

EQUALITY IMPACT & RISK ASSESSMENT STAGE 1 SCREENING TOOL

Organisation:	Wirral CCG	Service:	Reconfiguration of Spinal Surgery Services in Cheshire and Merseyside
Project Lead:	Sue Borrington	Service Area:	MSK / Orthopaedics / Specialist Commissioning
Person responsible for this Assessment:	Sue Borrington & Ian Davis	Date of Review:	11.9.2020

Brief explanation of what is happening / being assessed (MAX 1000 CHARACTERS)

There are currently 4 providers of spinal surgery in Cheshire & Merseyside. CCGs commission 70% of spinal surgery from acute/secondary care providers, NHSE commissions complex spinal surgery services. In 2018, Getting it Right First Time made recommendations to improve quality, safety & efficiency of spinal surgery services in the C&M region. This EIA supports a proposal for a single service model delivered via a Hub (Walton Centre) and spines (Royal Liverpool & Halton). The rationale is to enable implementation of a single referral pathway for emergency spinal surgery, with access to 24/7 MRI & co-location of services with the Major Trauma Centre. The Walton site provides a concentration of specialist neurosurgeons & orthopaedic surgeons. This option causes the least disruption to current patient pathways, especially Wirral patients who are treated on the whole at Walton already. Also see attached report. NB this EIA supports Wirral Decision making only.

QUESTION No.	EQUALITY IMPACT	type y or n	Comments (provide example)
1	Does this issue plan to withdraw a service, activity or presence?	n	Example (click for examples) 1 & 2. This proposal to enhance a service pathway, bringing together resources and expertise in to one service. 3. There will be no charge to patients for this service.
2	Does this issue plan to reduce a service, activity or presence?	n	4. This enhances a currently commissioned service, reducing the number of providers, however the proposal utilises Walton as the Hub - this is where the majority of Wirral patients are already treated so there will be no negative impact.
3	Does this issue plan to introduce or increase a charge for Service?	n	5. This does not change a policy, strategy or procedure.
4	Does this issue plan to change to a commissioned service?	Y	6. This proposal re-structures existing services into one service to make the service more robust - improving pathways and patient safety. 7. The service change is based on recommendations from a 'getting it Right First Time' report. It will improve access to Spinal surgery across the C&M footprint and maximise specialist resources. There will be no negative impact to Wirral CCG patients as the majority are treated already at the Walton Centre, and this proposal strengthens the provision available at Walton.
5	Does this issue plan to introduce, review or change a policy, strategy or procedure?	n	8. The proposal will not affect staff directly employed through Wirral CCG commissioned services. A separate EIA is being completed to consider the impact at a C&M level which will address this.
6	Does this issue plan to introduce a new service or activity?	N	9. This will positively affect service users by offering an enhanced service with concentrated specialist staff.
7	Is this primarily about improving access to, or delivery of a service?	Y	10. By moving 4 services into one with a concentration of specialists at the Walton Hub, there will be enhanced support for patients with protected characteristics as staff will hold expertise of treating a wider range of patients and accommodating wider needs.
8	Does this affect employees or levels of training for those who will be delivering the service?	N	
9	Does this issue affect Service users?	Y	
10	Can you foresee a negative impact on any Protected Characteristic Group(s)? If YES please state what these could be.	n	

QUESTION No.	EQUALITY RISK	type y or n	Comments (provide example)
11	Have you got any general intelligence (research, consultation, etc.)? If YES please list any related documents.	y	11. Yes, the Getting it Right First Time (GIRFT) report 2018 highlighted the need to standardise the pathway to reduce variation. The Cheshire and Merseyside Neuro Vanguard and GIRFT reports highlighted occasional practice and low volume activity at some sites, disparity and inconsistency in clinical decisions and management of patients across the region and a high volume of procedures of limited clinical value at some local acute trusts (highlighted in the Walton Neuro Vanguard back pain data dashboard).
12	Have you got any specific intelligence (research, consultation, etc.)? If YES please list any related documents.	y	12. Yes, the Cheshire & Merseyside Neuro Vanguard back pain data dashboard. National guidance from the GIRFT team.
13	Have you taken specialist advice? (Legal, E&I Team, etc.) If YES please state.	y	13. No - this is part of NHSE Specialised Services led review being led regionally by NHSE. No specialist advice has been required at a local level.
14	Have you considered your Public Sector Equality Duty? Please provide a rationale.	y	14. Yes - the reconfiguration of complex spinal surgery supports the Public Sector Equality Duty. 15. Yes - Information about changes as they come to effect complex spinal surgery will be made available to patients.
15	Do you plan to publish your information? Include any 'Decision Reports'	y	16. The proposed reconfiguration should improve the quality of clinical care for patients and reduce health inequalities. It is anticipated that there will be no negative effects as a result of the proposed service change. 17. As point 12.
16	Can you minimise any negative effect? Please state how.	y	18. During the development of the case for change, significant input was sought from Lead clinical staff, and service managers. The implementation of the optimal pathway is a key action approved by NHSE Specialised Commissioning. Providers directly affected by the change will engage with relevant staff and users of the services should the service reconfiguration be supported.
17	Do you have any supporting evidence? If YES please list the documents.	y	
18	Have you/will you engage with affected staff and users on these proposals?	y	

IMPACT ● There will be some impact. You should undertake a Stage 2 assessment

RISK ● There should be little risk involved

QUESTION No.	HUMAN RIGHTS IMPACT	type y or n	Comments (provide example)
19	Will the policy/decision or refusal to treat result in the death of a person?	n	19. The new pathway, based on GIRFT recommendations, improves patient safety and reduces the potential for death related to spinal surgery.
20	Will the policy/decision lead to degrading or inhuman treatment?	n	20. The new pathway does not lead to degrading or inhuman treatment.
21	Will the policy/decision limit a person's liberty?	n	21. No, there is no impact on liberty.
22	Will the policy/decision interfere with a person's right to respect for private and family life?	n	22. No, there is no impact on a person's right to respect for private and family life.
23	Will the policy/decision result in unlawful discrimination?	n	23. No, the decision will not lead to unlawful discrimination.
24	Will the policy/decision limit a person's right to security?	n	24. No, the decision will not limit the person's right to security.
25	Will the policy/decision breach the positive obligation to protect human rights?	n	25. No, the decision will not breach the positive obligation to protect human rights.
26	Will the policy/decision limit a person's right to a fair trial (assessment, interview or investigation)?	n	26. No, the decision will not limit a person's right to a fair trial.
27	Will the policy/decision interfere with a person's right to participate in life?	n	27. No, the decision will not interfere with a person's right to participate in life.

RISK ● There is little chance of Human Rights breach. There is no requirement to carry out a Stage 2 assessment

QUESTION No.	PRIVACY IMPACT	type y or n	Comments (provide example)
28	Will the project involve the collection of new information about individuals?	N	28. No. The same patients will be treated under the reconfigured pathway that are currently being seen. Information held on clinical systems will be held under the respective providers data handling procedures. The CCG will not hold or collect any new information about individuals.
29	Will the project compel individuals to provide information about themselves?	n	29. No. No additional information will be required from individuals.
30	Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?	n	30. Established data sharing agreements are in place across the providers. 31. No. It is for an established purpose - to support the effective running of care pathways for complex spinal surgery patients.
31	Are you using information about individuals for a new purpose or in a new way that is different from any existing use?	n	32. No. There is no new technology involved within the process that relates to patient privacy. 33. No. There should be no major decisions made about individuals. The reconfiguration seeks to deliver the best care for individuals in the right place at the right time. It will reduce the number of procedures of limited clinical priority and deliver higher quality of care for those patients most at need of specialist treatment. At an individual level it will not inform service planning or the commissioning of new services.
32	Does the project involve you using new technology which might be perceived as being privacy intrusive? For example, the use of biometrics or facial recognition.	n	34. No. Other than to inform effective clinical decision making. 35. No. Patients will be informed with regards to any change in their care pathway by the providers at all points on their care pathway in advance of and as they come into effect.
33	Will the project result in you making decisions about individuals in ways which may have a significant impact on them? e.g. service planning, commissioning of new services.	n	
34	Is the information to be used about individuals' health and/or social wellbeing?	n	
35	Will the project require you to contact individuals in ways which they may find intrusive?	n	

RISK ● There is little chance of a Privacy breach. There is no requirement to carry out a Stage 2 assessment

PLEASE SEND YOUR COMPLETED STAGE 1 SCREENING TOOL TO THE EQUALITY & INCLUSION TEAM EMAIL: equality.inclusion@nhs.net

GENERAL GUIDANCE
Please use the comments section to explain any 'RED' scores or to further elaborate what is being assessed is necessary

All 'RED' scores will require further action in future planning regardless of the requirement to carry out Stage 2 approaches.

Signature of person completing the screening tool:
Sue Borrington & Ian Davis

Comments (MAX 250 CHARACTERS)
Report attached for further information.

Signature of Equality & Inclusion Business Partner & Date
11/09/2020 Nicola Griffiths

Comments (MAX 250 CHARACTERS)
EIA to be revisited if there are any further changes to the service