



## **Equality Delivery System (EDS)**

**Annual 2<sup>nd</sup> joint CCG public grading of CCGs'  
2015 to 2016 equality performance evidence**

**17 May 2016**

**Goal 2: Improved patient access and  
experience**

**North Staffordshire CCG & Stoke-on-Trent CCGs**

## What have the CCGs learnt from the 2015 Public Grading Event?



### Group Discussion

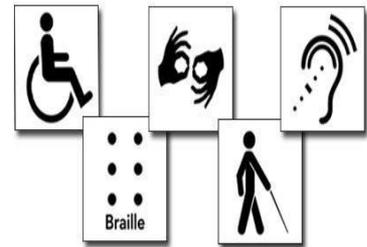


- Need for systematic engagement with protected group representatives to understand the differential satisfaction levels of patients
- Further development of the EDS stakeholder group and how this group could be encouraged to provide regular feedback to CCG commissioners to be explored further
- We know that NHS money has to be spent carefully so sometimes difficult decisions must be made about healthcare services for local people. Vulnerable patient groups need to understand how this works so we ensure their views are considered when CCGs make important decisions.
- EDS requires strong clinical and commissioner leadership within the CCGs
- Ensure EDS documentation is appropriate for our stakeholders e.g. use of abbreviations / plain language

## What have the CCGs learnt from the 2015 Public Grading Event?



- The NHS has changed in recent years. This can be confusing for patients and their carers who may find it difficult to find local information and know where to go for more help to meet their healthcare needs. For example: If I am blind, Deaf or hard of hearing, or physically disabled, I need to know what help I can get if I visit my GP or have an appointment at my local hospital. Also as a disabled person with sensory impairments I may need help to be able to understand the information I am given so I can make good decisions and choices about my own health.



- CCGs should work more collaboratively together on agreed priority services and present evidence from commissioner & provider perspective re patient experience and good outcomes for protected groups



# Commissioning Cycle



## Joint CCG presentation of equality performance evidence 2015 to 2016

### Goal 2: Improved patient access & experience evidence must show for EDS

- How do people from groups protected [by the Equality Act 2010] fare compared to people overall [in healthcare]?

### Protected groups include

Age

Gender

Gender Reassignment

Disability

Race

Religion or Belief

Sexual Orientation

*Marriage & Civil Partnership – workforce*

Pregnancy, Maternity & Breastfeeding

Mums

## **What does / should EDS Goal 2 evidence look like?**

(in order to evidence - Improved patient access and experience)

### **EDS Goal 2 Overview:**

NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience

### **Required Outcomes**

2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds

2.2 People are informed and supported to be as involved as they wish to be in decisions about their care

2.3 People report positive experiences of the NHS

2.4 Peoples' complaints about services are handled respectfully and efficiently

## What does / should EDS Goal 2 evidence look like?

(in order to evidence - Improved patient access and experience)

- By required 'outcomes' NHS England and Northern Staffordshire CCGs mean:  
Good outcomes for people from the 9 groups protected by the Equality Act 2010 – often referred to as 'seldom heard' groups

A good outcome explains in simple terms  
'You said. We listened. We did.'

We have included some case study examples to summarise this evidence.

You can also view summary evidence templates for more details, which are available on-line on the CCGs EDS evidence webpages. This information is displayed at least 7 days before the EDS public grading event.

Our 2 summary slides for each Goal 2 required outcome will be presented to EDS stakeholders at this public grading event.

This presentation of evidence will be followed by a question and answer (Q&A) session, then electronic grading of each outcome by EDS stakeholders present.

# EI&RA process evidence

- This information is provided as an overview of a CCG support process which meets all 4 required Outcomes for EDS Goal 2 and is available to promote capture of feedback by CCG from all 9 of the protected groups
- You are not required to vote on this evidence therefore.
- EI&RA evidence can however be taken into account when grading the 4 Goal 2 Outcomes.

## EDS Goal 2: Improved patient access & experience

### All Outcomes

#### Equality Impact process

##### Protected groups impacted

- Age
- Gender
- Gender Reassignment
- Disability
- Race
- Religion or Belief
- Sexual Orientation
- *Marriage & Civil Partnership*
- Pregnancy, Maternity & Breastfeeding Mums

#### Equality Impact process

##### Good Outcomes

- Evidences deliberate prompting of consideration of protected groups in all our planning & decision making
- CCGs developing an additional effective support process to capture feedback from protected group reps
- Full EI&RA is approx 80% engagement with PGs
- Seldom heard groups working with CCGs for more inclusive services

## EDS Goal 2: Improved patient access & experience

### All Outcomes

#### Equality Impact process

You said. We listened. We did.

- Procurement of wheelchair referral service – improvements in fair access & monitoring of who is taking up services / satisfaction levels
- Equality & Inclusion Strategy feedback / re-shaping strategy
- Setting 3 new Equality Objectives from first joint EDS 2015 feedback & recommendations to Northern Staffordshire CCGs

#### Equality Impact process

Case studies

1. Wheelchair user survey on site by lead commissioners including anonymous equality monitoring – to obtain feedback on (1) who is taking up the service; (2) how satisfied are patients and carers? (3) recommendations for service improvements
2. 27 October 2015 EDS annual public grading findings & recommendations produced 3 new Equality Objectives – out to engagement with local communities of interest May 2016
3. New Equality & Inclusion Strategy sets out our strategic intentions and Equality Objectives deliverables for 2015 to 2017: eg EDS; WRES (workforce issues for race); Accessible Information Standard for people with sensory impairments and fair access to information and services; how CCGs are meeting the PSED (Public Sector Equality Duties

## **EDS Goal 2: Improved patient access & experience**

**Outcome 2.1** People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds

### **Syrian Vulnerable Persons SVP** **Resettlement Programme** **(SVP)**

#### **Protected groups impacted**

- Age
- Gender
- Disability
- Race
- Religion or Belief

### **SVP** **Good outcomes**

- Early identification of need - rapid assessment ensures that needs of individuals can be met by the local health economy
- Proactive approach pre-arrival with the GP ensures that additional services, for example interpreter services, are in place when required to ensure timely access
- Only individuals that can have their health needs met locally are approved for resettlement – enabling access and the ongoing support from family members for those requiring secondary care
- Holistic approach ensures that housing, health and social care needs are considered to ensure that access to support/home care are not compromised by inappropriate accommodation.
- Rapid access to initial appointment to support <sup>12</sup> integration into mainstream services

## **EDS Goal 2: Improved patient access & experience**

**2.1** People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds

### **Syrian Vulnerable Persons Resettlement Programme (SVP)**

#### **You said. We listened. We did.**

- National direction from UK Government
- Local commitment to meet the holistic needs of refugees and support timely integration in mainstream local services

### **SVP: Case study detail**

- Case was identified by the Home Office which included a family with a child with cerebral palsy.
- GP Practice was identified that was in close proximity to the family's home.
- CCG liaised with Refugee Action and the GP to ensure that the family were expected and that an appointment would be available quickly after arrival
- Multi-agency contribution to a 'welcome pack' for the family to ensure that the family had access emergency urgent care if it required prior to the GP appointment

## **EDS Goal 2: Improved patient access & experience**

**Outcome 2.1** People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds

Also meets EDS Outcomes 2.2 and 2.3

### **Orthotics**

#### **Protected groups impacted**

- Age
- Disability
- Gender

However, people from all 9 protected groups potentially benefit / had opportunity to feedback on any impacts arising

### **Orthotics**

#### **Good Outcomes**

- Improved access and choice of locations
- Reduced waiting times
- Continual patient feedback loop in place
- Improved joint working resulting in better outcomes for patients

## **EDS Goal 2: Improved patient access & experience**

**2.1** People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds

Also meets EDS Outcomes 2.2 and 2.3

### **Orthotics**

#### **You said**

Each patient should have a named or Orthotist as their 'case manager'

Suppliers to be held to account for delivery times which should not exceed 10 working days from the point of ordering. Pre-emptive appointments should be made with the patient for the follow up fitting

Ensure patients are integral to the design and on-going development of the service

### **Orthotics**

#### **We did**

Commissioned and put this in place routinely for all patients.

Commissioned the provider to deliver this consistently which has improved patient experience and feedback.

Service user group set up and run by the provider.

## **EDS Goal 2: Improved patient access & experience**

**Outcome 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care**

**Outcome 2.3 People report positive experiences of the NHS**

### **Maternal Mental Health**

#### **Protected groups impacted**

- Age
- Gender
- Pregnancy, Maternity & Breastfeeding Mums
- Religion or Belief
- Disability

Women living in neighbourhoods with lower socio-economic status, lower levels of educational attainment, and higher levels of unemployment are more at risk of poor mental health

### **Good Outcomes**

Why is maternal mental health important?

- It is a strong predictor of learning, health and wellbeing outcomes for children
- Up to 20% of women experience a mental health problem during pregnancy
- Babies are more at risk of prematurity and low birth weight, irritability and sleep problems in infancy.
- In the most extreme cases perinatal mental illness increases the risk that children will be abused or neglected.

## **EDS Goal 2: Improved patient access & experience**

**Outcome 2.2** People are informed and supported to be as involved as they wish to be in decisions about their care

**Outcome 2.3** People report positive experiences of the NHS

### **Maternal Mental Health**

#### **You said:**

- Maternal mental health is a local priority
- Lack of consistent proactive advice and support from professionals including GPs
- Lack of advice/information for partners of the mother
- Perinatal psychiatry is an effective service

#### **We listened:**

- Set up a task and finish group, with service users as part of this.

#### **We did:**

- Task and finish group held in February 16
- Review of current pathway identified issues in terms of the advice and support women receive
- Training event for GPs 30/06/16
- Changed age criteria for perinatal psychiatry to in ALL ages.
- Longer term plan to develop bespoke proactive mental health support in pregnancy. This will include earlier access to perinatal psychiatry, joint clinics between psychiatry and maternity to ensure that women receive consistent advice and care based on a holistic assessment of their needs and that of their unborn child.

## **EDS Goal 2: Improved patient access & experience**

### **Outcome 2.3** People report positive experiences of the NHS

Also meets EDS outcome 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care

### **Targeted Intervention Service (TIS)**

#### **Protected groups impacted**

- Age
- Gender
- Disability
- Religion or Belief

*The NHS Atlas of Variation and Joint Strategic Needs Assessment (JSNA) indicates that children and young people in Stoke on Trent in general have significantly poorer health outcomes than the national average. Levels of deprivation, vulnerability of children and young people present a challenge in Stoke on Trent.*

#### **Good Outcomes**

- Children are aware of and understand what the service is and how to access
- One access point/ entry for all referrals
- Key contact person, children, young people and families need to tell their story once

## EDS Goal 2: Improved patient access & experience

### Outcome 2.3 People report positive experiences of the NHS

Also meets EDS outcome 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care

#### Targeted Intervention Service (TIS)

**You said. We listened. We did.**

- **“Provision for children and young people across schools in the city differed”**
- *A core offer developed, ensuring everyone has fair access to the same level of service, dependant on levels of need.*
- **“Children and young people don’t know how to access healthcare”**
- *The TIS operates a single point of contact/entry to the service for support, advice and treatment.*
- **“I can’t speak to a school nurse during school holidays”**
- *The service now operates and provides a flexible year round service across the city to ensure continuity of care.*

#### Targeted Intervention Service (TIS)

##### Case study

Child had not attended school since September 2015 due to debilitating medical condition causing blistering to the skin.

School referred child to the targeted intervention service for support in January 2016.

Referral assessed, due to urgency referral prioritised and child seen following day.

Service supported mum to liaise with the child’s consultant to arrange change in prescribed medication and dose.

Following input from the service, child has been able to access school everyday and is now settled.

Quotes from mum and school:

*“mum is over the moon”, “with your help, we have been able to move mountains for this child”, “you have made a real difference to this young man and his family”.*

## **EDS Goal 2: Improved patient access & experience**

**Outcome 2.4** People's complaints about services are handled respectfully and efficiently

### **Breastfeeding Service**

#### **Protected groups impacted**

- Age
- Gender
- Pregnancy, Maternity & breastfeeding Mums

Women living in neighbourhoods with lower socio-economic status, lower levels of educational attainment, and higher levels of unemployment are less likely to breastfeed

#### **Good Outcomes**

We want to improve breastfeeding rates year on year to:

- Protect babies from ear infection, diarrhoea, meningitis and sudden infant death syndrome.
- Pass vitamins from mum to baby
- Encourage bonding
- Helps mothers achieve a healthy weight

## **EDS Goal 2: Improved patient access & experience**

**Outcome 2.4** People's complaints about services are handled respectfully and efficiently

### **Breastfeeding Service**

#### **You said:**

Local campaign group set up in response to changes in breastfeeding support services

- Through Facebook - harnessed the support of the community (1800 members)

#### **We listened:**

- “the suggestions made during the meeting have clearly been taken on board”

#### **We did:**

- Service users are active members of the steering group.
- The breastfeeding support group have an established breastfeeding social media page where we can gain insight from the wider community.
- Service users having a real say on what action we take across the city to help normalise breastfeeding and improve local breastfeeding rates e.g. branding, local barriers and local solutions, standardised antenatal information

## **EDS Goal 2: Improved patient access & experience**

**Outcome 2.4** People's complaints about services are handled respectfully and efficiently

### **Complaints & PALs**

#### **Protected groups impacted**

- Potential to impact positively on all protected groups (numbers of complaints directly to CCGs are very small in comparison with those received by Providers)
- A new feedback process being introduced for all complaints

#### **Good Outcomes**

- Identify if there are any issues for specific protected groups which will then influence any areas which need to be addressed to ensure they are not disadvantaged.
- Use this patient feedback to influence service redesign to ensure that protected groups are not disadvantaged
- Ensure providers are implementing this best practice widening the availability of & providing fair access to information

## **EDS Goal 2: Improved patient access & experience**

**Outcome 2.4** People's complaints about services are handled respectfully and efficiently

### **Complaints & PALs**

During 2015 / 2016, we listened:

- Availability of interpreters, face to face meetings with complainants
- To best practice (national Ombudsman report 'My Expectations')
- Reviewed the complaints policy – receiving feedback from Healthwatch Stoke-on-Trent and Staffordshire and Patient Congresses
- Creating an easy read version to distribute to Protected Groups

Thank you