For more information about the equality impact assessment process in commissioning, please see the EIA Guidance located in *Y:\HULLCCG\Corporate Templates and Forms\Equality and Diversity Information* before completing your EIA.

Equality Impact Assessment - Service Review / Evaluation			
What service is being reviewed?		EPCMS1 Administration of GnRH Analogues	
What is the purpose for the service review? (If this is described in another document please add cross reference link)		To establish if service remains fit for purpose 'as is' prior to a decision to discontinue, recommission no changes, recommission with changes or re-procure through open market arrangements.	
Date of review:		August 2019 – March 2020	
Name & roles of person / people completing the EIA:		Colin Webb, Commissioning Manager & TBC	
Health Needs	What data sources do you have about the population, disaggregated by protected characteristic?	SystmOne Primary Care Module, Office of National Statistics, Health and Lifestyle (prevalence) survey for Adults in Hull, The General Register Office and Cancer research UK.	
	Do you have any information about people who share protected characteristics that is relevant and applicable to this service review?	**Race**	This service is available to all regardless of race. No evidence found identifying particular inequalities on the grounds of race or nationality for this service Note: Most requested languages in primary care in 2018: Polish (40% of all requests), followed by Arabic (17%), Romanian (9%), Russian (6%), Kurdish (5%), Farsi (3%).
		Disability	The local Health & Lifestyle Survey 2016 suggests that 24.0% of the population of Hull have an illness or which limits daily activities. Reasonable adjustments required by the service to meet the needs of people with disabilities, including communication barriers (to be addressed through application of the Accessible Communication Standard)
		Gender / Sex	The 2016 estimates for Hull identify that the male population is 148,103 individuals and for the female population is 144,934 individuals. No evidence found identifying particular issues or inequalities linked to gender In 2018 the breakdown of gender of the patients entering this service was;

	1323 Males and 552 Females
Gender identity (gender reassignment)	Currently there are no national and local statistics available for this protected characteristic.
Sexual orientation	There are no statistics for how many LGBT people live within Hull. However, the Office of National Statistics in 2017 estimates that 4.2% of the national population identify as LGBT. No evidence found identifying particular issues or inequalities linked to sexual orientation
Religion or belief	According to the Hull Data Observatory the majority of the population is of Christian belief – 54.9% No evidence found identifying particular issues or inequalities linked to religion or belief
Age	**Kingston Upon Hull Data Observatory 2018** **Total Population 2018 260645** Males 2018 131329 Females 2018 129316 Aged 0 - 4 (No) 2018 17207 Aged 5 - 9 (No) 2018 7211 Aged 10 - 14 (No) 2018 14880 Aged 15 - 19 (No) 2018 13950 Aged 20 - 24 (No) 2018 21824 Aged 25 - 29 (No) 2018 23017 Aged 30 - 34 (No) 2018 19994 Aged 35 - 39 (No) 2018 16854 Aged 40 - 44 (No) 2018 14542 Aged 45 - 49 (No) 2018 16103 Aged 50 - 54 (No) 2018 16762 Aged 55 - 59 (No) 2018 15991 Aged 60 - 64 (No) 2018 13313 Aged 65 - 69 (No) 2018 11707 Aged 70 -74 (No) 2018 10326 Aged 75 - 79 (No) 2018 6888 Aged 80 - 84 (No) 2018 5439

			Aged 85 - 89 (No) 2018 3141 Aged 90 + (No) 2018 1496 The local ageing population increases demand on a number of specialties, with ever growing waiting time and demand for services previously initially dealt with within Secondary Care or a Minor Injury Unit.
		Pregnancy and maternity	JSNA 2014 shows the fertility rate in Hull is now aligned with the national rate.
		Marriage or civil partnership	There have been 125 recorded civil partnership formations in Hull between 2008 and 2017.
		Socio-economic disadvantage	**Kingston Upon Hull Data Observatory** 12% of households in Hull are in fuel poverty 27.4% of children under 16 live in poverty 34,500 families (including 59,800 children) receive Child Benefit. 25,500 families (including 42,900 children) receive Tax Credits 8,400 families (including 16,300 children) are out of work. Breast cancer in England is less common in females living in the most deprived areas
Current service review	How does the current service promote equality? (Are there examples of good practice or have you identified any gaps?)	The service is: • equitable • accessible to patients, provided as close to home as possible and providing timely access to appropriately skilled healthcare professionals at local GP surgeries • responsive to the individual, with consideration of age, disability, ethnicity, gender, religion, sexual orientation and socio-economic status • designed to promote and support self-care and management as far as possible through education and advice where appropriate • able to deliver value for money with clear measurable quality outcomes to patients e.g. reduction in secondary care based minor surgery activity	

		• has robust governance arrangements in place in order to demonstrate that service provision is clinically safe and of high quality e.g. annual service review to including infection prevention and control inspections This scheme covers; • Patients with an established diagnosis and agreed treatment plan for Carcinoma of the prostate. • Patients with an established diagnosis and agreed treatment plan for breast cancer. • Treatment of endometriosis as part of a maintenance programme • Administration of a gonadorelin analogue as a single dose prior to endometrial This scheme covers those patients who are housebound and unable to attend their usual practice premises.
Outcomes and demand	How does the current service evidence improved health outcomes for different groups of people? (e.g. by age, gender disability, ethnicity, sexual orientation, religion or belief, pregnancy & maternity)	Incidence rates for prostate cancer are projected to rise by 12% in the UK between 2014 and 2035, to 233 cases per 100,000 males by 2035. ... An estimated 280,500 men who had previously been diagnosed with prostate cancer were alive in the UK at the end of 2010. Prostate cancer is the most common cancer in men. Over 47,000 men are diagnosed with prostate cancer every year – that's 129 men every day. Every 45 minutes one man dies from prostate cancer – that's more than 11,000 men every year. 1 in 8 men will get prostate cancer in their lifetime. Ten-year age-standardised net survival for breast cancer in women has increased from 40% during 1971-1972 to a predicted survival of 78% during 2010-2011 in England and Wales – an absolute survival difference of 38 percentage points. Overall, almost 8 in 10 women diagnosed with breast cancer today are predicted to survive. Incidence rates for prostate cancer in the UK are highest in males aged 75 to

		79 (2014-2016). Incidence rates for breast cancer in the UK are highest in people aged 90+ (2014-2016).
	What can you tell about the demand for the service by different groups? Is there an over or under-representation of particular groups, relative to the population?	The local ageing population increases demand on a number of specialties, with ever growing waiting time and demand for the administration of GnRH Analogues that have been initially dealt with within Secondary Care.
Benchmark	How does the service compare to other comparable services with respect to evidencing improved outcomes across different groups?	North east Lincolnshire This service is not list as an Enhanced Primary Care Medical Service within the list supplied. East Riding of Yorkshire Payment per patient receiving treatment in accordance with the specification (£48.88 per patient pa) £12.22 per patient per quarter (£4.08 per patient per month)
Communication and Engagement	How are you going to engage with different groups and communities and show that their feedback informs your service review?	There are four groups of people this engagement exercise aims to reach: • People who use the services - to determine what aspects of service they value, what their preferences may be; as well as to understand their experience of the services. • People from groups with protected characteristics - to highlight issues people they represent may experience, and any areas of inequity that may have been overlooked. • Primary Care providers - to identify how the existing service arrangements link, interact and communicate with each other; and highlight aspects that are valued, and areas that might be improved. • GP's as commissioners - to give views on how the services might be better provided in the future.

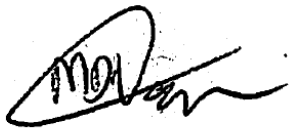
	Service level data, and the equality impact assessment didn't give insight into any particular group with protected characteristics are likely to access the service more or less than any other group of people. This will be further explored through the engagement of those representing groups with protected characteristics, and outline below Groups to engage with: • Recent users of service • Condition specific patient groups Methodology: Method being used, why it was chosen. How it will work, with deadlines. How will we recruit to groups/ promote questionnaires etc. This should include reference to adjustments made for groups identified by the EQIA. The primary group of people to be engaged with are recent users of service, these will be identified by practices and contacted via email or text message in the first instance, with a link to completing an online questionnaire; paper copies will be available on request. Practices will be reimbursed for any text-messaging costs. Paper copies will also handed to patients attending appropriate clinics in general practices. All paper questionnaires will have a free post addressed envelope, and the option of returning completed questionnaires to their local GP practice. Condition specific focus groups will be conducted with Prostate Cancer and Breast Cancer groups due to these groups of patients being affected by a number of the services in scope; additional patient groups may also be engage with if other correlations become apparent as the engagement progresses. Groups will be identified through existing CCG relationships with Prostate and Breast Cancer Groups.

	Is information provided to your target market appropriate and accessible?	Accessible Information Standard to be applied in service provision & engagement
	Does your options appraisal show any differential impact on protected characteristics groups for each option?	No differential impact on any protected characteristic groups has been realised for any of the options.
Options appraisal	Is further engagement needed?	No specific engagement relating to the services in scope has been undertaken by the CCG recently. However, the following engagements do give some insight into service delivery principles that may be of interest when deciding the future delivery models of the services specified earlier. GP Extended access Engagement Jan/Feb 2018 • There was a preference for appointments to be available out of office hours and at the weekend – particularly between 10am and 4pm • Approximately half of respondents were willing to use alternative methods for booking appointments (online) and alternatives to face to face appointments. • If an alternative location is being explored to improve access, the preference would be that it is less than 15mins travel, or 3 miles or less, from their practice

Follow up actions		
Action required	**By whom?**	**By when?**

Engagement to identify any equality issues related to the service (i.e.are there any particular needs or inequalities which need to be considered by this service, not yet identified in this equality impact assessment?	CH – CCG Engagement Manager (Patients and Public)	December 2019
Review this EqiA in the light of clinical and patient engagement	CW – Commissioning Manager & DR Bushra Ali – Clinical Lead	January 2020

Signoff

Signed off by: **Name & Role**	 Mike Napier Associate Director of Corporate Affairs	**Date**:	17.10.19