

## Equality Impact Assessment (EIA) - Service Specification: TB services - TB diagnosis and treatment

For more information about the equality impact assessment process in commissioning, please see: [EIA Overview and Navigation](#).

Service Specification Equality Analysis	
<p>Has there been a service review analysis? (Yes / No)</p> <p>If <b>Yes</b> please cross –reference. If <b>No</b>, please complete <a href="#">Service Review EIA</a></p>	<p>No – this service specification has been issued by NHS England for use at a local level following publication of the <i>Collaborative Tuberculosis Strategy for England: 2015 to 2020</i>. Minor amendments have been made to the specification to reflect the local situation.</p>
<p>What has been put in place to ensure the accessibility and acceptability of the service design?</p>	<p>The service design is primarily based upon the national service model as defined by NHS England and particularly in the <i>Collaborative Tuberculosis Strategy for England: 2015 to 2020</i> published in January 2015.</p> <p>The service specification recognises that the populations that account for the majority of TB are born overseas and/or have social risk factors. In addition it recognises that in high risk communities the presentation to healthcare services may be delayed due to stigma associated with TB.</p> <p>The service specification confirms that the service is available to all those living in England irrespective of residency or migration status. Failed asylum seekers and illegal immigrants are eligible for free treatment of TB.</p>
<p>How does service design reflect the insight gained through engagement (of different population groups)?</p>	<p>The service design reflects the requirements of <i>Collaborative Tuberculosis Strategy for England: 2015 to 2020</i> which was developed following extensive consultation with a range of stakeholders including 111 organisations and individuals.</p>
<p>Has your equality analysis identified any specific outcomes that need to be</p>	<p>The service specification requires the provider to make</p>

incorporated into the service specification (beyond what is required in the standard contract?

opportunities available for regular patient feedback on TB service quality and for community participation on behalf of, or with those affected by TB.

In terms of at risk groups the Hull City Council data identified 2,796 people approaching Housing Options for advice due to risk of homelessness and 408 households accepted as statutorily homeless. The full extent of homelessness however is estimated to be significantly higher with 5,885 cases of homelessness prevented or relieved by Hull City Council and its partners in 2014/15. At May 2015 the estimated number of rough sleepers was 10 but there were estimated to be around 40-60 people considered at risk of rough sleeping of which up to 50% may be reluctant to engage with services. The CCG commissions an Inclusive Health Service under an APMS contract with City Health Care Partnership CIC – homeless people are a group identified as part of the service specification.

<http://www.migrationobservatory.ox.ac.uk/resources/briefings/yorkshire-and-the-humber-census-profile/>.

2011 Census showed that 21 821 residents of Kingston Upon Hull were born outside the UK. This figure has increased from 7 388 in the 2001 Census. (Source: [http://www.migrationobservatory.ox.ac.uk/wp-content/uploads/2016/04/CensusProfile-Yorkshire\\_and\\_the\\_Humber.pdf](http://www.migrationobservatory.ox.ac.uk/wp-content/uploads/2016/04/CensusProfile-Yorkshire_and_the_Humber.pdf))

How will you feedback to the groups you have engaged about service design?

The specification requires the TB service to offer and contribute to awareness raising sessions with their client group, local communities affected by TB, other service providers and primary care. This enables and encourages:

- communities who are at increased risk of active TB

	<ul style="list-style-type: none"> <li>▪ being aware of the risks and symptoms;</li> <li>▪ anyone with possible symptoms of active TB to go to a doctor;</li> <li>▪ eligible new entrant groups to be tested for latent TB;</li> <li>▪ increased awareness of TB services and of rights to access free TB healthcare;</li> <li>▪ awareness and understanding of TB among professionals, especially in primary care, who work with affected communities;</li> <li>▪ equity of access and care by patients to TB services.</li> </ul>

**Follow up actions**

Action required	By whom?	By when?
Provider to monitor service users by country of birth / nationality	Provider	September 2018
Provider to report on ITS requests by language	Provider	September 2018
Provider to report on how it has raised awareness of TB in the greatest at risk communities including non-English speaking communities	Provider	September 2018

**Signoff**

<b>Signed off by:</b>		<b>Date:</b>	
<b>Name &amp; Role</b>	 <hr/> Associate Director of Corporate Affairs		<b>18.01.17</b> <hr/>