beds per 100,000 population. Whitehill and Bordon is 53 per head of population.) Those affected are likely to be older people and their carers. The impact of this change will be mitigated in the short term by the commissioning of a patient transport service.</p> <p>In the long term it is intended that a nursing home will be built in the Whitehill and Bordon area.</p>
<p>3. Who is likely to be affected? e.g. staff, patients, service users, carers</p> <p>The changes will have a positive impact on the majority of users; patients, service users and carers.</p> <p>The users with a negative impact are those who may have to travel to a local nursing</p>

¹ http://www.rcplondon.ac.uk/sites/default/files/care-closer-to-home-narrative-report_0.pdf accessed 6th March 2013

home as described in section 2. These are likely to be older people and/or be living with long-term conditions.

The End of Life Strategy suggests that most EOL patients wish to die at home. EOL service provision will be extended to enable this patient choice.

4. What evidence do you have of the potential impact (positive and negative)?

Step one: Gather evidence - List the main sources of evidence (including full references) reviewed to determine impact on each equality group or protected characteristic. This can include national research, census data, Joint Strategic Needs Assessment (JSNA), surveys, reports, research interviews, focus groups, engagement with stakeholders.

Step two: Consider the impact – On the basis of the evidence and findings from engagement activity, what is the impact of your work on each equality group/protected characteristic? Identify whether the evidence shows potential for differential impact, if so state whether positive or negative and for which groups. This could be barriers to access, or different levels of needs, experiences or health outcomes. Identify how you will mitigate any negative impacts. Also how you will include certain protected groups in services or expand their participation in public life. How do the proposals impact on elimination of discrimination, harassment and victimization, advance the equality of opportunity and promote good relations between groups? **(See [Guidance Note](#))**

4.1 Disability (Consider attitudinal, physical and social barriers)

See Appendix 2 – Public Health Needs Assessment

Disabled patients, including those with long-term conditions, are likely to benefit from the refurbished facilities at Chase Hospital.

There is also potential for them to benefit from the transfer of care from a hospital setting to patients' own homes.

Increased provision of existing services and new services will assist in a reduction of travel

4.2 Sex (Impact on men and women, potential link to carers below)

See Appendix 2 – Public Health Needs Assessment

No specific impact on this protected characteristic is anticipated.

4.3 Race (Consider different ethnic groups, nationalities, Roma Gypsies, Irish Travellers, language barriers, cultural differences).

See Appendix 2 – Public Health Needs Assessment

No specific impact on this protected characteristic is anticipated.

4.4 Age (Consider across age ranges, on old and younger people. This can include safeguarding, consent and child welfare).

See Appendix 2 – Public Health Needs Assessment

Increased provision of existing services and new services will assist in a reduction of travel.

The patient transport service is intended to mitigate the potential negative impact of having to travel further to access care.

The refurbished facilities are likely to improve accessibility for those with age-related disabilities.

4.5 Gender reassignment (Consider impact on transgender and transsexual people. This can include issues such as privacy of data and harassment).

No data are available as to the number of transgender people in the Chase Hospital area.

No specific impact on this protected characteristic is anticipated.

4.6 Sexual orientation (This will include lesbian, gay and bi-sexual people as well as heterosexual people).

The results for the national GP Patient Survey² conducted between Jan and Sep 2012 show that the proportion of lesbian, gay and bisexual people in the area covered by Chase Hospital is likely to be similar to the English average.

	GP practices local to Chase Hospital ³	All English GP practices
% Heterosexual / straight	94.8%	92.8%
% Gay / Lesbian	0.9%	1.4%
% Bisexual	0.3%	0.6%
% Other	0.4%	0.6%
% Prefer not to say	3.6%	4.6%
Total responses	512	937,512

No specific impact on this protected characteristic is anticipated.

² http://www.gp-patient.co.uk/results/latest_weighted/practice/ accessed 6th March 2013

³ Highview Surgery, Woolmer Surgery, Pinehill Surgery, Badgerswood Surgery and Liphook Surgery.

4.7 Religion or belief (Consider impact on people with different religions, beliefs or no belief)

The results for the national GP Patient Survey¹ conducted between Jan and Sep 2012 show that the religious makeup of the area covered by Chase Hospital appears broadly similar to the English average. The lower proportion of Hindu, Muslim and Sikh people is likely related to the relatively low proportion of people from Black and Minority Ethnic backgrounds in the Chase Hospital area (see Appendix 2).

	GP practices local to Chase Hospital ²	All English GP practices
% No religion	25.5%	25.3%
% Buddhist	1.3%	0.7%
% Christian	68.3%	62.3%
% Hindu	0.4%	1.7%
% Jewish	0.1%	*
% Muslim	0.7%	4.7%
% Sikh	0.0%	0.7%
% Other	1.6%	1.3%
% Prefer not to say	2.1%	2.9%
Total responses	524	960,623

No specific impact on this protected characteristic is anticipated.

4.8 Marriage and Civil Partnership

No data are available as to the proportion of people in the Chase Hospital area who are married or in civil partnerships.

No specific impact on this protected characteristic is anticipated.

4.9 Pregnancy and maternity (This can include impact on working arrangements, part-time working, infant caring responsibilities).

Data on teenage pregnancy are included in Appendix 2 – Public Health Needs Assessment.

No specific impact on this protected characteristic is anticipated.

4.10 Carers (This can include impact on part-time working, shift-patterns, general caring responsibilities, access to health services, 'by association' protection under equality legislation).

The results for the national GP Patient Survey¹ conducted between Jan and Sep 2012 show that the proportion of carers in the Chase Hospital area is likely to be similar to the English average.

	GP practices local to Chase Hospital	All English GP practices
% No	79.2%	81.5%
% Yes, 1-9 hours a week	14.4%	11%
% Yes, 10-19 hours a week	1.7%	2.2%
% Yes, 20-34 hours a week	1.4%	1.3%
% Yes, 35-49 hours a week	0.5%	0.9%
% Yes, 50+ hours a week	2.7%	3.4%
Total responses	507	928,539

The patient transport service is intended to mitigate the potential negative impact on the carers of patients who have to travel further to access care.

4.11 Additional significant evidence (See [Guidance Note](#))

Give details of any evidence on other groups experiencing disadvantage and barriers to access due to:

- socio-economic status
- location (e.g. living in areas of multiple deprivation)
- resident status (migrants)
- multiple discrimination
- homelessness

Detailed deprivation statistics are available in Appendix 2.

Higher levels of deprivation are associated with lower levels of car ownership. The proposed patient transport service is anticipated to reduce the potential negative impact of travelling further to access care on those without private transport.

5 Action planning for improvement (See [Guidance Note](#))

Please give an outline of the key action points based on any gaps, challenges and opportunities you have identified.

- Increase in car parking with the refurbishment and increase in services offered.
- Include a requirement to provide patient transport facilities in the service specification when commissioning inpatient beds to replace those currently at Chase Hospital.

- Provision of transport for carers to nursing home if required.
- Increased service provision with McMillan services.
- Ensure that the refurbished facilities at Chase Hospital meet standards for accessibility by those with disabilities/sensory impairments.
- Liaison / support with developers regarding the build of a nursing home.

Sign off
Name and signature of person who carried out this analysis
Christopher Davis, Communications and Engagement Advisor, NHS South CSU
Date analysis completed
6 th March 2013
Name and signature of responsible Director
Date analysis was approved by responsible Director