

Equality analysis

Title: Vasectomy Service

What are the intended outcomes of this work or policy? *Include outline of objectives and function aims*

*It is intended that this document be used to provide a constructive framework by which we can analyse the on-going level of **quality** in the implementation and delivery of the vasectomy service (and its SOPs) with consideration to the Equalities Act 2010. The document will also allow us to offer the necessary assurance that we are meeting our general duty legal obligations to our stakeholders and employees with an underpinning ethos of learning, development and continuous improvement. It is intended that the application of Equalities should embed across our culture and that any review or change of policy should consider any implication under the Act. The analysis will be regularly reviewed and publically available.*

Who will be affected? *e.g. staff, patients, service users etc*

Vasectomy Service users and employees

Evidence *To ensure transparency, public bodies need to be open about the information on which they base their decisions and the results. Public bodies must be aware of this duty before completing this section of the assessment.*

What evidence have you considered? *List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.*

Equalities Act 2010

Equality analysis and the general duty: A guide for public Authorities (Equality and Human Rights Commission)

The essential guide to the public sector equality duty (Equality and Human Rights Commission)

Historical qualitative and quantitative research on end service users provided under CQUIN

Disability *Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.*

Consideration has been given in terms of where the service is provided most specifically in terms of features arising from the design or construction of a building; for the vasectomy service, the service itself is provided at the Woodlands Surgery site. This site affords better disabled access with a sloping pathway at the rear and disabled parking; the building also provides a disabled toilet and a hearing loop. The treatment room is located on the ground floor to further ensure ease of access. Service users that have either a visual or a hearing impairment are collected personally and escorted to the treatment room. All service users undertake a pre assessment visit with the clinician, so a personal history is known and necessary support provided prior to any procedure. There is always a 4 week between the pre assessment and procedure date and the pathway to the service is provided by a patient's own GP who can support them in terms of advice and access.

Consideration is given to the fixtures/fitting, materials, equipment and any other physical element or quality that may place a disabled person at a disadvantage.

Sex *Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).*

The end user is male, but it is recognised that the decision to have a vasectomy can quite often be a joint decision and has implications for the wider family. Therefore consideration is always given for this and a friendly, informative and inclusive atmosphere is provided where information can be provided. Vasectomy counselling is provided and a minimum of a four week wait prior to procedure. All users of the service have been referred in by the patient's own GP and there is an expectation that contraception choices have been previously discussed and that this pathway option is being explored.

Race *Consider and detail (including the source of any evidence) on different ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.*

Should there be any language barriers then the practice can use a language line translator to impart information to the patient in question or indeed book a sign language translator. In order to safely follow out the procedure, the clinician would want to feel assured that the patient fully understands their choices and are in a position to make an informed choice. To allow this there is a minimum four week wait to allow time for reflection and to do some further investigation and take advice from their own GP if they wish to.

We encourage referrers via Choose & Book and IPC to advise us of any communication issues so we can ensure that we have in place all that is needed to provide the right level of support for the service user.

Age *Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.*

The patient is referred into the service by their own GP and the age range is variable. The clinician undertaking a procedure needs to make a clinical judgement that the patient is fully informed of all of their choices and the subsequent implications, it is the patients right to make that choice irrespective of their age.

Gender reassignment (including transgender) *Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.*

The practice seeks to provide a supportive and welcoming environment for all trans staff or service users. The vasectomy service will not be denied to trans patients and they will receive fair and equal treatment. The service will not reinforce any stereotypical assumptions about trans people or contain transphobic material. In terms of employment trans status will be seen an irrelevant distinction for the purpose of staff, recruitment, selection and promotion, access to training and benefits etc.

(For definition Trans is an umbrella term to cover all people whose gender identity/expression differs from the birth sex and/or perceived binary gender and includes people who live permanently or temporarily in one or more genders.)

Sexual orientation *Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.*

The vasectomy service seeks to provide a supporting environment for the gay lesbian/gay community and to create a culture in which sexual orientation will not face discrimination, harassment or exclusion. This applies in equal measure to employees and to those accessing the service. The service will not tolerate discrimination, victimisation or harassment on the basis of a person's sexual orientation. Furthermore it recognises that it is the right of the individual as to whether they wish to disclose their sexual orientation and if they choose not to do so, their right to privacy will be respected.

Religion or belief Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.

The vasectomy service will not tolerate discrimination, victimisation or harassment on the basis of a person's religion or belief and aims to provide an environment based on understanding and respect. Harassment or bullying of staff and service users because of their religion or belief will not be tolerated. Actions or behaviour which may constitute harassment include: offensive comments, and inappropriate questing and/or behaviour which fails to tolerate or acknowledge the rights or needs of individuals with different and dedicated religious convictions, beliefs and practices.

Pregnancy and maternity Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.

The vasectomy service takes place on a Friday afternoon which allows for the appropriate clinicians to be present and for the procedure to be carried out in a safe environment.

In terms of our own employees working for the Vasectomy Service, they are subject the Woodlands & Clerklands Partnership contract and operate to a comprehensive policy regarding pregnancy and maternity and indeed paternity. We are an equal opportunities employer and go to some lengths to ensure that policies we provide our employees enforce flexibility which goes some way in ensuring that our employees can combine their career and their family responsibilities. The practice also ensures that employees can attend their ante-natal care appointments during their pregnancy period.

Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.

Our service is a day procedure and therefore a quick recovery and little discomfort is anticipated. Therefore there is hope that little impact is felt by carers when accessing this service. We can also afford some flexibility over dates and times accessing the service to suite their individual needs.

In terms of its employees, the practice supports its employees with flexible working schemes to allow them to carry out their duties and where necessary provide care to loved ones. The vasectomy service is carried out on a Friday afternoon with a clinician and a nurse to assist. The assisting nurse can be any of our 4 qualified nurses so flexibility can be offered to them.

Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.

Engagement and involvement

How have you engaged stakeholders in gathering evidence or testing the evidence available?



New VAS



New VAS

Questionnaire - DAY (Questionnaire - POST)

How have you engaged stakeholders in testing the policy or programme proposals?

The practice does listen to feedback from patients and as an AQP operating under CQUIN we are encouraged to meet the needs of the patients and evidence our performance.

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Questionnaire as noted above, examples given.

Summary of Analysis *Considering the evidence and engagement activity you listed above please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.*

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.

Eliminate discrimination, harassment and victimisation *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

We ensure that all workers at the Partnership operate to our policy and that any concerns about discrimination, bullying and/or harassment can also be raised through the Open Door (Whistle blowing) Policy.

Advance equality of opportunity *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

We ensure that everyone who works in the Partnership will be treated fairly and valued equally. Our questionnaires can provide evidence and anyone can be referred by their own GP into the service.

Promote good relations between groups *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

We promote good relations and will accept a referral into the service irrespective of all the above, the only mitigation being clinical assurance that the patient understands and consents to the service we offer.

What is the overall impact? *Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?*

We are in a position whereby we would be able to address each patient's individual needs; our focus is primarily on education of the patient about the service they have been referred into. We allow a month's cooling off period for the patient to consider the procedure, investigate

further either with us or their own GP, and to discuss this with another person if that is their wish. The clinician will seek assurance on their understanding and request formal consent before proceeding. This system allows us time to ensure that individual needs are met wherever possible and that this process is applied with equality at its heart.

Addressing the impact on equalities *Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.*

The practice considers it is a learning organisation and feels the service we offer sits firmly within the measures of the Equalities Act.

Action planning for improvement: *Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.*

Our action is, as always, to ensure that our teams are updated regularly about patient care, including the Equalities Act, but further to that also all the other policies that surround safe care for our patients and for them.

Please give an outline of your next steps based on the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*

- *Plans already under way or in development to address the **challenges** and **priorities** identified.*
- *Arrangements for continued engagement of stakeholders.*
- *Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)*
- *Arrangements for embedding findings of the assessment within the wider system, other agencies, local service providers and regulatory bodies*
- *Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results*
- *Arrangements for making information accessible to staff, patients, service users and the public*
- *Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.*

The Equalities overview is held centrally within our clinical system for all to review and refresh themselves on regularly. The practice is also in the process of reviewing all of our systems to ensure that they meet our needs.

For the record

Name of person who carried out this assessment: Sarah Parsons

Date assessment completed: 28/08/2013

Name of responsible Director: Dr Jon Birch

Date assessment was signed: 28/08/2013

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Directorate
Involvement and consultation	Annual reviews are carried out regarding the service using the service users' questionnaire. The questionnaire itself is in line with national standards	April 2014	Dr Jon Birch
Data collection and evidencing	Annual reviews are carried out regarding the service using the service users' questionnaire. The questionnaire itself is in line with national standards	April 2014	Dr Jon Birch
Analysis of evidence and assessment	Analysis is presented to NHS CG annually in order to achieve CQUIN	April 2014	Dr Jon Birch
Monitoring, evaluating and reviewing	As above	April 2014	Dr Jon Birch
Transparency (including publication)	As above	April 2014	Sarah Parsons