



Equality and Health Inequalities – Full Analysis Form

Document Title: Equalities and Health Inequalities Full Analysis Form

To be read in conjunction with the Equalities and Health Inequalities Analysis Guidance, Equality and Health Inequalities Unit, NHS England, July 2016

Prepared by: Equality and Health Inequalities Unit

Classification: OFFICIAL

PART A: General Information
<p>1. Title of project, programme or work: Procurement of NHS Orthodontic Services across the South of England - covering local offices in South West, Wessex, South Central and South East England</p>
<p>2. What are the intended outcomes? To procure high quality orthodontic services across the south of England to replace those services being delivered by contracts expiring on 31st March 2019. The work will ensure services are commissioned to meet local need Specific objectives are:-</p> <ol style="list-style-type: none">1. To ensure best value for money and make certain service specifications conform to new commissioning guidelines2. To ensure competition requirements are met through Dynamic Purchasing System standards for the procurement of Orthodontic services.3. To ensure patients who require orthodontic care, and who meet the criteria to receive NHS treatment are able to receive such care and complete treatment within the transition.4. Be assured of the quality of services provided and implement new key performance indicators5. Ensure clear communications regarding changes to services in the South to all stakeholders
<p>3. Who will be affected by this project, programme or work? Please summarise in a few sentences which of the groups below are very likely to be affected by this work.</p> <p>Patients currently under orthodontic treatment and patients who may require orthodontic treatment in the future. Staff involved in the current provision of orthodontic services across 134 contracts in the south of England</p>
<p>4. Which groups protected by the Equality Act 2010 and/ or groups that face health inequalities are very likely to be affected by this work?</p> <p>None – Orthodontics is a specialist service accessed on referral from general dental practitioners and is mainly provided for children and adolescents who meet the agreed criteria for NHS treatment. The service is also provided for adults where there is clinical justification and where prior approval has been agreed with the commissioner.</p>

The proposed procurement of services is to replace existing contracts which are expiring and access to services would be for those children who meet the eligibility criteria, regardless of their age, or any protected characteristics.

The services commissioned will be the same as those already in place. This is not a change of service but is a recommissioning of existing services. As the proposed work is re-providing existing services it is considered this will not have an impact or any differential impact for any groups or individuals.

There are questions included within the ITT documents which require providers to explain how they will ensure the service to be provided will be accessible for all children who meet the referral criteria and with regard to the requirements of the Equality Act 2010.

Through the patient engagement exercise undertaken we have been able to receive and understand the views of service users including patients, their parents, guardians or carers, including people with a disability and from different ethnic backgrounds.

PART B: Equalities Groups and Health Inequalities Groups

5. Impact of this work for the equality groups listed below.

Focusing on each equality group listed below (sections 5.1. to 5.9), please answer the following questions:

- a) Does the equality group face discrimination in this work area?
- b) Could the work tackle this discrimination and/or advance equality or good relations?
- c) Could the work assist or undermine compliance with the Public Sector Equality Duty (PSED)?
- d) Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?
- e) If you cannot answer these questions what action will be taken and when?

5.1. Age

No impact as there is no change proposed to the services which will be commissioned. Orthodontics is mainly provided for children and adolescents who meet the agreed criteria for NHS treatment and for adults where there is clinical justification and where prior approval has been agreed with the commissioner

All providers of the service are required to adhere by the regulations for consent, and to have arrangements in place for the safeguarding of children.

Existing travel distances and travel patterns have been examined and taken account of when identifying the proposed location for the services to be procured.

The service specification includes a requirement for providers to provide appointments which recognise the patient group who use the service and offer appointments on days and at times which are accessible and convenient.

5.2. Disability

No difficulties have been identified in responses received regarding access for patients with disabilities through the patient engagement exercise.

There is a potential to impact upon those with a physical disability being able to access services due to the service location or physical barriers accessing the premises.

All providers will be expected to demonstrate in response to the ITT questions their premises and services are accessible for people with a disability.

The service specification requires providers to have in place information for patients both verbal and in a variety of written forms.

5.3. Gender reassignment

There is no evidence to suggest that a transgender person will have any additional barriers to accessing the service if they meet the clinical guidelines for treatment.

5.4. Marriage and civil partnership

The majority of patients receiving orthodontic care are children, which would necessitate children taking time out of school and family members and carers or guardians also have to take time away from their working arrangements.

The service specification includes a requirement for providers to provide appointments which recognise the patient group who use the service and offer appointments on days and at times which are accessible and convenient.

5.5. Pregnancy and maternity

The majority of patients receiving orthodontic care are children, which would necessitate children taking time out of school and family members and carers or guardians also having to take time away from their working arrangements. This may also include mothers who maybe pregnant or nursing siblings who may have to accompany a child for an appointment.

The service specification includes a requirement for providers to provide appointments which recognise the patient group who use the service and offer appointments on days and at times which are accessible and convenient.

5.6. Race

There is no evidence to indicate there are any differences to access the service by ethnic group.

No impact, apart from the general impact for patients who do not have private transport or access to public transport

Existing travel distances and travel patterns have been examined and taken

account of when identifying the proposed location for the services to be procured. Reporting of access to the service by ethnicity will be undertaken by providers as a part of service delivery.

5.7. Sex or gender

No impact, apart from the general impact for patients who do not have private transport or access to public transport

Existing travel distances, travel patterns and modes of transport have been examined and taken account of when identifying the proposed location for the services to be procured.

5.8. Sexual orientation

No impact, apart from the general impact for patients who do not have private transport or access to public transport

Existing travel distances, travel patterns and modes of transport have been examined and taken account of when identifying the proposed location for the services to be procured.

6. Implications of our work for the health inclusion groups listed below.

Focusing on the work described in sections 1 and 2, in relation to each health inclusion group listed below (Sections 6.1. To 6.12), and any others relevant to your work¹, please answer the following questions:

- f) Does the health inclusion group experience inequalities in access to healthcare?
- g) Does the health inclusion group experience inequalities in health outcomes?
- h) Could the work be used to tackle any identified inequalities in access to healthcare or health outcomes?
- i) Could the work assist or undermine compliance with the duties to reduce health inequalities?
- j) Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?
- k) As some of the health inclusion groups overlap with equalities groups you may prefer to also respond to these questions about a health inclusion group when responding to 5.1 to 5.9. That is fine; please just say below if that is what you have done.
- l) If you cannot answer these questions what action will be taken and when?

¹ Our guidance document explains the meaning of these terms if you are not familiar with the language.

6.1. Alcohol and / or drug misusers

There is no evidence to suggest that alcohol and or drug misusers will have any additional barriers to accessing the service if they meet the clinical guidelines for treatment.

As a referral service this will be dependent upon this group having primary access to a general dentist, who would arrange referral to an orthodontic provider.

6.2. Asylum seekers and /or refugees

There is no evidence to suggest that children of asylum seekers and or refugees will have any additional barriers to accessing the service if they meet the clinical guidelines for treatment.

As a referral service access will be dependent upon this group having access to a general dentist.

6.3. Carers

There is no evidence to suggest that children who are carers will have any additional barriers to accessing the service if they meet the clinical guidelines for treatment.

As a referral service access will be dependent upon this group having access to a general dental service.

6.4. Ex-service personnel / veterans

There is no evidence to suggest that children of ex service personnel or veterans will have any additional barriers to accessing the service if they meet the clinical guidelines for treatment.

Orthodontics is mainly provided for children and adolescents who meet the agreed criteria for NHS treatment and for adults where there is clinical justification and where prior approval has been agreed with the commissioner

As a referral service access will be dependent upon this group having access to a general dental service.

6.5. Those who have experienced Female Genital Mutilation (FGM)

There is no evidence to suggest those who have experienced female genital mutilation will have any additional barriers to accessing the service if they meet the clinical guidelines for treatment.

As a referral service access will be dependent upon this group having access to a general dental service.

6.6. Gypsies, Roma and travellers

<p>There is no evidence to suggest that children of gypsies, Roma and travellers will have any additional barriers to accessing the service if they meet the clinical guidelines for treatment. As a referral service access will be dependent upon this group having access to a general dental service</p>
<p>6.7. Homeless people and rough sleepers</p> <p>There is no evidence to suggest that homeless people and rough sleepers will have any additional barriers to accessing the service if they meet the clinical guidelines for treatment. As a referral service access will be dependent upon this group having access to a general dental service</p>
<p>6.8. Those who have experienced human trafficking or modern slavery</p> <p>There is no evidence to suggest those who have experienced human trafficking or modern slavery will have any additional barriers to accessing the service if they meet the clinical guidelines for treatment. As a referral service access will be dependent upon this group having access to a general dental service</p>
<p>6.9. Those living with mental health issues</p> <p>There is no evidence to suggest those living with mental health issues or children of those living with mental health issues will have any additional barriers to accessing the service if they meet the clinical guidelines for treatment. As a referral service access will be dependent upon this group having access to a general dental service</p>
<p>6.10. Sex workers</p> <p>There is no evidence to suggest that sex workers or children of sex workers will have any additional barriers to accessing the service if they meet the clinical guidelines for treatment. As a referral service access will be dependent upon this group having access to a general dental service</p>
<p>6.11. Trans people or other members of the non-binary community</p> <p>There is no evidence to suggest that trans people or other members of the non-binary community will have any additional barriers to accessing the service if they meet the clinical guidelines for treatment. As a referral service access will be dependent upon this group having access to a general dental service</p>
<p>6.12. The overlapping impact on different groups who face health inequalities</p> <p>None</p>

6. Other groups that face health inequalities that we have identified.

7.

Have you have identified other groups that face inequalities in access to healthcare?

Does the group experience inequalities in access to healthcare and/or inequalities in health outcomes?

Short explanatory notes - other groups that face health exclusion.

As we research and gather more data, we learn more about which groups are facing health inequalities. If your work has identified more groups that face important health inequalities please answer questions 7 and 8. Please circle as appropriate.

If you have not identified additional groups, that face health inequalities, just say not applicable or N/A in the box below.

Yes Complete section 8	No Go to section 9	N/A
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8. Other groups that face health inequalities that we have identified.

Could the work be used to tackle any identified inequalities in access to healthcare or health outcomes in relation to these other groups that face health inequalities?

Could the work undermine compliance with the duties to reduce health inequalities and, if so, what action should be taken to reduce any adverse impact?

Is the work going to help NHS England to comply with the duties to reduce health inequalities?

If you have identified other groups that face health inequalities please answer the questions below. You will only answer this question if you have identified additional groups facing important health inequalities.

PART C: Promoting integrated services and working with partners

Short explanatory notes: Integrated services and reducing health inequalities.

Our detailed guidance explains the duties in relation to integrated services and reducing health inequalities. Please answer the questions listed below.

9. Opportunities to reduce health inequalities through integrated services.

Does the work offer opportunities to encourage integrated services that could reduce health inequalities? If yes please also answer 10.

Yes
Go to section 10

No
Go to section 11

Do not know

10. How can this work increase integrated services and reduce health inequalities?

Please explain below, in a few short sentences, how the work will encourage more integrated services that reduce health inequalities and which partners we will be working with.

PART D: Engagement and involvement

11. Engagement and involvement activities already undertaken.

How were stakeholders, who could comment on equalities and health inequalities engaged, or involved with this work? For example in gathering evidence, commenting on evidence, commenting on proposals or in other ways? And what were the key outputs?

Development of a communication and engagement plan which sets out the activities which are aimed at informing and engaging providers, staff and local stakeholders, including users to capture feedback to inform the commissioning decisions.

In the development of the commissioning guides, NHS England has collaborated with many different stakeholders, including patients/carers, to ensure their perspectives have informed the development and that the core principles above have been met. This has included having at least two patient/carer representatives on each of the four Working Groups, having a dedicated Patient Review Group to develop two specific chapters of the commissioning guides ('patient journey' and 'vulnerable and excluded groups'), and holding specific events targeted solely on focusing on the patient/carer experiences e.g. focus groups with children and young people

Market briefing events have been held to inform and engage with potential providers and has been built into the procurement plans before mini competitions are undertaken,

Period of public/patient/stakeholder engagement undertaken to gather the views of service users.

- Engagement methodology will be localised and proportionate to the affected population across the South region. This will therefore vary depending on where the target audiences are geographically based and what changes are proposed to existing services.
- Communications and engagement plans will utilise both on and offline channels to ensure accessibility to a range of audiences. All patient and public communication materials will be checked for accessibility.
- Survey of existing service users undertaken by NHS dental Services
- Service users/ patients invited to respond via survey (on-line and paper) publicised through local providers.
- Stakeholder briefing and engagement between 28th November and 20th December 2101.
- 11 market briefing events held across the south of England in October and November 2017.

2132 responses received from service users across the south of England

12. Which stakeholders and equalities and health inclusion groups were involved?

British Orthodontic Society
 British Dental Association

Health Education England
 Local dental networks
 Local dental committees
 Managed Clinical Networks
 GPs
 CCGs
 Health and wellbeing boards; HOSC/HASCs
 Healthwatch organisations
 HEE area teams
 Acute trusts
 Local interest groups
 Existing patients/carers
 Parents (in terms of children as potential patients)
 Existing orthodontic providers
 Potential orthodontic providers
 NHS England South dental teams and management team
 NHS England South staff (general messaging)
 MPs

13. Key information from the engagement and involvement activities undertaken.

Were key issues, concerns or questions expressed by stakeholders and if so what were these and how were they addressed? Were stakeholders broadly supportive of this work?

When asked about other days/times when people would like appointments, the majority who commented requested appointments out of school hours, with the most preferred times being from 3 or 3.30pm after school and early evening, followed by early morning before school and Saturdays/weekends

The service specification includes requirements for providers to ensure appointments are available at times which are accessible and convenient to patients, and in particular appointments available outside of school times.

In the ITT questions, providers are requested to demonstrate how their service will be accessible and how they will provide appointments outside of school times.

Comments received from patients included the importance of access to service for people with a disability.

The service specification requires providers to ensure their premises and facilities are accessible for people with a disability. The ITT questions require providers to demonstrate how they will identify patient's needs and ensure their service is accessible to people with consideration being given to their local population and including those with a disability. The provider will also be expected to demonstrate how they will ensure the service can be accessed by all eligible people, including patients in vulnerable and hard to reach groups.

Providers will also be expected to ensure they provide information to patients in a range of accessible formats.

Whilst 87% of patients who responded travelled to an appointment by car, 5% relied upon public transport.

In planning locations account has been taken account of current public transport routes and in a number of rural areas, services will be delivered from spoke surgeries which will improve local access.

14. Stakeholders were not broadly supportive but we need to go ahead.

If stakeholders were not broadly supportive of the work but you are recommending progressing with the work anyway, why are you making this recommendation?

Most of the comments received from stakeholders which were not supportive of some

elements of the work came from providers and related to the elements of the work which are outside of the scope of the procurement process or are subject to national work, such as contract price, provision of orthodontic services not affected by the procurement as they are delivered within a GDS contract or PDS contract in perpetuity.

There were no comments which were not supportive which related to an impact or differential impact on any group of service users.

15. Further engagement and involvement activities planned.

Are further engagement and involvement activities planned? If so what is planned, when and why?

No further engagement activities are currently planned. The need for any further engagement and involvement work will be kept under review through the procurement and mobilisation period.

PART E: Monitoring and Evaluation

16. In relation to equalities and reducing health inequalities, please summarise the most important monitoring and evaluation activities undertaken in relation to this work

The services commissioned will be the same as those already in place. This is not a change of service but is a recommissioning of existing services due to contract ends. As the proposed work is reproviding existing services it is considered this will not have an impact or any differential impact for any groups or individuals

A possible impact for some users is likely to be the change of location of some services. In identifying the service locations, account has been taken of existing travel distances and patterns, local public transport which is aimed to ensure the majority of users can access services within 15-25kms of their place of residence.

Assessments of level of orthodontic need have been undertaken at local authority level, existing patterns of access to orthodontic services, including patient profile and also travel patterns.

As a specialist service accessed on referral, assessments have been undertaken to establish the travel patterns and distances for service users to attend appointments with existing NHS orthodontic providers.

Patient survey has been undertaken to receive the views of service users on current services, particularly accessibility to existing services and preferred appointment times. This has not demonstrated there has been any differential impact on any particular patient group.

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It is proposed that a further survey of users will be undertaken in year 3 of the new contract to assess the views of patients and the impact of the new service on all users.

Year 3 is proposed as this will be the earliest point during the life of the new contracts at which there will be a cohort of patients who will have completed treatment under these contracts.

This equality impact assessment will be kept under review during the procurement and mobilisation period of the new services.

17. Please identify the main data sets and sources that you have drawn on in relation to this work. Which key reports or data sets have you drawn on?

Orthodontic Needs assessments for each regional office, undertaken with Public Health England

Anticipated population growth during the proposed life of the contracts

Existing provision of Orthodontic services in each regional office area

Current pattern of access to orthodontic services, including travel distances

NHS England Introductory Guides for Commissioning Dental Specialties

NHS England Guides for commissioning dental specialties – orthodontics

National Dental Epidemiology programme 2008/09 survey results for 12 year olds

18. Important equalities or health inequalities data gaps or gaps in relation to evaluation.

In relation to this work have you identified any:

- important equalities or health inequalities data gaps or
- gaps in relation to monitoring and evaluation?

Yes

No

Main issue identified has been potential for change of service location to have on service users. Patient feedback has indicated there is overall satisfaction with the location of services and the current wait times for an appointment. Patients who responded considered the time to wait for an appointment was more important than the distance to access the service.

19. Planned action to address important equalities or health inequalities data gaps or gaps in relation to evaluation.

If you have identified important gaps and you have identified action to be taken, what action are you planning to take, when and why?

N/A

South West

Across the south west orthodontic services are located in centres of population which in some cases have meant patients have to undertake lengthy journeys to the nearest practice. The proposals for new orthodontic services will improve the number of people able to access services within 25 kms of an orthodontic practice. This will be achieved by procuring new services in areas where there is currently no or very limited local access. This includes provision in the Sedgemoor district of Somerset and more local clinics for people in the Okehampton and West Devon areas, the South Hams, the far east of Devon and South East Cornwall through hub and spoke services.

South East

In the south east, the location of all existing orthodontic providers has been considered and mapped against the orthodontic need. The following factors have been taken into consideration to inform the contracts to be procured to ensure patients have access to a local service, orthodontic needs and main centres of population, size and viability of contracts to meet those needs, availability of public transport and their routes, travel distances and travel times.

Wessex

Within Wessex orthodontic services are located in the main within areas of high population which in some cases has meant that patients have to undertake lengthy journeys to the nearest practice. The proposals for new orthodontic services will improve the number of people able to access services within 25 kms of an orthodontic practice. This will be achieved by procuring new services in areas where there is currently no or very limited local access.

South Central

From 1st April 2019 NHS South Central plans to procure services via 31 contracts. This takes account of the need identified for Orthodontics amongst 12 years olds (as per 2018 population forecasts) with some adjustment to take account of resource availability. The availability of resources to support any expansion of Orthodontics will be subject to on-going review over the life of the contracts.

If there is Orthodontic provision within a Local Authority at present this will continue post 2019. There will also be new provision in some Local Authorities. This is part of the aim to achieve more local access for patients so that at least 80% of patients can access a practice within 10 miles (15kms) if they live in urban area and 16 miles (25kms) if they live in a rural area.

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PART F: Summary analysis and recommended action		
20. Contributing to the first PSED equality aim.		
Can this work contribute to eliminating discrimination, harassment or victimisation?		
Yes	No	Do not know
If yes please explain how, in a few short sentences		
21. Contributing to the second PSED equality aim.		
Can this policy or piece of work contribute to advancing equality of opportunity? Please circle as appropriate.		
Yes	No	Do not know
If yes please explain how, in a few short sentences		
22. Contributing to the third PSED equality aim.		
Can this policy or piece of work contribute to fostering good relations between groups? Please circle as appropriate.		
Yes	No	Do not know
If yes please explain how, in a few short sentences		
23. Contributing to reducing inequalities in access to health services.		
Can this policy or piece of work contribute to reducing inequalities in access to health services?		
Yes	No	Do not know
If yes which groups should benefit and how and/or might any group lose out?		
24. Contributing to reducing inequalities in health outcomes.		
Can this work contribute to reducing inequalities in health outcomes?		
Yes	No	Do not know
If yes which groups should benefit and how and/or might any group lose out?		

25. Contributing to the PSED and reducing health inequalities.

How will the policy or piece of work contribute to the achieving the PSED and reducing health inequalities in access and outcomes? Please describe below in a few short sentences.

There is no social gradient in terms of normative orthodontic need, the same prevalence of malocclusion will occur in all social groups. However, there is evidence in some areas that children from more deprived communities have lower rates of orthodontic intervention

Through this work we have taken account of all service users and particular needs. We have built into the procurement process and service specification, steps to ensure the services being procured demonstrate how they will ensure they will meet the public sector equality requirements.

26. Agreed or recommended actions.

What actions are proposed to address any key concerns identified in this Equality and Health Inequalities Analysis (EHIA) and / or to ensure that the work contributes to the reducing unlawful discrimination / acts, advancing equality of opportunity, fostering good relations and / or reducing health inequalities? Is there a need to review the EHI analysis at a later stage?

Adjustments have been made during the procurement process in the following areas:-

Questions included within the ITT documents for providers to demonstrate how they will ensure their services will be accessible to all patients and how they will comply with the requirements of the Equality Act.

The service specification has been reviewed to ensure it requires providers to ensure their services are delivered to meet the needs of all patients and do not discriminate against any patient group.

Action	Public Sector Equality Duty	Health Inequality	By when	By whom
No actions defined at this stage				