

Equality Analysis (EA)

(formerly referred to as the Equality Impact Assessment)

Introduction:

Lymphoedema Specialist Services Ltd (LSS) is a healthcare company that provides comprehensive treatment to adults and children suffering from lymphoedema. LSS takes seriously its responsibility in delivering equitable non-discriminatory lymphoedema care to all patients who are referred to the service. As a small company with 3 members of staff, the work and actions undertaken for this equality analysis are proportionate and in line with the Equality Act (2010): *'The general equality duty applies to relevant bodies whatever their size, but the way in which it is implemented should be appropriate to the size of the body and its functions.'* (Technical Guidance: 2.3).

LSS's prime function / overall objective is to provide quality lymphoedema treatment to service users in accordance with national, best practice guidelines and the company's contractual obligations. Incorporated in its function, LSS gives due regard to the protected characteristics in all its activity. In consideration of the general equality duties (1) the analysis was conducted from the perspective of the service user, with the aim of determining LSS's compliance to the Equality Act (2010). The analysis undertaken demonstrates the measures used and the outcomes of LSS's practice in providing fairly to all patients regardless of the protective characteristics (2).

Lymphoedema is a chronic condition that can develop in a person regardless of the protective characteristics. Consequently, and in line with best practice, the standardised components of treatment may be provided to all patients, regardless of the protective characteristics, but in accordance with individual clinical symptoms.

LSS respects the second and third aims of the duty, but acknowledges their application to only apply to persons who share a relevant characteristic (Equality Act 2010, 2.9). This analysis therefore focuses on LSS's compliance in the elimination of unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act (2010).

1 The general equality duty, set out in the Equality Act 2010, requires public authorities and other bodies, when exercising their functions, to have due regard to the need to:

- a. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- b. Advance equality of opportunity between people who share a protected characteristic and those who do not.
- c. Foster good relations between people who share a protected characteristic and those who do not.

2 Protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex (gender) and sexual orientation

The general equality duty does not specify how public authorities and other bodies should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. Each organisation may choose the most effective approach for them. LSS has therefore chosen to use a standard template designed to help staff members to comply with the general duty. In accordance with the requirements of the Equality Act (2010, 6.3) LSS publishes this information demonstrating its compliance to the one equality objective on the company`s website. This information can also be requested by members of the public in printed format.

This equality analysis is Lymphoedema Specialist Services` response to the legal requirement to publish the equality data of its service. It sets out an overview of its current position in regard with the wider equality agenda. The analysis concludes with actions to carry forward, including when further developing and implementing our strategies, equality objectives and work plans. The data in this document will support the foundation for the equality and wider service objectives.

1. Name of Service

Lymphoedema Specialist Services Ltd

2. Responsible Manager

Jane Board, MSc, RN, Lymphoedema Clinical Nurse Specialist, Co-Director Lymphoedema Specialist Services Ltd.

3. Date EA Completed

November 2013

4. Description and Aims of Service (including relevance to equalities)

LSS is a CQC registered independent healthcare company that aims to provide best practice and deliver its service economically. Lymphoedema is a lifelong condition and treatment is aimed at reducing swelling and managing the condition in partnership with the service user on a long term basis. LSS offers advice, support, assessment and treatment to the service user with chronic oedema and lymphoedema regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex / gender or sexual orientation. Ultimately and in partnership with LSS, the service user's treatment is aimed to be self-managing. Achievement of treatment goals can only happen on a long term basis when the service user commits to carrying out the jointly set-up plan of care that is tailored to treat their symptoms. If left untreated, oedema becomes more persistent over time, along with skin changes and possible decrease in mobility. The risk of skin infections (cellulitis) is also increased and can cause further damage to the lymphatic system. Increase in pain and discomfort may also impact on mobility and general quality of life. Management is linked to the underlying cause of the swelling (differential diagnosis). Treatment / care plan options include:

- Skin care to maintain good skin condition and prevent infection
- Exercise to promote lymph drainage
- Compression hosiery and /or multi-layer lymphoedema bandaging (MLLB) to reduce and control swelling
- Medical Lymphatic Drainage (MLD) and Simple Lymphatic Drainage (SLD) when appropriate
- Lifestyle changes: weight reduction where indicated and elevation of the affected body part when resting to overcome the impact of gravity

LSS treats all patients who fulfill the criteria for referral set by the regional CCGs`. Patients may be referred by healthcare professionals e.g. GP, Consultant, District Nurse, Practice Nurse, Physiotherapist or Palliative Care Teams. All patients are seen within the national waiting times which are monitored and reported to the CCGs` every month. Patients are able to access treatment via our disabled friendly clinics in Eastbourne and Hastings. Domiciliary visits are available for service users who are housebound. Upon referral, treatment is also provided to terminally ill patients residing in Hospices in Eastbourne and Hastings.

5. Brief Summary of Research and Relevant Data

In order to fulfil our aims it was necessary to review the company's current policies and policy reviewing system. In accordance with the Equality Act 2010, 5:18 LSS aims to:

- Understand the effect of its policies, practices and decisions
- Consider whether further research or engagement is necessary
- Consider whether there are ways of mitigating any adverse impact identified
- Decide whether to modify, or reconsider a policy, practice or decision
- Identify equality priorities; including developing equality objectives
- Monitor progress against these objectives

In consideration of the Equality Act (2010), LSS has adopted an analytical approach proportionate to its size and resources within the company and the significance of the issue (5.29 – 5.35)³.

In deciding how to carry out engagement in practice, the following questions were asked and answered:

Question	Answer
Are there existing mechanisms in place and are they accessible to and used by people with different protected characteristics?	LSS: The auditing of medical records The meeting of response times for assessment Service User: published literature informing of treatment options available to all patients, regardless of protected characteristics but in accordance with clinical symptoms.
Are people with certain protected characteristics currently under-represented?	LSS: the company treats all patients with lymphoedema who are referred by health care professionals. Directed by the CCGs, LSS is not currently advertised via the NHS because of its own re-structuring. LSS: Uses the services of an HR company to ensure employment non-discrimination. Service User: enquiries can be made directly via LSS's website (email and telephone).
What steps could be taken to address any under-representation?	When contractual obligations allow; LSS will advertise its lymphoedema service across all NHS healthcare disciplines. Change / renewing of contract scheduled for April 2014
Can we work with other bodies on any engagement exercises to maximise the use of resources and reduce 'engagement fatigue'?	LSS is an independent provider, with approximately 85% of the NHS market share in East Sussex and providing exclusively for patients who are terminally ill and / or with a breast

³ The importance of engaging with service users and employees has been highlighted in the Act (5.29-5.35) and states that 'methods and degree of engagement should also be proportionate to the size and resources of the body and the significance of the issue'.

	cancer related lymphoedema. There are currently no other bodies to engage with.
How will we reflect the outcome of any engagement?	Service User: LSS will report and publish the results of `The patient experience` a qualitative questionnaire posted to all patients in February 2014.

6. Methods and Outcome of Consultation

To determine whether LSS has sufficient evidence to give proper consideration to the potential impact of the function on people with those protected characteristics, and to ensure sufficient understanding of the particular disadvantages, different needs and / or disproportionately low participation experienced by people who share particular protected characteristics affected by the functions, the following questions were asked (The Equality Act, 2010: 5.27, Evidence gathering in practice):

Question	Answer
What information, if any, do we already routinely collect that could help us understand the impact of our functions?	<ul style="list-style-type: none"> • Age • Gender • Ethnic origin • Organisation of treatment in accordance to clinical need.
Is that information disaggregated by different protected characteristics? If not, can it be?	No
Does that information provide a sufficient understanding of the particular disadvantages, different needs and / or disproportionately low participation experienced by people who share particular protected characteristics?	Treatment is provided in accordance with clinical need and regardless of protected characteristics
Are there steps we need to take to ensure the confidentiality of any sensitive information collected?	No as we do not collect sensitive information because it is irrelevant to the determination of clinical need.
If we do not have relevant information, what alternative sources of information are available?	With reference to answers above: n/a
Would it be useful to engage with the people particularly affected by a decision or policy?	Yes, access to a comments box Patient experience mailshot to 200 service users currently being analysed.
Is it possible to work locally with other bodies subject to the duty to share resources in gathering evidence?	No, independent company

The act recognises that it may take some time to collect good quality information and LSS will need to discern where there are gaps in evidence and how to address them. With reference to the Equality Act (2010: 5.20) possible ways to identify any gaps include:

- Collecting new sources of data
- Engaging with people with certain protected characteristics, or
- Using external sources of information

7. Results of Initial Screening (as per the protected characteristics):

Equality Group	Assessment of Impact
Age	No specific equality issues identified
Disability	No specific equality issues identified
Gender reassignment	No specific equality issues identified
Marriage and civil partnership	No specific equality issues identified
Pregnancy and maternity	No specific equality issues identified
Race	No specific equality issues identified
Religion or belief	No specific equality issues identified
Sex / gender	No specific equality issues identified
Sexual orientation	No specific equality issues identified

8. Decisions and/or Recommendations (including supporting rationale)

LSS will comply with the duty for all types of decision relating to functions where the duty is relevant, on the basis of:

- an understanding of LSS’s obligations under the general equality duty
- sufficient information on which to conduct an analysis (reference list)
- application of the information that demonstrates the rationale of the decisions reached (Equality Act, 2010: 5.39).

In addition, access to and knowledge of:

- Training notes relating to the Equality Act (2010)
- CQC Quality Standard Outcomes (underlying theme throughout all standards)
- File with all relevant, up to date and accessible national policy and relevant documentation

In providing evidence of compliance the following guidance has been listed as good practice (Equality Act 2010: 5.54):

- Keep records showing how LSS have shown due regard
- Keep records showing LSS’s reasoning where we have decided to take no action to further the aims in the duty despite equality being highly relevant to the decision in question

- Publishing information about how a particular decision was reached may also in practice reduce the likelihood of challenge
- If those affected by a decision understand how it was arrived at and can see that all relevant matters were considered, they may be less inclined to challenge the decision.

From the perspective of LSS's workforce, the company is not required by the Act to publish information relating to employees who share protected characteristics because less than 150 employees are employed. LSS does recognise the importance of equal opportunity and as such has a fair and rigorous system in place for recruitment. LSS also recognises the importance of ensuring all staff are aware of and have an adequate understanding of equality and diversity. Furthermore, it is a mandatory requirement for all members of staff to undertake equality and diversity training. There are also policies and supporting documentation that all staff have access to and are expected to be familiar with.

As a small, independent healthcare provider it is difficult to access / find out about changes to the Equality Act (2010) that are pertinent to LSS's practices and policies. This has highlighted a need to ensure that all staff are kept up to date with any relevant changes in the Law regarding equality and diversity.

Current LSS policies have been reviewed and demonstrate inclusion of a Change Control Grid to provide a clear audit trail. LSS also has a Policy Review Checklist, containing the policy name, date review due, review completed and date of next review. LSS has identified its need of a robust system to ensure company policies remain regularly reviewed and updated. LSS will determine the most appropriate member of staff who will be given dedicated time to perform this duty. The remit will include the development of a system that flags policies requiring renewal within a 3 month time scale of expiry and in doing so provide an adequate timescale for updating.

9. Equality Action Plan (if required)

Please refer to Action Plan Template below (page 14).

10. Monitoring and Review Arrangements (including date of next full review)

This analysis will be reviewed and updated annually by a dedicated administrator – November 2014.

Terms of Reference

Care Quality Commission (2011). Quality Standards for Practice. www.cqc.org

Care Quality Commission (2012). Our Equality Objectives. www.cqc.org

Department of Health (2004). The Health Status of Gypsies & Travellers in England. Online August 2013: www.shef.ac.uk/scharr/sections/ir/library/publications.html

Department of Health (2008). Human Rights in Healthcare: A short introduction. www.gov.uk

Department of Health (2008). Trans: A practical guide for the NHS. www.gov.uk

Department of Health (2008). Health Inequalities: Progress and Next Steps. www.gov.uk

Department of Health (2008). Equality Impact Assessment World Class Commissioning. Assurance Framework: World Class Commissioning of Primary Medical Care Guidance Appendix 2. www.gov.uk

Department of Health (2009). Religion or belief: A practical guide for the NHS. www.gov.uk

Equality Act (2010). Technical Guidance on the Public Sector Equality Duty. Equality and Human Rights Commission. Online October 2013 www.equalityhumanrights.com

Lymphoedema Framework (2006). Best practice and management of lymphoedema: International Consensus. MEP. London.

Lymphoedema Specialist Services Ltd (2013 – 14). Lymphoedema provision, collaborative Clinical Commissioning Group contract; Eastbourne, Seaford and Hailsham CCG, Hastings & Rother CCG and High Weald, Lewes & Havens CCG.

The British Lymphology Society (2001). Chronic Oedema and Population Needs. www.thebls.org

The Lymphoedema Support Network: www.lymphoedema.org

Other sources:

www.homeoffice.gov.uk/equalities/

www.equalityhumanrights.com

Screening Process

Protected Characteristic	Key Equalities Legislation / Relevant Documentation	Is this policy or service RELEVANT to the general equality duty? YES / NO	Assessment of Potential Impact based on evidence: HIGH MEDIUM LOW NONE	Assessment / Evidence
1. Age	Age Regulations 2006	Yes	Low. Treatment required at a service users home or hospital may result in a week delay due to the geographical area covered by LSS and travelling logistics.	<p>Primary Lymphoedema may be present at birth, develop at puberty or in mid-life, and relates to abnormal functioning of the lymphatic system. As such LSS employs staff qualified to treat patients referred to us from birth onwards. LSS has appropriate consent forms.</p> <p>We recognise a need to take into consideration access to clinics for older people, including travelling by bus and the use of bus pass permits in relation to appointment times.</p> <p>In addition, immobility or terminal illness in all age groups that necessitates a home or hospital visit by LSS staff.</p>
2. Disability	Disability Discrimination Act 1995 and 2005	Yes	Low Delay likely to be experienced due to organisation of interpreter and braille	Patients with lymphoedema, or at risk of lymphoedema, should have access to appropriate information. This affects service users with visual and hearing impairments. On request LSS offers alternative methods e.g. Braille and audio on

			<p>literature.</p> <p>Delay in treatment possible because liaison with medical staff needed to ensure safe practice.</p> <p>Delay may also be experienced because of additional appointment time identified with complexity of clinical need.</p>	<p>request.</p> <p>Lymphoedema may be exacerbated if patients gain weight or have concurrent problems such as cardiac failure or medication-related fluid retention. Often obese patients are unable to access clinics due to their size and decreased mobility.</p> <p>Physical access to premises is important. The Disability Equality Duty states that public organisations must make 'reasonable adjustments' to ensure that their services are equally accessible to disabled people as they are to other members of the public. All LSS clinics are run from purpose built healthcare centers with full disabled access. Housebound patients (those patients unable to leave their home) are able to access treatment directly through the attendance of LSS staff.</p> <p>To ensure that LSS is non-discriminate to patients with a disability, we offer a range of ways for patients to contact us or to book an appointment, e.g. book following appointment in clinic, letter, phone call, text, email, contact via a friend or relative. We ask each patient their preferred method and note this on our database. LSS also ensures that patients have access to written information and on request can ensure that this is in an appropriate format.</p>
3. Gender		Yes	None	No known effect on treatment outcome.

reassignment				
4. Marriage and civil partnership		Yes	None	(for the elimination of discrimination part of the duty only) N/A
5. Pregnancy and maternity		Yes	Low. Modification of treatment required	LSS employs staff who are qualified and trained to treat pregnant women who suffer from lymphoedema. LSS has appropriate policy for members of staff who are pregnant and going on maternity, via HR company.
6. Race	Race Relations Act 1976 Race Relations (Amendment) Act 2000	Yes	Low	Patients with lymphoedema, or at risk of lymphoedema, should have access to appropriate information. Serving a multi-cultural population (BME, Travellers, Asylum Seekers) involves a wide range of languages and possible (own language) literacy problems. Therefore on request LSS ensures that this information is available in alternative languages and formats and if necessary we would use interpreting services.
7. Religion or beliefs	Equalities Act 2006 Relevant employment legislation	Yes	None	Although not responsible for the religious needs of patients accessing end of life lymphoedema care, it is recognized that it is beneficial to gain an understanding of their beliefs in order to support accordingly. LSS staff have access to a document named "A brief guide of religions and faiths" that can be found in the Equality and Diversity folder to assist with this. We also possess contact details for the local leaders of the key religions to contact accordingly.

8. Sex / Gender	Sex Discrimination Act 1975 Equal Pay Act 1970 Equalities Act 2006 Gender Recognition Act 2004	Yes	None	<p>Some individuals, ethnic minorities or religious communities may have objections to treatment by members of the opposite sex. As such, LSS recognizes the need to employ female nurses in accordance with patient need.</p> <p>Men can also suffer from lymphoedema due to breast cancer. These patients are able to access the service in the same way as all other patients and we ensure they have access to relevant information and treatment.</p>
9. Sexual orientation	Equalities Act 2006 Relevant employment legislation	No	None	<p>In the case of diagnosing and treating lymphoedema it is deemed that this information has no relevance or impact on the diagnostics used or the treatments undertaken. As clinicians we are, by law, required to ask information on a 'need to know' (Caldicott Principles 1997) basis and a persons' sexual orientation in this instance is irrelevant, indeed it is deemed by members of staff that asking this question would cause upset to patients.</p> <p>Ensure consultation/information provided as appropriate. Patients who enter a civil partnership are entitled to next of kin rights for their partner. It is discriminatory to ignore the wishes of a civil partner in relation to treatment. Any children born into the family will be the responsibility of both civil partners the birth mother and the civil partner, or the two men in a surrogacy arrangement. The Adoption and Children Act 2002 also enables same sex couples to adopt children. All parents</p>

				and potential parents should be treated as such by all health care professionals who come into contact with the couple.
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Action Plan

Equality groups or communities affected	Issue identified	Action to be taken	By When	Responsible Person	Expected Outcome	Monitoring Arrangements	Data Required
Admin	No process or capacity to update and monitor changes to the Equality Act 2010	Recruitment of an Administrator	January 2014	Jane Board	Successful recruitment and implementation of a monitoring system	To be established upon recruitment	To be identified once administrator is recruited
Comments box	Ensure that service users have an easily accessible avenue to have their say regarding issues of equality	Comments box in clinical settings: Eastbourne and Hastings	March 2014	The Administrator	Comments boxes are organised and positioned in both clinic settings	Opened and comments retrieved 3 monthly.	Comments logged. Report generated by the Administrator to Jane Board

