

Equality Analysis and Engagement Plan

A template for staff 2017 08 V1.0 FINAL

Engaging with patients and the public is a **statutory duty as per the Health and Social Care Act 2012, Section 14Z2**

(<http://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted>). To help you get it right first time we have developed this planning template. This will help you plan your engagement and present your plan at the Patient Assurance Group (PAG). Our engagement team can help you fill it in. **Your plan should be shared with the PAG at the earliest opportunity.**

Evidencing that we have considered the impact our activities will/may have on patients and the public; and identifying changes we can make to reduce/remove any negative impacts is a **statutory duty**, so that stakeholder views can influence our plans, where appropriate. The equality analysis in this plan forms the initial stage of the equality impact assessment process. Our Equality Lead can provide advice and support in relation to this.

The PAG is a group of patients who meet regularly to assure the board that we are engaging in the right ways and with the right people. It is made up of members of the public who are asked to represent the wider public at the meeting. They can help you to develop a robust equality analysis and engagement plan and should be seen as a 'critical friend'.

There are three reasons you might come to the PAG:

1. To give advance notice of a **significant** service change (a level 3 or 4 change: see appendix A)
2. To present the equality analysis and engagement plan
3. To provide a update on an engagement project that has previously been taken to PAG

We will need your completed equality analysis and engagement plan **two weeks before you attend the PAG** so that members can read through. This will help them understand your plan and save you time when you present. Our aim is to keep questions to you relevant so please avoid jargon in the plan and explain any terms or acronyms that you use.

When you present your equality analysis and engagement plan at the PAG you will have a few minutes to outline your proposal. If you have been working with a patient on the project you might like to invite them to the PAG to support your presentation. You should be prepared to talk about:

1. **The extent to which the engagement reflects the size and topic of the potential change.**(the level of change)
2. **Who the change affects and how you know this in particular in relation to protected, seldom heard or vulnerable groups.** (existing intelligence)
3. **Which protected groups, seldom heard or vulnerable groups this proposal will/may affect or where you have identified gaps in intelligence and how you will engage with them** (existing intelligence and partnerships)
4. **How you will find out what people think about the change.** (methodology)
5. **How you will work with the voluntary sector when you engage.** (partnerships)
6. **How you have developed your engagement questions**(outcomes and testing)
7. **The timescale for your project**
8. **How you will involve patients throughout the commissioning cycle**

Please have the answers to all these questions when you attend the PAG so that we can manage the meeting with the appropriate questions and answers.

If you have any questions please speak to the engagement team.

1. Project Title: Walk-in centre pre-engagement

2. Project Lead: Kate Parker

Contact details: kate.parker4@nhs.net

3. This project is: Citywide

4. Describe your project

a. Describe the project (what are you changing and why?)

The Leeds Health and Wellbeing Strategy and Leeds Plan looks to address the three gaps identified in the NHS Five Year Forward View – health and wellbeing, care and quality and finance and efficiencies. These gaps are captured in the triple aims of the Leeds Plan. Work from the urgent care and rapid response programme particularly focuses on the care and quality aim especially around meeting core national standards such as the four hour A&E waiting times. The urgent care and rapid response programme is a key deliverable for the Leeds Plan and forms part of the urgent and emergency care workstream.

From the outset of our review of urgent care services in the NHS both locally and nationally, citizens told us of the confusing mix of services including walk-in centres, minor injuries units and urgent care centres, in addition to numerous GP health centres and surgeries offering varied levels of core and extended services. Within and between these services, there is also variation in opening times, skill mix and the clinical offer that further adds to the confusion.

To support the transformation of urgent care services and deliver a more standardised offer NHS England developed a set of core standards for delivery of urgent treatment centres with the aim to address the current variation and reduce public confusion. Our proposals will contribute to these priorities as well as delivering the Leeds urgent and emergency care strategy and the West Yorkshire and Harrogate programme.

Our early proposals are to establish a number of urgent treatment centres in the city, building on the first one we have established at the St George's Centre, Middleton. The exact number and locations are currently being explored and will be dependent on a number of varying factors including, but not limited to, citizen, staff and clinical engagement.

As part of this programme we are in a position where we need to undertake pre-engagement for the walk-in centre based in the Shakespeare Medical Centre in Burmantofts. The reason for the pre-engagement is that the site of the walk-in centre is to be demolished. Therefore talking to existing service users, carers and people living near to the centre will help us understand future service need and help shape the service specification. It will also help us in determining best suited future location for the GP-led urgent treatment centre for patients that currently use the walk-in centre.

By undertaking this pre-engagement we can understand what the impact will be on people when moving the walk-in centre from its current site, with a particular focus on those belonging to protected characteristics that currently use the service.

The learnings from the pre-engagement will also help us when we develop the wider urgent care and rapid response programme especially the suitability of sites and types of services to be offered from the urgent treatment centres.

b. Outline the aim of the engagement

‘To understand the views and experience of people using or living near to the walk-in centre in Burmantofts’

c. Outline the objectives of the engagement

- To identify and engage with people who use or are likely to use the walk-in centre
- Identify and engage with citizens with due regard to those with protected characteristics who use the walk-in centre
- To obtain insights to understand why people access the service and any barriers/access issues
- Develop a set of questions to understand the needs and preferences of service users, potential service users, staff, and wider stakeholders
- Understand and analyse people’s experiences and views on the walk-in centre
- To determine possible future options as part of the wider urgent care and rapid response programme
- Use a survey to encourage people to share their experience
- Hold focus groups with seldom heard groups to identify any gaps in service provision and potential positive or negative impacts in relation to characteristics/groups protected by the Equality Act 2010
- Write a report which outlines the findings of the engagement

a. Outline expected outcomes from the engagement

- An accessible stakeholder survey and set of questions
- Held a series of focus groups with seldom-heard groups
- A report which outlines and analyses the findings of the engagement
- A series of recommendations for the urgent care and rapid response programme board

b. How will you use patient involvement to influence the outcome?

The pre-engagement feedback will be used to influence the future modelling of the urgent treatment centres and will help the programme board to consider any gaps in current service provision particularly for those belonging to one of the protected characteristics

- **How does the project support the Leeds Health and Wellbeing Board outcomes? (delete as appropriate)**
- People will live longer and have healthier lives
- People will live full, active and independent lives
- People’s quality of life will be improves by access to quality services
- People will be involved in decisions made about them
- People will live in healthy, safe and sustainable communities

c. What is the level of service change? (see appendix A)

Level 3

TO BE DETERMINED AFTER DISCUSSIONS WITH SCRUTINY

If your project is classed as a ‘significant variation’ (level 3) or ‘major change’ (level 4) you should use the

following DH guidance: (please note that level 4 changes will require considerable long term planning and this DH guidance is mandatory for all level 4 changes)
[‘Planning and delivering service changes for patients’](#) DH 2013
 In addition the following statutory guidance from NHS England will support you [Planning, assuring and delivering service change for patients](#) (NHS England, 2018)

5. Pre-consultation information (Equality Analysis)

*How well do people from protected groups fare in relation to the general population?
 What do you already know about peoples’ access, experience, health inequalities and health outcomes? Use **relevant** intelligence from existing local, regional or national research, data, deliberative events or engagements.*

Group	Source Where did the intelligence come from? (JSNA, provider data, HNA, previous engagement etc)	Impact (yes/no)	Positive (describe)	Negative (describe)	Neutral (describe)	Comments
Age (under 25/ over 65)	Data from NHS Leeds CCG informatics team NHS Leeds CCG Partnership engagement on the walk-in centre (2017) Equality impact assessment to support the walk-in centre review/ engagement (2017) Mid Yorkshire clinical services strategy integrated impact assessment (2013)	Yes	Yes the urgent treatment centres will provide a greater number of services under one roof.			Data shows that the highest number of users of the walk-in centre are children 0-5 and then those aged 20-24. Proportionally there are fewer people aged over 65 using the walk-in centre so any impact for this group would be minimal. Again data, locally and nationally, shows that over 65s are more likely to be admitted to hospital via emergency admission.
Gender (male/female/intersex/ other)	Data from NHS Leeds CCG informatics team NHS Leeds CCG Partnership engagement on the walk-in centre (2017) Equality impact assessment to support the walk-in centre review/ engagement (2017) Mid Yorkshire clinical services strategy integrated impact assessment (2013)	Yes			Yes	No significant impact expected. Data suggests that there’s a broadly equal gender split between male and female users. No data available on intersex or other

<p>Disability (sensory/ mental health/ long term illness/ addiction)</p>	<p>Data from NHS Leeds CCG informatics team</p> <p>NHS Leeds CCG Partnership engagement on the walk-in centre (2017)</p> <p>Equality impact assessment to support the walk-in centre review/ engagement (2017)</p> <p>Mid Yorkshire clinical services strategy integrated impact assessment (2013)</p>	<p>Yes</p>	<p>Yes providing gaps around previously identified language barriers for D/deaf and hard of hearing patients are addressed</p> <p>Feedback will help us ensure accessibility for people with limited mobility/ users of mobility aids</p>	<p>Yes</p>		<p>Feedback from the previous review of the walk-in centre (2017) identified issues around a language barrier for D/deaf and hard of hearing patients.</p> <p>People with learning disabilities have markedly worse health than the general population as a whole and are therefore more likely to use health services (Equality and Human Rights Commission, 2013)</p>
<p>Gender Reassignment</p>		<p>No</p>				
<p>Marriage/ civil partnership</p>		<p>No</p>				
<p>Pregnancy/ maternity (breastfeeding/ adoption/ single or teenage parents)</p>		<p>No</p>				
<p>Race (non-English speakers/ refugees/ asylum seekers/ travellers)</p>	<p>Data from NHS Leeds CCG informatics team</p> <p>NHS Leeds CCG PCCC paper: personal medical services equitable funding (2018)</p> <p>NHS Leeds CCG Partnership engagement on the walk-in centre (2017)</p> <p>Equality impact assessment to support the walk-in centre review/ engagement (2017)</p> <p>Mid Yorkshire clinical services strategy integrated impact assessment (2013)</p>	<p>Yes</p>	<p>Yes providing gaps around previously identified language barriers for non-English speaking patients are addressed</p>			<p>Feedback from the previous review of the walk-in centre (2017) identified issues around a language barrier for non-English speaking patients.</p> <p>Data has shown that BAME and non-English speaking populations are consulting more frequently and that consultations are longer and more complex due to English not being the first spoken language.(NHS Leeds CCG, 2018)</p>
<p>Religion/ Belief (or non)</p>		<p>No</p>				

Sexual orientation (lesbian, gay/bisexual)		No				
<p>If your analysis has highlighted any gaps please outline what action you will take in section 7.</p> <ul style="list-style-type: none"> We need to understand the impact on those from inner city deprived areas that are registered with practices that show higher levels of attendance. This includes those belonging to White working class communities. This data is based on GP practice registered lists of those that are the highest users of the walk-in centre. 						

6. What timescales are you working to?
Please share your equality analysis and engagement plan with the PAG at the earliest opportunity and allow time make any necessary changes to your engagement.
(include planning implementation, evaluation and feedback)

Initial draft of equality analysis and engagement plan	Thursday 24 May 2018
Complete equality analysis and engagement plan	End May 2018
Attend PAG to share your plan	Patient assurance required early June
Brief scrutiny board (if level 3 or 4)	Will be done as part of wider urgent care and rapid response programme. A Chair's briefing has been arranged for 20 June 2018
Develop survey	Early June 2018
Design and print survey	End August 2018
Carry out engagement	September – mid-October 2018
Mid-term engagement update	Mid-September 2018
Complete engagement report	Third week October 2018
Commencement of service	N/A
Feedback to stakeholders and the PAG	End October 2018
Formal engagement for the wider urgent care and rapid response programme	November 2018 – end January 2019

7. Engaging with your stakeholders
(consider using a mapping tool to identify stakeholders)

a. Who is the change going to affect and how? (Taking into consideration the information/data research and equality analysis in section 5)

The pre-engagement for the walk-in centre is open to all citizens however we have identified a need to ensure we hear from:

- Some BAME groups with a particular focus on Pakistani/British Pakistani people and new migrants from Eastern Europe as well as those whose first language is not English
- Parents and carers of children aged 0-5
- People with a disability with a focus on those who are D/deaf or hard of hearing and those with a learning disability

- Younger working professionals under the age of 29
- Members of the local White working class community

We also know that some seldom heard groups are more likely to experience health inequalities. We will seek to engage other groups known to experience health inequalities including:

- People who have had gender reassignment
- People from the LGBT community
- People from deprived backgrounds

To engage with the following...				
Group (Which group of people? Providers, patients, public, carers etc)	Inform/engage (Are you engaging or informing?)	method How will you engage with them? (Surveys, focus groups etc)	mechanism How will you share/distribute the engagement	By who (Who will carry out this work? Commissioners, engagement team, third sector, Engaging Voices)
Wider public/citizens	Engage	Online and hard copy surveys.	Through existing provider/CCG networks.	CCG Engagement team
BME groups (African-Caribbean, Black African, or South Asian) with a focus on Pakistani/British Pakistani community and new migrants from Eastern Europe	Engage	Online and hard copy surveys. Focus groups	VCFS networks	VAL CCG engagement team
Parents and carers of children aged 0-5	Engage	Online and hard copy surveys. Focus groups	VCFS networks	VAL CCG engagement team
People with a disability with a focus on those who are D/deaf or hard of hearing and those with a learning disability	Engage	Online and hard copy surveys. Focus groups	VCFS networks	VAL CCG engagement team
Younger working professionals under the age of 29	Engage	Online and hard copy surveys. Focus groups	VCFS networks	VAL CCG engagement team
Members of the local White working class community	Engage	Online and hard copy surveys. Focus groups	VCFS networks	VAL CCG engagement team
Staff	Engage	Online surveys	Provider networks (primary care/secondary care)	CCG engagement team Provider comms and engagement teams
Wider stakeholders	Engage	Online and hard copy surveys. Focus groups	Through media/social media and drop-in (on-site) engagement	CCG engagement team
The above will be supported by:	•		•	Continuous promotion on CCG's social media channels linking in and encouraging all identified groups/third sector partners to share using their own

To engage with the following...				
Group (Which group of people? Providers, patients, public, carers etc)	Inform/engage (Are you engaging or informing?)	method How will you engage with them? (Surveys, focus groups etc)	mechanism How will you share/distribute the engagement	By who (Who will carry out this work? Commissioners, engagement team, third sector, Engaging Voices)
			social media	
			<ul style="list-style-type: none"> Writing and sharing a standard article for inclusion in any internal bulletins, magazines or websites of all the above identified groups/third sector partners 	
Underpinning principles to ensure that our engagement activities are accessible to all our diverse communities.	<ul style="list-style-type: none"> 		<ul style="list-style-type: none"> All the above will have access to material and suggested text developed by CCG communications and engagement team The bulk of the above activity will be done by email and on social media Documentation in alternative formats will be available on request. 	

8. What resources do you need for the engagement? Consider if you need additional staffing, administration, design work or printing									
<p>a. What additional staffing do you need? In addition to support from VAL, our engagement team will hold on-site surveys working closely with the newly recruited health ambassadors at VAL</p>									
<p>b. Do you need to make any of your resources accessible (i.e. for people with learning disabilities; sight impairments; or alternative languages?) To be determined by the service provider we commission however the survey will be available in alternative formats on request and, if required, focus groups will be led by people who can converse in appropriate language/sign language</p>									
<p>c. Outline your budget</p> <table border="1"> <thead> <tr> <th>Resource(admin, design, print, staffing)</th> <th>Est cost</th> </tr> </thead> <tbody> <tr> <td>May need to commission an agency to run engagement if VAL unable to support</td> <td>TBC</td> </tr> <tr> <td>Design and print of survey (1500 copies).</td> <td>£TBC</td> </tr> <tr> <td>TOTAL</td> <td>£TBC</td> </tr> </tbody> </table>		Resource(admin, design, print, staffing)	Est cost	May need to commission an agency to run engagement if VAL unable to support	TBC	Design and print of survey (1500 copies).	£TBC	TOTAL	£TBC
Resource(admin, design, print, staffing)	Est cost								
May need to commission an agency to run engagement if VAL unable to support	TBC								
Design and print of survey (1500 copies).	£TBC								
TOTAL	£TBC								

9. What are your consultation/engagement questions?	
<p>a. What do you want to find out? We want to understand the patient and staff experience of the walk-in centre, any gaps in service provision or accessibility issues and any information that can support future service design /specification to support any linked procurement</p>	
<p>b. What questions will you ask? GENERAL PUBLIC / SURVEY</p> <ul style="list-style-type: none"> How were you made aware of the Shakespeare Walk-in Centre? <ul style="list-style-type: none"> - Family member/Friend - Being advised by NHS 111 - Being advised by a NHS website - Being referred by a health practitioner - A poster and/or leaflet - Other 	

- How many times have you used the Shakespeare Walk-in Centre in the past 12 months?
 - One – two times
 - Three – four times
 - Five – six times
 - Seven or more times

- How did you get to the Shakespeare Walk-In Centre? (Choose all those that apply)
 - Walked
 - Public transport
 - Bicycle
 - Own car
 - Got a taxi
 - Got a lift from a family member or friend

- Was the health problem relating to...(Choose all those that apply)
 - Yourself
 - A child under the age of 5
 - A child aged 5 – 16
 - Someone who you are a carer for (other than a child under 16)
 - A family member
 - A friend

- Which conditions (s) were you seeking advice or treatment for (choose all those that apply)
 - Cold
 - Cough
 - Sore throat
 - High temperature
 - Sickness
 - Rash
 - Infection
 - Injury
 - Wounds
 - Unexplained pain
 - Please let us know if this was for a child
 - Other (please state)

- Which of the following led you to access the Shakespeare Walk-in Centre (choose all those that apply)
 - I am not registered at a GP practice
 - Being advised by NHS 111
 - Being advised by a NHS website
 - Not wanting to go to A&E or wait to be seen at A&E
 - Thinking that the condition is not suitable for A&E
 - Difficulty in getting an appointment at my GP practice
 - My GP practice's opening hours
 - Feeling that my child needs urgent care
 - Not knowing where else to go
 - Close to home/work
 - Quickest option
 - A poster and/or leaflet

- Other (please state)
- Which of the following are important when using the walk-in centre (choose all those that apply)
 - Location
 - Accessible by public transport
 - Car parking
 - Feeling safe when visiting /using service
 - Opening hours
 - Short waiting times
 - Cleanliness
 - Good standard of care
 - Being able to be referred to a clinic or hospital if needed
 - Service understanding my cultural needs
 - Service being accessible such as if you have any mobility issues/ mobility aids
 - Confidence in staff
 - Knowing that I, or someone I care for, will be prioritised based on need (this is known as triage)
 - Convenience around work – location
 - Convenience around work – opening hours
 - Child being seen quickly
 - Other (please state)

- Does the Shakespeare Walk-in Centre meet your cultural or access needs (eg interpreters / sign language support / mobility aids)? Yes or no

Please explain your answer

- Is there anything else the NHS could do to improve services to support your access needs?
- Can you name one thing that the walk-in centre does well?
- Can you name one thing that the walk-in centre could improve?

The proposal to host the walk-in centre at St James's University Hospital is based on location of the site as it is near to the existing service, the benefits of a range of clinical staff on one site as well as financial benefits and feedback from healthcare professionals.

- Do you think this is a good idea? (yes/no/not sure)
- Please explain your answer
- What impact do you think this would have on you and your family?
- Any other comments on the proposed relocation of the walk-in
- Do you have any comments on the urgent care services in Leeds
- Stay involved (join the urgent care and rapid response programme involvement group)

c. What questions will you ask? FOCUS GROUPS ONLY

- Have you heard of the Shakespeare Walk-in Centre?
- Do you use the Shakespeare Walk-in Centre?

- Why did you use the walk-in centre?
- When do you use the walk-in centre?
- What went well?
- What could have been better?
- Do you have any cultural or language barriers preventing you accessing the service in the future?
- Do you normally have to provide your own interpreter when you access NHS services?
- Do you have any communication or accessibility barriers preventing you from using the service in the future?
- How could the services on the site be improved to help parents/carers of young children?
- When would you go to A&E instead of the walk-in centre?
- We may have to move the Shakespeare Walk-in Centre as the building is likely to be demolished. If this happens, one of the suggestions is to host the walk-in centre at St James's Hospital. What are your thoughts on this? Do you have any other suggestions we should consider?
 - The proposal to host the walk-in centre at St James's University Hospital is based on location of the site as it is near to the existing service, the benefits of a range of clinical staff on one site as well as financial benefits and feedback from healthcare professionals.
 - Do you think this is a good idea? (yes/no/not sure)
 - What impact do you think this would have on you and your family?
 - Can you think of a different location (list of options) for a walk-in centre? (tell us why you have chosen this location)
- Any other comments

d. What questions will you ask? DROP-IN SESSIONS ONLY

To include all the questions from the survey plus this additional one

1. Today's Visit

- How did you get to the Shakespeare Walk-In Centre today?
 - Walked
 - Public transport
 - Bicycle
 - Own car
 - Got a taxi
 - Got a lift from a family member or friend
- Was the health problem relating to...
 - Yourself
 - A child under the age of 5
 - A child aged 5 – 16
 - Someone who you are a carer for (other than a child under 16)
 - A family member
 - A friend
- Which conditions (s) were you seeking advice or treatment for (choose all those that apply)
 - Cold
 - Cough
 - Sore throat

- High temperature
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 - Other (please state)
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 - Feeling that my child needs urgent care
 - Not knowing where else to go
 - Close to home/work
 - Quickest option
 - A poster and/or leaflet
 - Other (please state)

e. How will you test the questions to ensure they are suitable?

We will share the draft questions with VAL and The Consultation Institute

f. How many people do you need to speak to?

This is a level two engagement but will impact widely across the city. We would like to speak to around 400 people.

g. How will you demonstrate that you have consulted with a representative sample?

We aim to demonstrate that we have spoken with specific groups outlined in our equality analysis. We will do this by holding focus groups with specific groups and asking people to fill in equality monitoring forms. Our mid-engagement report will help us identify any gaps so that we can address these, if required, by involving other VCFS groups.

10. Results

a. Who will collate the results?

CCG and VAL

b. Who will analyse and theme the results?

CCG

c. Who will write the report?

CCG

11. Feedback and Evaluation

a. How and when will you feedback to participants?

We will share our engagement report with people involved in the engagement. We will also add the report onto our website and promote it through social media.

b. What will you feedback?

- Introduction
- How we engaged
- Who we spoke to
- What they told us
- Themes
- Recommendations

c. Will there be ongoing feedback or a follow-up event?

We will outline the 'you said, we did' in our annual 'Statement of Involvement'. This will be published in May 2019 and will be shared widely through our networks/social media.

Action Plan Dates

	Action	Approx. Timescale (from start of project)	Lead	Deadline	Comments/ progress
1.	Recruit patient rep	1 week			
2.	Agree level of change (confirm with Communication/ engagement manager)	1 week			
3.	Consider a date to take project to PAG (invite reps from other PAGs if citywide)	1 week			
4.	Give Leeds Involving People and Engaging Voices a heads up	1 week			
5.	Meet with patient leaders	2 weeks			
6.	Write Equality Analysis and Engagement Plan	2 weeks			
7.	Write patient survey	2 weeks			
8.	Share draft equality analysis and engagement plan and survey with patient leader/project lead	2-3 weeks			
9.	Send equality analysis and engagement plan to the PAG	Depends on PAG date			
PAG supports the equality analysis and engagement plan					
		Approx. timescale(from date of PAG)			
10.	Make final amends to equality analysis and engagement plan	1 week			
11.	Design and print survey	3 weeks			
12.	Write engagement covering letter	1 week			
13.	Add survey to snap survey	1 week			
14.	Consider creating a video to introduce the project and add to website	3 weeks			
15.	Add engagement onto website	1 week			
16.	Press release	1 week			
17.	Social media plan	1 week			
Start engagement					
		Approx. timescales (from start of engagement)			

	Action	Approx. Timescale (from start of project)	Lead	Deadline	Comments/ progress
18.	Email out link PDF of survey and link to online survey(patients, public and VCF sector)	1 day			
19.	Mail-out covering letter and paper surveys	2 days			
20.	Drop off paper surveys to health centres and GP surgeries	1 week			
21.	Share paper copies of survey with Engaging voices/LIP	1 week			
22.	Organise and run drop-ins at clinics	2-12 weeks			
23.	Organise and run focus groups	2-12 weeks			
24.	Add to staff e-bulletins and share content with partners identified in the plan	1-12 weeks			
Engagement ends					
		Approx. timescales (from end of engagement)			
25.	Time for final surveys to be recorded	1 week			
26.	Add relevant patients to community network	2-4 weeks			
27.	Write equality impact and engagement report	2-4 weeks			
28.	Share equality impact and engagement report with patient leader and project team	2-4 weeks			
29.	Share equality impact and engagement report with PAG/s by email	2-4 weeks			
30.	Send equality impact and engagement report to stakeholders	3-5 weeks			
31.	Share findings with patient experience team	3-5 weeks			
32.	Write follow-up report and send to patients	6 months			

Appendix A – Stages of engagement

Definitions of reconfiguration proposals and stages of engagement/consultation			
Definition & examples of potential proposals	Stages of involvement, engagement, consultation		
	Informal Involvement	Engagement	Formal consultation
Major variation or development Major service reconfiguration – changing how/where and when large scale services are delivered. Examples: urgent care, community health centre services, introduction of a new service, arms length/move to CFT			Category 4 Formal consultation required (minimum 12 weeks)
Significant variation or development Change in demand for specific services or modernisation of service. Examples: changing provider of existing services, pathway redesign when the service could be needed by wide range of people		Category 3 Formal mechanisms established to ensure that patients/service users/ carers and the public are engaged in planning and decision making. In most cases this means 12 weeks engagement period	Information & evidence base
Minor change Need for modernisation of service. Examples: Review of Health Visiting and District Nursing (Moving Forward Project), patient diaries	Category 2 More formalised structures in place to ensure that patients/ service users/ carers and patient groups views on the issue and potential solutions are sought	Information & evidence base	
Ongoing development Proposals made as a result of routine patient/service user feedback. Examples: proposal to extend or reduce opening hours	Category 1 Informal discussions with individual patients/ service users/ carers and patient groups on potential need for changes to services and solutions	Information & evidence base	

Appendix B – Protected characteristics (*Equality and Human Rights Commission 2016*)

Age

Where this is referred to, it refers to a person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

Disability

A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Gender (Sex)

A man or a woman.

Gender reassignment

The process of transitioning from one gender to another.

Marriage and civil partnership

Marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. [1]

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).

[1] Section 1, Marriage (Same Sex Couples) Act 2013, Marriage and Civil Partnership (Scotland) Act 2014.

Pregnancy and maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Race

Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Religion or belief

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Sexual orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.