

# **Bath and North East Somerset Council Equality Impact Assessment Toolkit**

This toolkit or worksheet has been developed to use as a guide when conducting an Equalities Impact Assessment (EIA) on a policy, service or function \*. It includes questions that need to be answered by the person/team conducting the EIA, plus questions that could be asked of key stakeholders during consultation phases. It is intended that this is used as a working document throughout the EIA process: the final written report of the EIA should follow the same format and cover each of the sections within it.

It is important to consider all available information that could help determine both whether the policy could have any potential adverse impact and whether it meets the particular needs of different equalities groups. Please attach examples of any monitoring information, research and consultation reports that you have used to assess the potential impact upon the six equalities strands.

\* Throughout the document the term 'policy' has been used to include service, function or strategy.

**NB - Only fill in the sections that are relevant**

<b>Title of policy being assessed</b>	Primary Care Specialist Physiotherapy Service
<b>Name of directorate and service</b>	Community Health and Social Care Services
<b>Name and role of officers completing the EIA</b>	Fiona Cook , Professional Lead for Physiotherapy. Clinical Specialist Physiotherapists (CPS)
<b>Contact telephone number</b>	01225 831711
<b>Date of assessment period</b>	February 11 <sup>th</sup> 2009 – March 16 <sup>th</sup> 2009

<b>1. Identify the aims of the policy and how it is implemented.</b>			
	<b>Key questions</b>	<b>Answers / Notes</b>	<b>Actions required</b>
1.1	Is this a new a new policy or a review of an existing one?	Review of existing service	
1.2	What is its aim?	To provide rapid access to physiotherapy and brief intervention in GP surgeries.	
1.3	Whose needs is it designed to meet?	People who have had a recent injury that is not settling (eg whiplash) or who need help managing a longterm condition such as Back pain	
1.4	Who defines or defined the policy? (e.g is it a national requirement?). How much room for review is there?	The service was commissioned in 2000. It is defined by the team in consultation with its stakeholders.	
1.5	Who implements the policy?	Fiona Cook , Professional Lead for Physiotherapy	
1.6	Are there any areas of the policy where those carrying it out can exercise discretion? If so is there clear guidance on this?	Each practitioner works to the service guidelines, which are documented and have been circulated to all practices.The therapist can exercise discretion in the best interest of the patient, eg if their social circumstances require a local service, even though their condition may warrant referral to a department. Or, conversely, if the person requires specialist skills of a	

		different kind, an onward referral may be made.	
1.7	What could stop the policy from meeting its aims? (see 1.2)	<p>If too many people are referred at once the waiting time extends beyond the given standard.</p> <p>There is no absence cover so the waiting time always extends when a therapists has been on leave</p> <p>Practices vary in their approach to diary management which means that appointments are not always available quickly.</p>	<p><b>The CPS links closely with the practice to advocate best diary management. The CPS meets regularly with practice staff to discuss the service.</b></p> <p><b>The CPS works closely with other physiotherapy services to ensure best pathway for patients.</b></p>
1.8	Do the aims of this policy link to or conflict with any other policies of the Council?	<p>Service relates closely to issues around reducing sickness absence.</p> <p>Service aims to link into Public Health agenda as much as possible</p>	<p><b>Linking in with council employment services</b></p> <p><b>Need to ensure access to up to date resources to sign post people to appropriate support</b></p>
1.9	Is responsibility for the implementation of this policy shared with other bodies?	no	
<b>2. Consideration of available data, research and information</b>			
	<b>Key questions</b>	<b>Answers / Notes</b>	<b>Actions required</b>
2.1	What do you already know about people who use and deliver the policy?	We haven't routinely collected any ethnographic data about our service.	Establish a robust system, preferably via primary care IT, to gather regular data
2.2	What quantitative data do you already have? (e.g census data, staff data, customer profile)	We have staff data and activity data such as NP, F/U and waiting times	

	data etc)		
2.3	What qualitative data do you already have? (e.g. results of customer satisfaction surveys, results of previous consultations, staff survey findings etc).	We have customer feedback and GP feedback.	
2.4	What additional information is needed to check that all equality groups' needs are met? (see section 4). Do you need to collect more data, carry out consultation at this stage?	We need to begin to collect data in the equality strands	Outcome audit being conducted in April 2009
2.5	How are you going to go about getting the extra information that is required?	Discuss with team. Design data collection tool.	See 2.1

### 3. Formal consultation (include within this section any consultation you are planning along with the results of any consultation you undertake)

	Key questions	Answers/notes	Actions required
3.1	Who do you need to consult with?	The CPS's. Practice staff Service users	Business planning meeting June 09. Ask practices for their suggestions ahead of the meeting
3.2	What method of consultation can be used?	Team meeting	CPS visit practice meetings Invite other stakeholders to comment

			on business plan
3.3	What consultation was actually carried out as part of this EIA and with which groups?	See above	Feedback from outcome audit
3.4	What were the main issues arising from the consultation?	Waiting time for appointments	See above

<b>4. Assessment of impact</b>			
	Based upon any data you have analysed, or the results of consultation or research, use the spaces below to list how the policy will or does actually work in practice for each equalities strand: 1. Consider whether the policy meets any particular needs of each of the six equalities groups. 2. Identify any differential impact (positive or adverse) for each of the six equalities groups 3. Include any examples of how the policy or service helps to promote race, disability and gender equality.		
		<b>Impact or potential impact (negative, positive or neutral)</b>	
4.1	<b>Gender</b> – identify the impact/potential impact of the policy on women, men and transgender people	Privacy and confidentiality maintained through appointments being conducted in consulting rooms (unlike more open plan arrangement in depts.) There isn't currently a male physiotherapist in the service	
4.2	<b>Disability</b> - identify the impact/potential impact of the policy on disabled people (ensure consideration of a range of impairments including visual and hearing impairments, mobility impairments, learning disability etc)	People with a complex neurological condition or complex learning difficulty would not usually be treated in the surgery. The length of the appointment and space and equipment available are not suitable. The specialist teams can be accessed easily if needed.	

4.3	<b>Age</b> – identify the impact/potential impact of the policy on different age groups	To our knowledge there is no negative impact	
4.4	<b>Race</b> – identify the impact/potential impact on different black and minority ethnic groups	Working through an interpreter could mean that a less detailed and free-flowing history can be taken. Better and more responsive access to interpreters needed, and knowledge of the GP practice policy and procedures for interpreters	
4.5	<b>Sexual orientation</b> - identify the impact/potential impact of the policy on lesbians, gay men, bisexual and heterosexual people	To our knowledge there is no negative impact	
4.6	<b>Religion/belief</b> – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.	To our knowledge there is no negative impact	
	<b>Key questions</b>	<b>Answers/notes</b>	<b>Actions required</b>
4.7	Have you identified any areas in which the policy is discriminatory? If you answer yes to this please refer to legal services on whether this is justifiable within legislation.		
4.8	If you have identified any adverse impact(s) can it be avoided, can we make changes, can we lessen it etc? <b>(NB: If you have identified a differential or adverse impact that amounts to unlawful discrimination, then you are duty bound to act to ensure that the</b>		

	<b>Council acts lawfully by changing the policy or proposal in question).</b>		
4.9	Is there any additional action you can take to meet the needs of the six equalities groups above?		

<b>5.</b>	<b>Internal processes for the organisation – to be explored at the end of the EIA process.</b>		
<b>Making a decision in the light of data, alternatives and consultations</b>			
	<b>Key questions</b>	<b>Answers/notes</b>	<b>Actions required</b>
5.1	How will the organisation's decision making process be used to take this forward?		
<b>Monitoring for adverse impact in the future</b>			
	<b>Key questions</b>	<b>Answers/notes</b>	<b>Actions required</b>
5.2	What have we found out in completing this EIA? What can we learn for the future?	The team view the service as being non-discriminatory . There is a paucity of data regarding the 6 strands.	See actions above.
5.3	Who will carry out monitoring?	The team	



5.4	What needs to be monitored?	The action plan	
5.5	What method(s) of monitoring will be used?	Team meetings	
5.6	Will the monitoring information be published?	Need to follow corporate guidance	
<b>Publication of results of the equality impact assessment</b>			
	<b>Key questions</b>	<b>Answers/notes</b>	<b>Actions required</b>
5.7	Who will write up the EIA report?	<b>F Cook</b>	
5.8	How will the results of the EIA be published?	Need to follow corporate guidance	

## **6. Bath and North East Somerset Council Equality Impact Assessment Improvement Plan**

Please list actions that you plan to take as a result of this assessment (continue on separate sheets as necessary). These actions need to be built into the service planning framework and targets should be measurable, achievable, realistic and time bound.

Title of service/function or policy being assessed: Primary Care Specialist Physiotherapy Service

Name and role of officers completing assessment: Fiona Cook , Professional Lead for Physiotherapy.  
Clinical Specialist Physiotherapists (CPS)

Date assessment completed: 16/03/09

Issues identified	Actions required	Progress milestones	Officer responsible	By when
Access	Close links with practices Better diary management		All	On-going
Data collection	Set up robust system for data collection	Link with primary care IT support Design tool if necessary Implement mandatory recording	FC	Sept 09
Need for resources re public health agenda	Identify current opportunities, eg health activators Establish links with council employment services and be aware of their initiatives	Review at Business planning meeting in June	FC and the team	Feb 2010

Once you have completed this form, use it as a basis for writing a report of the Equality Impact Assessment. Keep a copy of the form and report as a record of the processes you have been through in carrying out the EIA. Email one copy to the Equalities Team ([equality@bathnes.gov.uk](mailto:equality@bathnes.gov.uk)), and post a copy on the shared drive [J:\Keynsham\\_S\\_Drive\Corporate Equality Group](#)