

EQUALITY IMPACT & RISK ASSESSMENT STAGE 1 SCREENING TOOL



Organisation: NHS Wirral CCG	Service: Community Phlebotomy Service
Project Lead: Sarah Boyd-Short	Service Area: Primary Care
Person responsible for this Assessment: Sarah Boyd-Short	Date of Review: 15.11.2017


Brief explanation of what is happening / being assessed (MAX 1000 CHARACTERS)
 To consider the most suitable procurement options for the re-commissioning of the Community Phlebotomy Service following patient and GP Member practice engagement. Proposal is to disaggregate the budget to all member practices to deliver the service in-house, which will include the delivery of drop-in slots. This is in line with both member practices and patient outcomes.

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. This service is a re-commission of the pre-existing service for all patients (adults and children) in Wirral. 2. No, patient and clinical engagement will be undertaken to inform the service specification. 3. There is no charge for the service to patients. 4. The service will be re-designed to enhance service delivery based on patient and clinical feedback. 5. The service will be delivered within GP practices therefore booking processes may change. There will be no changes to clinical procedures. 6. No. 7. Yes, the service will have longer opening hours to accommodate working patients etc. 8. Staff employed by the incumbent provider may be affected in the form of potential posts lost. This is being mitigated with the current provider working closely with the new provider to maximise the use of resources and reduce potential redundancy implications. Update 1.7.2018. No redundancies have been made as a result of sub-contracting arrangements with new provider. 9. The service will be delivered to all patients referred for a blood test. 10. Appreciation and modifications will be given to individual patient needs as appropriate.
2	Does this issue plan to reduce a service, activity or presence?	N	
3	Does this issue plan to introduce or increase a charge for Service?	N	
4	Does this issue plan to change to a commissioned service?	N	
5	Does this issue plan to introduce, review or change a policy, strategy or procedure?	N	
6	Does this issue plan to introduce a new service or activity?	N	
7	Is this primarily about improving access to, or delivery of a service?	Y	
8	Does this affect employees or levels of training for those who will be delivering the service?	Y	
9	Does this issue affect Service users?	N	
10	Can you foresee a negative impact on any Protected Characteristic Group(s)? If YES please state what these could be.	N	
EQUALITY RISK			Comments (provide example)
11	Have you got any general intelligence (research, consultation, etc.)? If YES please list any related documents.	Y	Clinical and patient engagement has been undertaken to inform service design. This has been gathered by surveys, stakeholder group sessions and patient feedback and complaints. Seeking legal advice regarding the equality impact of this service is not appropriate. All reports presented at CCG committees are available for wider/public viewing. The service is available to all ages and genders. The provider is responsible for providing translation and service literature in other languages. Public engagement has been undertaken as part of this commission. It is not appropriate for NHS Wirral CCG to engage in communications with current provider staff around the proposal for the re-commissioning of this service. The current provider will liaise with existing staff as appropriate. Further patient communications will be undertaken by existing and new providers to their patient population as part of service implementation, in addition to NHS Wirral CCG stakeholder communications.
12	Have you got any specific intelligence (research, consultation, etc.)? If YES please list any related documents.	Y	
13	Have you taken specialist advice? (Legal, E&I Team, etc). If YES please state.	Y	
14	Have you considered your Public Sector Equality Duty? Please provide a rationale.	Y	
15	Do you plan to publish your information? Include any "Decision Reports"	Y	
16	Can you minimise any negative effect? Please state how.	Y	
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?	N	
IMPACT	There is likely to be some impact. You should consider a Stage 2 assessment		
RISK	There will be some risk		

HUMAN RIGHTS IMPACT			Comments (provide example)
19	Will the policy/decision or refusal to treat result in the death of a person?	N	There are no impacts upon human rights. Appropriate adaptations can be taken to undertaken phlebotomy depending upon clinical/patient needs as appropriate and necessary.
20	Will the policy/decision lead to degrading or inhuman treatment?	N	
21	Will the policy/decision limit a person's liberty?	N	
22	Will the policy/decision interfere with a person's right to respect for private and family life?	N	
23	Will the policy/decision result in unlawful discrimination?	N	
24	Will the policy/decision limit a person's right to security?	N	
25	Will the policy/decision breach the positive obligation to protect human rights?	N	
26	Will the policy/decision limit a person's right to a fair trial (assessment, interview or investigation)?	N	
27	Will the policy/decision interfere with a persons right to participate in life?	N	

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

PRIVACY IMPACT			Comments (provide example)
28	Will the project involve the collection of new information about individuals?	N	No changes will be made to the collection of patient information. Information exchange will be between providers and the laboratory via electronic and paper based referral methods. Blood results will be obtained as a key element of the service as part of a patient care delivery. Blood test results will be communicated between the laboratory and the patient's GP practice. Any ongoing communications following receipt of the blood results will be between the patient and their GP regarding their physical health. NHS No patient information will be collected by NHS Wirral CCG.
29	Will the project compel individuals to provide information about themselves?	N	
30	Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?	N	
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	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	
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?	Y	
35	Will the project require you to contact individuals in ways which they may find intrusive?	N	

RISK  There is some chance of a Privacy breach. You should contact your IG Support Officer

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:

Sarah Boyd-Short

Comments (MAX 250 CHARACTERS)

Reviewed 1.7.2018 (SBS)

Signature of Equality & Inclusion Business Partner & Date

Nicola Griffiths 11/04/2018

Comments (MAX 250 CHARACTERS)