North East Essex
Clinical Commissioning Group

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Equality Impact Assessment (EIA)

Type 3 Service Review
(Colchester Walk-in Centre, Harwich and Clacton MIU)

Version 1	**EIA process agreed by:** NEE CCG Operational Executive Committee	**Issue Date:** **Review date:**

Equality Impact Assessment Template
(You must complete all 5 sections of the template)

1. Equality Impact Assessment (EIA) Template			
A member of the public should have a good understanding of the policy or service and any proposals after reading this section. Please write any acronyms in full first time - eg: 'Equality Impact Assessment. Please use plain English			
Title of EIA *(should clearly explain what you are assessing)*	Review of Out of Hospital Urgent Care Services	**ID No.**	**Project ref:**
Summary statement *Why are we making changes and what are they*	As part of a five-year plan, known as the Five Year Forward View, the NHS is taking action to review urgent and emergency care services across the country. We know from what people have told us through public engagement events such as the Big Care Debate that it is difficult to understand how to get the care you need when you need it. With increasing demands and in response to patients comments, we want to reshape out of hospital urgent care services across north east Essex, so that they are simpler for patients or carers to choose the right service for all urgent health needs, regardless of the time of day. We are reviewing urgent care services, with particular focus on: • Helping people to look after themselves; • Helping those with urgent care needs to access the right advice or treatment in the right place, first time; • Providing consistent high quality care seven days per week; • Ensuring that serious and life-threatening conditions are treated in the right environment by staff with the expertise to meet patient needs. According to our performance data, local Urgent Care (out of hospital) services have not helped the local health economy to manage demand in A&E. Our recent listening exercise has found it has made people less willing to practice self-care or to see their GP in the first instance. From those who responded to our Listening Exercise at the time of accessing the service, we found that most individuals attended minor injury units for minor injury rather than minor illness, which is as expected. However, over 74% of those who attended minor injury units did not seek a GP appointment first. This could be because of a perception that GPs cannot treat minor injuries. The Listening Exercise also found the majority of attendances at the Walk in Centre were for minor illnesses. However, 71% did not seek a GP appointment in the first instance.		

We also found that 52% of people who attended urgent care services did not contact a GP first during a previous attendance to local urgent care services.

National research conducted by Monitor (Report "Walk in Centre Review Preliminary Report" Nov 13) found that convenience and the accessibility of walk in services, together with the relatively minor clinical nature of conditions they treat, has led some Clinical Commissioning Groups(CCGs) to take the view that walk in centres create unnecessary demand. Some CCGs and even some walk in centre providers have said that walk in centres cater mostly to the "worried well" who could otherwise self-manage or go to a pharmacy, rather than serving patients who had unmet needs.

Our Listening Exercise supports this view finding that around 60% of patients who used the Walk in Centre could have be seen at either the GP practice or could have self-treated their condition. Furthermore 71% of patients did not contact their GP before attending the walk in service.

We grouped the reason for attending into 38 categories. Below is a table showing the top 10 reasons for attendance at the walk in centre and the minor injury units. The top attendance for MIU, pain/injury following an accident is expected. However, although the severity of the clinical condition is not known, the top attendance at the Walk in Centre is for minor illness, Cold/Flu/cough/sore throat.

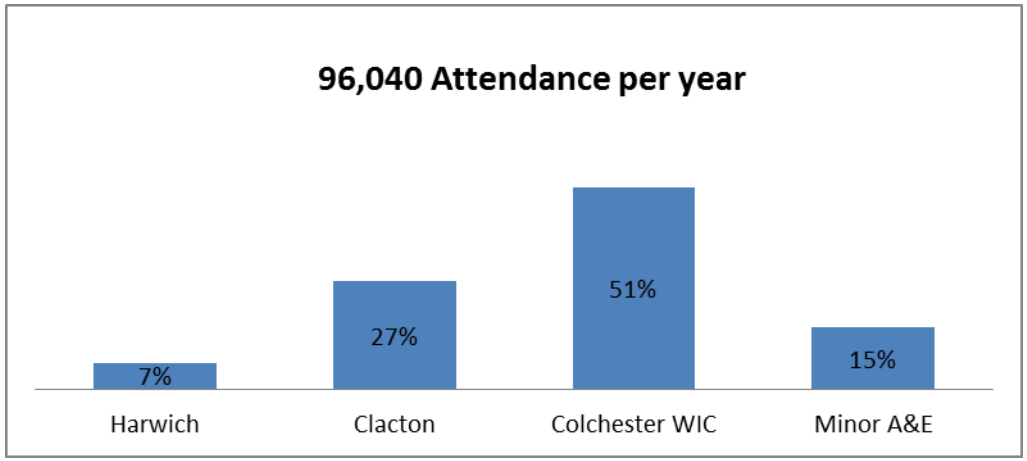
MIU Top 10		WiC Top 10	
Pain/Injury following an Accident	24.30%	Cold/Flu/cough/sore throat	23.87%
Animal/Insect Bite	9.13%	UTI/Cystitis/Kidney Infection	11.61%
Laceration	7.59%	Rashes/Skin Conditions	8.39%
Injury Following a Fall	7.28%	Pain/Injury following an Accident	7.10%
Suspected Fracture	6.66%	Abdo pain/Sickness/Diaorrhea	5.81%
Pain/Swelling - Hands/feet	5.57%	Pain/swelling - Limb	4.52%
Pain/swelling - Limb	5.42%	External Infection	3.87%
Not Completed/Unknown	4.80%	Animal/Insect Bite	3.23%
Cold/Flu/cough/sore throat	4.80%	Pain/Swelling - Hands/feet	3.23%
Rashes/Skin Conditions	2.48%	Suspected Fracture	2.58%

Since the services have been in operation, the demand on A&E has continued to rise for those patients attending for minor illness and injury. Our Big Care Debate 2 also told us that having a number of urgent care services has led to greater levels of confusion amongst some groups of patients who do not know which service to access; this has been supported by feedback at our Big Care Debate 2.

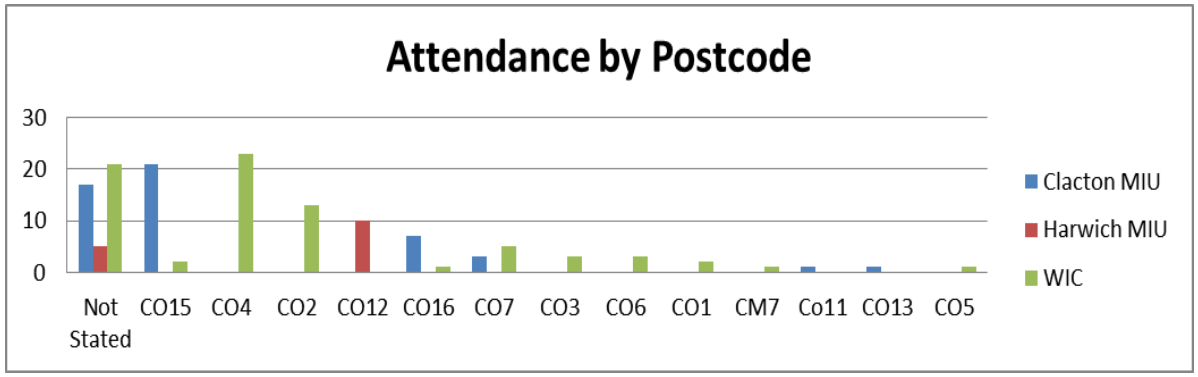
In other parts of the country, CCGs have closed walk in centres in part due to concerns that the various points of access to urgent care, and the variation in types of services provided, has created confusion among patients about where to seek appropriate treatment. In some cases, they said this confusion may result in mistrust of the system and fragmented care, in which the patient is referred onwards to another service such

as their GP practice or A&E. Some commissioners said it also may introduce clinical risk if patients requiring emergency services attend a walk in centre instead, as described in the report from Monitor.

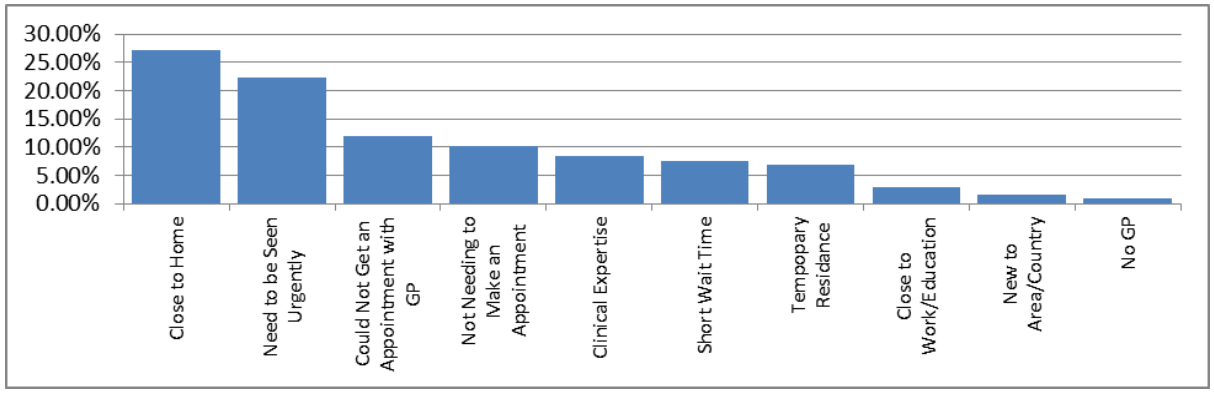
The Listening Exercise found that there is a very low use of the minor injury unit in Harwich. As a local health and social care system that is stretched in terms of available funding, we must review this service to ensure our limited resource is being put to best use for our wider population.



Nationally, a few CCGs said that their walk in centres created inequity of access because they were mostly used by people who lived close by, rather than by groups from areas of high deprivation or those with significant health needs – as described in the report from Monitor. We also found this through our Listening Exercise. Out of the people who responded to the survey, 53% had previously attended the walk in centre. Of those, 30% recorded living within the same postcode area as it. Likewise the majority of people using both MIUs also recorded living within the same postcode area as the site.



There was also evidence that more people used the service because it was closer to their home, making it more convenient for them.



Currently there are three potential approaches to be considered and the CCG intends to conduct further patient and public involvement to seek their views on these and to see if there are other approaches that we have not considered :

Approach One – Continue to commission the current services e.g. Minor Injury Units in Clacton and Harwich and Walk in Centre in Colchester

Approach Two – Allow current contracts for WIC and MIU's to expire naturally in March 2018, with assumption that current activity from those services will be absorbed by self-care/pharmacy, GP Practices and the Emergency Department (ED).

Approach Three - Allow current contracts for WIC and MIU's to expire naturally in March 2018, and procure a Minor Injury Service within Colchester and Tendring

At this point in time all approaches are being considered and the outcomes of the additional public engagement and this EIA will be used to determine the preferred one.

It is understood that each potential approach may have different impact and once a preferred approach is identified a single EIA will be completed on that approach.

The accessibility standards will be considered in line with this document.

<table>
<tr><td>Name/Contact:
Team/Department:
Closing date for feedback:</td><td>Morag Kirkpatrick and Sandy Measor Business Delivery Managers, North East Essex Clinical Commissioning Group

24th February 2017</td></tr>
<tr><td>What do we need to understand?
What is the focus of EIA?

What are the positive and negative impacts in regard to:

• Discrimination
• Disadvantage/Advantage
• Equality</td><td>At this stage of the process, the CCG wishes to understand from our public and stakeholders what the impacts are likely to be for the potential approaches currently proposed:

• What will make it easier to access the right service the first time
• Ensuring access for continuity of patient care
• All protected groups to have option to take part in our review
• Impact on patients having to travel according to the location of the service

The impact assessment will be using a number of methods to gather and identify impacts on the service for each of the approaches. These include:

• National research
• Data analysis on current demands and trends
• Forecasting activity
• Financial profiling

This section will be updated following further public involvement</td></tr>
<tr><td>Please tick (double click) the groups this applies to:</td><td>
<table>
<tr><td>Age</td><td>☒</td><td>Disability</td><td>☒</td><td>Gender Reassignment</td><td>☒</td></tr>
<tr><td>Pregnancy and Maternity</td><td>☒</td><td>Race</td><td>☒</td><td>Religion/Belief</td><td>☒</td></tr>
<tr><td>Sex</td><td>☒</td><td>Sexual orientation</td><td>☒</td><td>Marriage & Civil partnerships</td><td>☒</td></tr>
<tr><td>Carers</td><td>☒</td><td>Safeguarding & Vulnerable Groups</td><td>☒</td><td></td><td></td></tr>
<tr><td colspan="2">Other Groups : Please List</td><td colspan="4">See sheet below</td></tr>
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</td></tr>
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2. Identifying known or potential impacts

You may wish to consider how an impact:

- Could be avoided, reduced or minimised
- Is unlawful discrimination, including victimisation or harassment. Please take advice immediately
- Is not promoting equality of opportunity properly
- Is effecting good relations between people who share a protected characteristic and those who do not. i.e. prejudice or a need to Promote understanding

Protected Groups to be considered (click on link for hyperlink)

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief (this includes lack of belief)
- Sex (men and women)
- Sexual orientation
- Marriage and civil partnership (only in respect of the requirement to have due regard to the need to eliminate discrimination)
- Carers
- Safeguarding and vulnerability
- Other relevant groups
- Generic Feedback (This has been added specifically to this EIA as many of the themes were consistent across multiple protected groups)

Age (People of all ages. Includes children and young people aged 0-19 or 0-25 if complex needs present. Also consider transitional periods)	
Part A	
What are the potential impacts on the protected group? If protected group not considered please summarise reasons	**Older people** – consider frailty, reduced mobility and potential confusion **Children** –0-16 age group more likely to use urgent care services. Timeliness of access to urgent care services particularly during out of hours **Parents** – may have carer responsibilities. A working parent is more likely to access care for children outside working hours. Consider need of working parents seeking medical advice/treatment outside of working hours. **Young people** – Evidence of high demand on services within 17-30 age group. **Other Patient Groups –** at this stage of the process no other groups have been identified as have any significant impact with regards to the changes the proposed potential approaches.
Summary of data about your service-users and/or staff	• The population of North East Essex is growing and ageing, with the greatest increases in the past 10 years being seen in age groups 60-64 and 65-69, but also in 20-14 year olds, especially in Colchester. • The average age of attendance of urgent care services is between 19-30
Part B	
Summary of service-user and/or staff feedback	To be completed following further public involvement.
Analysis from data and feedback (actual and potential)	To be completed following further public involvement.
All potential actions to: • **advance equality of opportunity,** • **eliminate discrimination, and** • **foster good relations** (You will prioritise these below in section 3)	• Further analysis on potential impact on 0-16 and 17-30 age groups

Disability (a person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.)	
Part A	
What are the potential impacts on the protected group? If protected group not considered please summarise reasons	• Access to premises • Dignity and respect • Communication barriers eg deaf/blind/ speech impaired patients • Access to information
Summary of data about your service-users and/or staff	• Just over one-in-four (25.5%) residents of Tendring has a limiting health condition. Colchester has a lower rate of just 15.8% reporting a limiting condition. • The rate is increasing in Tendring but decreasing in Colchester, due to different demographic changes in the two Boroughs
Part B	
Summary of service-user and/or staff feedback	• Insufficient **disabled parking** bays the potential service may lead to inequality. • Clear **communication skills** training should be given to all professionals regarding empathy, eye contact, interpretation • Careful use of **technology** e.g. touch screens calling patients names are of no use to deaf and blind people • **Physical impairment** – Equipment availability, wheelchair friendly • **Self-care** – demonstrate account of disability as part of patient centred care in order to ensure that this appropriate level of self-care is empowered • **Joint decision making** – there is an expectation that the individual is part of the decision making process in regards to patient centred care • **Deaf and Mute** – hearing loop facilities • **Sight Impairment** – audio information
Analysis from data and feedback (actual and potential)	• To be completed following further public involvement
All potential actions to: • **advance equality of opportunity,** • **eliminate discrimination, and** • **foster good relations** (You will prioritise these below in section 3)	• To be completed following further public involvement

Gender reassignment (a transsexual person is someone who proposes to, starts or has completed a process to change his or her gender. A person does not need to be under medical supervision to be protected)	
Part A	
What are the potential impacts on the protected group? If protected group not considered please summarise reasons	• Respect and dignity • Staff awareness
Summary of data about your service-users and/or staff	• Defining Gender Reassignment and quantifying the number of people who may fall onto this category is complex, and robust prevalence data is lacking.
Part B	
Summary of service-user and/or staff feedback	• The **behaviours** and ways of professionals dealing with trans-gender patients must improve in order to build trust • **Gender reassignment policy/understanding and similar –** Potential provider have policies in place that account for gender identity which ensure patients are not disadvantaged in the care they receive and adjustments are made
Analysis from data and feedback (actual and potential)	• There is an expectation that potential provider staff have the right amount of awareness and training to deal well with different groups of patients. If the potential provider identifies gaps in their training (such as feedback from service users) they should make sufficient changes to how they support their staff in their day-to-day work
All potential actions to: • **advance equality of opportunity,** • **eliminate discrimination, and** • **foster good relations** (You will prioritise these below in section 3)	• The specification and Outcome Framework to reflect how on-going training and awareness should be identified by the potential provider where it is appropriate to do so

Pregnancy and maternity (protection is during pregnancy and any statutory maternity leave to which the woman is entitled)	
Part A	
What are the potential impacts on the protected group? If protected group not considered please summarise reasons	• **Pregnant or post-partum -**
Summary of data about your service-users and/or staff	The fertility rate in Colchester and Tendring is significantly lower than average for England, however the rates of under-18 conception and low birth weight are significantly higher in Tendring. This will be a group targeted as part of our additional public involvement to further understand risks and impact
Part B	
Summary of service-user and/or staff feedback	To be completed following further engagement.
Analysis from data and feedback (actual and potential)	• To be completed following further public involvement
All potential actions to: • **advance equality of opportunity,** • **eliminate discrimination, and** • **foster good relations** (You will prioritise these below in section 3)	• To be completed following further public involvement

Race (this includes ethnic or national origins, colour or nationality, and caste, and includes refugees and migrants; and Gypsies and Travellers)	
Part A	
What are the potential impacts on the protected group? If protected group not considered please summarise reasons	• Language barriers • Information on services • Illiteracy in English and own language
Summary of data about your service-users and/or staff	The Black and Minority Ethnic (BME) population of NE Essex is lower in absolute numbers than is typical for England. Colchester is more ethnically diverse than Tendring. Essex has the second largest population of Gypsies and Travellers, however north east Essex has a relatively small population
Part B	
Summary of service-user and/or staff feedback	• Need translation at all stages of any patient pathway. 8 out of 10 times it is children who do the translation and need to accompany the patient. • Translation services to be more accessible for ethnic majorities. • Involvement of service users – service changes reflect the views of specific patient groups and changes are taken into account where impacts are identified • Less likely to be registered with a GP
Analysis from data and feedback (actual and potential)	• Any potential service must have processes in place to support different groups of patients. This will include those whose first language is not English. • The NHS must build relationships with Community Leaders
All potential actions to: • **advance equality of opportunity,** • **eliminate discrimination, and** • **foster good relations** (You will prioritise these below in section 3)	• Must be able to Identify special support needs during any patient contact such as language barriers so they can access the service • Information promoting the public involvement and any subsequent commissioned service, including information about access should be made available in other languages where appropriate. • Relationships to be formed with community leaders/groups so they can input into the needs of this area should it arise

Religion or belief (religion includes any religion with a clear structure and belief system. Belief means any religious or philosophical belief. The Act also covers lack of religion or belief.)	
Part A	
What are the potential impacts on the protected group? If protected group not considered please summarise reasons	• Identify any special needs • Staff training
Summary of data about your service-users and/or staff	• England as a whole is becoming more secular with 68.1% of the population stating they have a religious belief, a fall of 9.6% points since 2001. • Tendring has 65.1% professing a religious belief, with slightly fewer in Colchester (61.4%), however the proportion of people with a non-Christian faith is three times higher in Colchester than Tendring (3.7% vs 1.2%). Islam is the most commonly followed minority religion in each area.
Part B	
• Summary of service-user and/or staff feedback	• Must be mindful of social isolation by using community leaders to establish trust • Reasonable adjustment - any proposed service must make reasonable adjustments to make sure that religious beliefs are taken into account • Respecting choice – choice maybe influenced by religious views – these should be respected and balanced with the clinical best interest for the patient. This may impact in access to younger people under the care of people with certain beliefs
• Analysis from data and feedback (actual and potential)	• Any potential Provider, as with all of the CCG's Commissioned providers, must be embedded well within the community. Social Value, the Core working principles and aspirations of the service focus on this but we need to be assured that this is happening
• All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations • (You will prioritise these below in section 3)	• The potential Provider must be able to Identify special support needs when accessing services such as religious needs • Ensure appropriate equality and diversity training • Develop relationships with Community Groups so continuous improvement is achieved

•

Sex/Gender (both men and women are covered under the Act)	
Part A	
What are the potential impacts on the protected group? If protected group not considered please summarise reasons	• Safe environment for lone female patients and staff
Summary of data about your service-users and/or staff	• In line with national trends, just over half the population of NE Essex is female (51.3%), with females living 2.7 years longer than males across Essex, to an average of 86.2 years as compared to males who live to average of 83.5 years. • More than half of Carers are female, across all age ranges apart from those aged 85+.
Part B	
Summary of service-user and/or staff feedback	To be completed following further public involvement
Analysis from data and feedback (actual and potential)	• We have not had any specific feedback at this stage of the process but where a person, because of their sex. However, where it is appropriate to do so, potential service providers must make efforts to achieve person centred care
All potential actions to: • **advance equality of opportunity,** • **eliminate discrimination, and** • **foster good relations** (You will prioritise these below in section 3)	• Person Centred care should also mean that because of a person's gender the potenital provider should make efforts to accommodate specific requests where it is appropriate to do so • Policies of the potential provider must be robust for lone workers. This should apply to both sexes

Sexual orientation (the Act protects bisexual, gay, heterosexual and lesbian people)	
Part A	
What are the potential impacts on the protected group? If protected group not considered please summarise reasons	• Respect and dignity
Summary of data about your service-users and/or staff	• 1.5% of adults in the UK identified themselves as Gay, Lesbian (1.1% combined) or Bisexual (0.4%). Data suggests that between 3,111 and 4,667 people in NE Essex are likely to identify as Gay, Lesbian or Bisexual. • Men are more likely than women to consider themselves as homosexual, and adults aged 16 to 24 are more likely to identify themselves as Gay, Lesbian or Bisexual (2.6 per cent) compared with adults aged 65 and over (0.4 per cent), which will impact the health conditions this population group face.
Part B	
Summary of service-user and/or staff feedback	• Respect choice - To be completed following further public involvement
Analysis from data and feedback (actual and potential)	• The potential provider needs to ensure that its staff are aware of Equality and Diversity and have sufficient training
All potential actions to: • **advance equality of opportunity,** • **eliminate discrimination, and** • **foster good relations** (You will prioritise these below in section 3)	• Appropriate training on equality and diversity

Marriage and civil partnership (only in relation to due regard to the need to eliminate discrimination)	
Part A	
What are the potential impacts on the protected group? If protected group not considered please summarise reasons	• HR policies that impact negatively on this protected group
Summary of data about your service-users and/or staff	• To be completed following further public involvement
Part B	
Summary of service-user and/or staff feedback	• To be completed following further public involvement
Analysis from data and feedback (actual and potential)	• We have not had any specific feedback at this stage of the process but would expect the potential provider, usually as part of their HR policies to take this protected group into account with any policies and/or operating procedures
All potential actions to: • **advance equality of opportunity,** • **eliminate discrimination, and** • **foster good relations** (You will prioritise these below in section 3)	• The potential provider needs to be assured that its policies are compliant and meet the equality act

Carers: (Informal unpaid carers. Please consider that a carers can be anybody of any age, background or sexual orientation)	
Part A	
What are the potential impacts on the protected group? If protected group not considered please summarise reasons	• Escort requirements • Carers availability to support where required • Carers special needs
Summary of data about your service-users and/or staff	• In 2011, there were approximately 34,000 carers in NE Essex (11% of the population). However, within the CCG, there is variation in the distribution of carers, with a larger proportion being in Tendring. • Most carers (64.2%) in North East Essex are aged 35-64 years though a sizeable number of carers are elderly i.e. aged 65 years and over (22.0%). Females make up 57.4% of the North East Essex carer population, and this predominance is true for all age ranges except in the very elderly (85 years and above).
Part B	
Summary of service-user and/or staff feedback	• What happens if the patient cannot give or won't give consent to tell their story - will reliance fall to the carer? • Young carers must not to be forgotten about • Continuity of care and carers are important for personalised care.
Analysis from data and feedback (actual and potential)	• Referenced in the NEE JSNA; young Carers are often forgotten about. Any potential provider must have process in place to identify this group. • Carers have told us that they want and like to be involved in the care planning of the cared for but their involvement is often treated as a token gesture or the potential service provider does not know how to utilise the experience of carers in offering value to the process. Evidence show that potential providers who build partnerships and working relationships with carer organisations often perform better as they can get the support they need in identifying best practice and ways to be more carer friendly • Any potential provider must recognise the benefit they add to service user experience
All potential actions to: • **advance equality of opportunity,** • **eliminate discrimination, and** • **foster good relations** (You will prioritise these below in section 3)	• The potential provider can identify carers at any point in pathway. Processes must in place to allow carers to be signposted and provided with other relevant information • Carers are recognised as partners in the cared for's healthcare arrangements • There is a clear understanding of what a carers role is • Any potential service policies should recognise that staff can also be carers and that appropriate support and flexibility is offered to them in the role (such as short notice leave) • Carer Feedback (PROMS) offered to carers/escorts to capture experience

Safeguarding and vulnerability (Will the service make some people more vulnerable? Are there any safeguarding issues that should be considered?)	
Part A	
What are the potential impacts on the protected group? If protected group not considered please summarise reasons	• Patients with Learning Disabilities – management of distress • Patients with Mental/emotional health needs - management of symptoms eg anxiety • Dignity and respect
Summary of data about your service-users and/or staff	To be completed following further public involvement
Part B	
Summary of service-user and/or staff feedback	• Patients with Learning Disabilities should be appropriately supported when using services • Easy read versions of service info • Reduced waiting times to reduce distress • Separate focus groups for LD and MH • Agencies must be working together to ensure people are not isolated. Health can't do all of this but need to identify vulnerable people to prevent them becoming a health issue. • Elderly people with complex physical conditions • Dementia Shared decision making – • Consideration to areas of high demand and high pressured areas have the potential risk of full safe guarding assessments not being carried out
Analysis from data and feedback (actual and potential)	• Those with learning disabilities have specific needs and potential providers must respond to those where it is appropriate to do so. This includes having a flexible model in place so it can offer person centred care • Patient groups tell us that the NHS (including commissioners) fall into the trap of producing literature that is either too complex for some patient groups or unnecessary. We would expect the potential service to recognises this and where appropriate have methods to adapt its communication for different groups such as easy read or large print • There is recognition that when the NHS works in isolation is actually make the whole experience for service users more complex
All potential actions to: • **advance equality of opportunity,** • **eliminate discrimination, and** • **foster good relations** (You will prioritise these below in section 3)	• Appropriate training for safeguarding adults and children is in place • systems for identifying groups with special needs to ensure appropriate support is planned and delivered eg drop-offs • The potential provider can identify vulnerable groups at any point in pathway • Systems (partnership working) to support patients who have difficulty accessing services eg dementia, anxiety.

Other relevant groups: eg people experiencing domestic and/or sexual violence, substance misusers, homeless people, looked after children, ex-armed forces personnel, patients from rural areas etc	
Part A	
What are the potential impacts on the protected group? If protected group not considered please summarise reasons	• Appropriate training • Lack of public transport in rural areas • Special needs of people with long term conditions
Summary of data about your service-users and/or staff	To be completed following further public involvement
Part B	
Summary of service-user and/or staff feedback	• **Homeless people** – Not registered with GP • **Migrant Communities** – often unware of services that are available and need for translation • **Seasonal Visitors** – Tendring area is a holiday community
Analysis from data and feedback (actual and potential)	• Potential provider must be aware of how the quality of service delivery impacts on groups of patients
All potential actions to: • **advance equality of opportunity,** • **eliminate discrimination, and** • **foster good relations** (You will prioritise these below in section 3)	• To be completed following further public involvement

Generic Impacts – this additional box has been included specifically to capture generic impacts which could affect people in any of the protected groups. It has been presented separately due to the generic themes which cut across protected groups	
Part A	
What are the potential generic impacts on the protected group? If protected group not considered please summarise reasons	• To be completed following further public involvement
Summary of data about your service-users and/or staff	• To be completed following further public involvement
Part B	
Summary of service-user and/or staff feedback	• To be completed following further public involvement
Analysis from data and feedback (actual and potential)	• To be completed following further public involvement
All potential actions to: • **advance equality of opportunity,** • **eliminate discrimination, and** • **foster good relations** (You will prioritise these below in section 3)	• To be completed following further public involvement

3. Prioritised Action Plan: These actions must now be transferred to service or business plans			
Specific action	**How will this be measured (S.M.A.R.T) where possible** (Specific, Measurable, Attainable, Realistic, Timely)	**Responsible lead**	**Review/Target date**
	To be completed following further engagement.		

EIA sign-off: (to be final this section must be signed and the Publication Template completed – see Section 3 below)

Position	Name	
Lead Equality Impact Assessment officer:	**Anthony West**	
Programme/Function lead	**Pam Green**	
Head of Communications and Public Engagement	**Simon Morgan**	
Governance	**Quality Impact Assessment Panel**	

4. Equalities Impact Assessment Publication Template (please keep this to one page)

Name of EIA:	Type 3 Service Review	**ID Number**	
Lead Team:	Urgent Care	**Date EIA completed**	17/11/16
Summary of EIA:			
Summary of relevant data: what information informed the EIA?	To be completed following further engagement.		
Summary of public involvement: who was approached and how?	To be completed following further engagement.		
Assessment of impact and key follow-up actions:	**Specific action**	**How will this be measured (S.M.A.R.T) where possible** (Specific, Measurable, Attainable, Realistic, Timely)	
For further information on the EIA contact:	Simon Morgan, Communication Manager North East Essex Clinical Commissioning Group simon.morgan4@nhs.net 01206 918654		

5. List detailed data and/or community feedback which informed your EIA			
Title (of data, research or engagement)	**Date**	**Gaps in data** **(Identify how you will fill these gaps in future, in your action plan)**	**Contact**
		To be completed following further engagement.	