

Equality Analysis

Legislation requires that our policy and strategy documents consider the potential to affect groups differently and eliminate or minimise this where possible. This process helps to address inequalities by identifying steps that can be taken to ensure equal access, experience and outcomes for all groups of people.

Step One – Policy Definition

Function/policy name and number:	Fit Note (MED3/Emed3) Completion for Patients In Secondary Care Policy
Main aims and intended outcomes of the function/policy:	The aims of the policy are: to provide medical staff and allied healthcare professionals with information and legislation regarding the issuing of fit notes. Provide information regarding the training required to authorise fit notes
How will the function/policy be put into practice?	The policy will be launched on The HUB for all staff to view. Designated staff requiring training will be invited to complete the training within an agreed time period.
Who will be affected/benefit from the policy?	Medical staff and allied healthcare professionals, patients requiring a fit note.
State type of document	Policy
Is an EA required? NB :Most policies/functions will require an EA with few exceptions such as routine procedures-see guidance attached	Yes
Accountable Director: (Job Title)	Director of Operations
Assessment Carried out by:	Nurse Consultant, Director of Research
Date Completed:	4/7/2024

To help you to determine the impact of the policy think about how it relates to the Public Sector Equality Duty, the key questions as listed below the and prompts for each protected characteristic included Step 3:

- Eliminate unlawful discrimination, victimisation, and harassment
- Advancing equality of opportunity
- Fostering good community relations

KEY QUESTIONS

- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?
- Could there be issues around access, differences in how a policy is experienced and whether outcomes vary across groups?
- What information /data or experience can you draw on to indicate either positive or negative impact on different groups of people in relation to implementing this function policy?

Step Two – Evidence & Engagement

<p>What evidence have you identified and considered? This can include research ((national, regional, local) surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, information about Dudley’s demographics, The Dudley Group equality and diversity reports, Joint Strategic Needs Assessment (JSNA) or other equality analyses, Workforce Race and Disability Equality data, anecdotal evidence.</p>		
<u>Research/Publications</u>	<u>Working Groups</u>	<u>Clinical Experts</u>
The Equality Act 2010 (Amendment) Regulations 2023		Authors of legislation
Health and Social Care Act (2012)		Social Care experts
NHS England (2022) DAPB4011 The Social Security (Medical Evidence) and Statutory Sick Pay (Medical Evidence) Amendment (No.2) Regulations 2022		Department of Health and Social Care experts
Digital Project Group for electronic fit note launch.	Digital Project Trust wide group (The Dudley Group NHS Trust)	
<p>Engagement, Involvement and Consultation:</p> <p>If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:</p>		
<u>Engagement Activity</u>	<u>Protected Characteristic/ Group/ Community</u>	<u>Date</u>
Physiotherapy discussion regarding inclusive autonomous practitioners who may complete fit notes	Disability, age, vulnerable adults, people in poverty and/or claiming benefits	May and June 2024
Pharmacist lead discussion regarding inclusive autonomous practitioners who may complete fit notes	Disability, age, vulnerable adults, people in poverty and/or claiming benefits	May 2024

Community Musculoskeletal Lead for Physiotherapy and allied healthcare professionals	Disability, age, vulnerable adults, people in poverty and/or claiming benefits	June 2024
For each engagement activity, please state the key feedback and how this affected / or will shape policy/service decisions (E.g. patient told us So we will):		

Summary of the feedback:

Physiotherapy team leader reported only a small number of physiotherapists complete the fit notes in the community setting. In secondary care there are more autonomous physiotherapy practitioners, within the clinic setting, that will complete fit notes for patients as required.

Pharmacy practitioners at ward level may complete a fit note however, these are few in numbers, as opposed to community based general practitioner surgeries.

This policy is for secondary care at present. With the ‘merge’ of community services in late 2024, there will be an additional section added to the policy, with representation from leaders to include General Practitioners and Community MSK services.

Step Three – Assessment of Impact

Complete **relevant** boxes below to help you record your assessment

Consider information and evidence from previous section covering:

- Engagement activities
- Equalities monitoring data
- Wider research

Also think about due regard under the general equality duty, NHS Constitution and Human Rights.

Positive Impact HIGH MEDIUM LOW	Negative Impact HIGH MEDIUM LOW	Neutral Impact (Tick)	<ul style="list-style-type: none"> • List concerns raised for possible negative impact OR • List beneficial impact (utilise information gathered during assessment)	Mitigation List actions to redress concerns raised if a negative impact has been identified in previous column	Lead [title]	Time-scale	How are actions going to be monitored/reviewed/ reported? (incl. after implementation)
Positive OR Negative Impact (not both)							
1) Age Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:							
Medium			Assessments will be made based on the presented issue and age may need to be considered to return to work. A conversation will allow for individual discussion and suitability to have amended duties, reduced working hours, work from home, adaptations.	Guidance is added within the main body of the policy under section 5.6.	GP	Completed	Recording of issue of digital fit note via individual practitioner's log-in. Exploring being able to monitor via digital footprint.
2) Disability Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:							

	Medium		Where a patient has more than one comorbid condition, it may be difficult to complete a full assessment of needs with limited information.	Communication with patients' general practitioners and social care advisers for additional information added into the detail of the policy under section 5.5.	GP	Completed	Record of any difficulty in completion/referral to a general practitioner. Monitored by a patient's doctor in general practice.
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3) Gender re-assignment

Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:

		X					
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4) Marriage and civil partnership

Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:

		X					
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5) Pregnancy & Maternity

Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:

		X					
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6) Race

Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:

		X					
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7) Religion or Belief

Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:

		X					
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8) Sex Describe any impact and evidence on men and women. This could include access to services and employment:							
		X					
9) Sexual Orientation Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:							
		X					
10) Other marginalised groups e.g. Homeless people Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)							
		X					
11) Privacy, dignity, respect, fairness etc.							
Medium			Confidential discussion regarding entitled benefit situation and need for fit note.	Include in the policy and importance of return-to-work discussion.	GP	April 2027	Discuss progress of training and experience in annual reviews to monitor competency and confidence

EQUALITY ANALYSIS - GUIDANCE NOTES

Equality Analysis is a tool for ensuring that issues for equality, diversity and inclusion are considered when drawing up or revising policies or proposals which affect the delivery of services and the employment practice of the Trust.

Why do carry out Equality Analysis?

We are required to carry out equality impact assessments because:

- There is a legal requirement to do so in relation to the protected characteristics
- They are helpful in identifying gaps and make improvements to services
- They help avoid continuing or adopting harmful policies or procedures
- They help you to make better decisions
- They will help you to identify how you can make your services more accessible and appropriate
- They enable the Trust to become a better employer

Equality Impact Assessments help us to:

- Determine how Trust policies and practice, or new proposals, will impact or affect different communities groups, especially those groups or communities who experience inequality, discrimination, social exclusion or disadvantage.
- Measure whether policies or proposals will have a negative, neutral, or positive effect on different communities.
- Make decisions about current and future services and practice in fuller knowledge and understanding of the possible outcomes for different communities or customer groups.

What do we need to assess?

Trust policies are subject to a 3-year review. Alongside the reviews new policies will emerge. Most policies, strategies, and business plan will need an EA.

However, EAs are not required in relation changes in routine procedures, administrative processes or initiative that will not have a material impact on staff, patients, carers and the wider community. Examples include things such as checking the temperature of fridges, highly technical clinical procedures, office moves etc.

DGFT Process for EAs

The revised EA process is a single stage process carried out in three steps

Step One: Policy Definition

This involves a description of the policy details. This also decides whether the policy under consideration needs an assessment

Step Two: Evidence and Engagement

EAs should be underpinned by sound data and information. This should be sought from a variety of sources including information on Trust record systems, consultation and engagement activities, demographic information sources etc

Step Three: Assessment of Impact

This is the main and the most important part of the EA.

To help you to determine the impact of the policy think about how it relates to the Public Sector Equality Duty, the key questions as listed below and prompts for each protected characteristic.

- Eliminate unlawful discrimination, victimisation, and harassment
- Advancing equality of opportunity
- Fostering good community relations

KEY QUESTIONS

- What information /data or experience can you draw on to indicate either positive or negative impact on different groups of people in relation to implementing this function policy
- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?
- Could there be issues around access, differences in how a service or policy is experienced and produces outcomes that vary across different groups
- Does the policy relate to the Trust's equality objectives?

NB It is important that, where adverse impact is known or is likely, mitigation measures must identified and acted upon to reduce or minimise the impact.

Step Four: Assurance

This section enables the EA to be signed off