




**EQUALITY IMPACT ANALYSIS (EIA)  
FORM**

<b>Policy/Project/Function</b>	<b>Diabetes Foot Care Pathway – new NICE recommended pathway</b>
<b>Date of Analysis</b>	February 2015 – <b>updated December 2015 (all up-dates in blue)</b>
<b>Analysis completed by: Name and Department Email and contact details</b>	<b>Dawn Buck</b>
<b>What are the aims or intended outcomes of the Policy/Project or Function?</b>	To implement a NICE compliant Foot Care Pathway for those with diabetes who are at low risk, medium and high risk and those with active foot disease. To improve patient satisfaction and reduce delays of accessing treatment through improvement awareness and understanding and better management in primary care for those at low risk, introduction of a dedicated foot protection team and new provision of combined foot clinics and MDT. Overall this will help, in time, to reduce amputation rates and non-elective admissions.
<b>Are there any other policies related to this as part of the analysis?</b>	<p>Proposed new model of the foot care pathway/ Diabetes Strategy – <b>revised November 15 pathway added – this improved pathway has been used to further engage local patients about the plans to implement a new pathway</b></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">               Foot Care Pathway              Dec 14.docx         </div> <div style="text-align: center;">               Diabetes Strategy              for Southampton City Compliant FC Pathwa         </div> <div style="text-align: center;">               SCCCG NICE         </div> </div>

## 1. SCREENING

Protected Characteristic	Will this policy have a positive effect? Yes or No	Will this policy have a negative effect? Yes or No	What is the evidence?
<b>Age</b>	<b>Yes</b>	<p>Following the review of the current podiatry caseload in July and August 2015. A significant number were low risk patients. To build the capacity to deliver the proposed Foot Protection team the service will need to discharge 1,762 patients who will be sign-posted to alternative provision in the city to manage corns, callous, nail care and generalised foot pain.</p> <p>However of the 23,000 contacts per year provided by the service the overall impact will still be positive for the majority of service users who will benefit from reduced waiting times and a more responsive service to reduce further complications</p>	<b>See full assessment page 11</b>
<b>Disability</b>	<b>Yes</b>		
<b>Marital status/ Civil Partnership</b>	<b>Yes</b>		
<b>Pregnancy and Maternity</b>	<b>Yes</b>		
<b>Race</b>	<b>Yes</b>		
<b>Religion or Belief</b>	<b>Yes</b>		
<b>Sex</b>	<b>Yes</b>		
<b>Sexual Orientation</b>	<b>Yes</b>		
<b>Transgender people</b>	<b>Yes</b>		

**Retain this information for evidence**

**2. LOCAL POPULATION PROFILE/DEMOGRAPHY**

<b>Overall Population Of Southampton</b>	<b>239,428</b>																																												
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<b>Pregnancy/Maternity Profile</b>	<p>In 2011 there were 3,520 maternities to Southampton females resulting in 3,550 live births. In 2011/12 47.2% of babies were being fully or partially breastfed at their 6-8 week check.</p>																																																												
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<b>Sex Profile</b>	Male 121,234 Female 118,195																																	
<b>Sexual Orientation Profile</b>	Data from the Integrated Household Survey in 2010/11 found 1% of adults surveyed identified themselves as gay or lesbian and a further 0.5% identified themselves as bisexual. In Southampton this would equate to 1,970 gay or lesbian adults and 990 bisexual adults. The survey found a larger proportion of men stating they were gay (1.3%) compared to women (0.6%).																																	
<b>Transgender Profile</b>	There are no official statistics nationally or regionally regarding transgender populations, however, GIRES (Gender Identity Research and Education Society) estimated that, in 2007, the prevalence of people who had sought medical care for gender variance was 20 per 100,000. This equates to an estimated 50 people in Southampton																																	

### 3. AVAILABLE EQUALITY DATA AND INFORMATION

<p><b>Is Equality Information/Data available in relation to the implementation of this Policy/Project/Function?</b></p> <p>This is internal or external information/data which may indicate how the different Equality Groups may be affected by this policy/project /function</p>	<p>Please Tick;</p> <p><b>Yes</b> ✓ <b>No</b></p> <p>Diabetes Patient Survey 2013</p> <p><a href="#">Foot Care Engagement Summary Report 2015</a></p>
<p><b>List any Consultations which have been undertaken with Service Users, Carers, Public, Employees, Unions in the development and implementation of this Policy/Project/Function</b></p>	<p>A programme of engagement started in December 2012 and has continued to seek patient views on current provision and areas for improvement. Foot Care was identified as an area for improvement.</p> <p>Diabetes Uk continues to challenge the CCG on its performance against the national measures for foot care management. It advocates the implementation of the NICE guidelines for Foot Care.</p> <p>The proposed changes would require education of both primary care and local people with diabetes whose expectation of the podiatry service needs to be managed appropriately. In 2013-14 343 people self-referred to the podiatry service, 8% of all referrals to the service.</p> <p>If this proposal is approved communications and engagement, as part of the overall implementation plan will need to be delivered to ensure that the proposal for improvement to the foot care pathway gains local support. Initial plans include 'Myth Buster' leaflet, presentations by the podiatry team lead with support from LTC commissioning manager at local Diabetes Uk meeting, CCG Comms and Engagement Group and Patient Forum.</p> <p><a href="#">The proposal for the implementation of a NICE Compliant Foot Care pathway was approved in October 2015. Further public engagement was undertaken in June 2015 – feedback from these events was included in the final paper to the Clinical Executive Group.</a></p>

	<p>Since October a programme of engagement has started to share the plans to implement the new pathway to ensure full support of the planned changes.</p> <p>To date the plan to introduce the new pathway has been well received and the impact on the current low risk caseload has not met with any challenge.</p> <p>The Communications and Engagement plan has been approved.</p>
<p><b>Promoting Inclusion and Cohesion: How does this Policy/Project/Function contribute towards the organisations aims to promote Equality, Diversity and Human Rights and Elimination of Discrimination?</b></p>	<p>One of our strategic goals is Making it Fairer – tackling inequalities. As a CCG we have developed a systematic and embedded approach to insight gathering and engagement and involvement work via our You said we did framework.</p>

#### 4. ASSESSMENT

What impact will the implementation of this Policy/Project/Function have on the Equality Groups as defined by the Equality Act 2010?

<b>Equality Groups</b>	<b>No Impact</b>	<b>Positive Impact</b>	<b>Negative Impact</b>	<b>Evidence of impact and /or justification for a <i>Genuine Determining Reason</i> exists</b>
<b>Age</b>		✓		This project will support those adults with diabetes in the city approximately 11, 545. It aims to improve outcomes for all patients who are low risk, medium to high risk and those with active foot disease.
<b>Disability</b> Mental or Physical or Sensory		✓		This project will improve outcomes for all those with diabetes including those with a disability
<b>Marital or Civil Partnership Status</b>		✓		This project will improve outcomes for all those with diabetes
<b>Pregnancy and Maternity</b>		✓		This project will improve outcomes for all those with diabetes
<b>Race</b> All racial groups		✓		This project will improve outcomes for all those with diabetes



<b>Religion or Belief</b> All faiths or no faith		✓		<b>This project will improve outcomes for all those with diabetes</b>
<b>Sex</b> Women and Men		✓		<b>This project will improve outcomes for all those with diabetes</b>
<b>Sexual Orientation</b>		✓		<b>This project will improve outcomes for all those with diabetes</b>
<b>Trans-gender</b>		✓		<b>This project will improve outcomes for all those with diabetes</b>

## 5. ACTION PLANNING

As a result of the assessment what actions are proposed to reduce or remove any risks of adverse/negative outcomes identified for service users, carers, public, employees who share the 9 protected Characteristics of the Equality Act 2010?

Identified Risk	Action Recommended	Completion Date	Review Date	Responsible Manager + Contact details
<p>In the Diabetes Patient Survey 2013 – 97% of those who responded to the questions relating to foot care said that they were aware of the problems they might have with their feet, 66% said that they check their feet every day and 75% said that they had their feet checked annually or more frequently.</p> <p>In Primary Care 83% those with diabetes have a record of a foot care check annually.</p> <p>Despite these positive examples of good foot care management amputation rates within the city have continued to rise and we see a high number of NEL admissions.</p> <p>Key to the success of this project is to ensure improved quality of provision particularly in primary care and to ensure that those with diabetes and the general population are aware of the need for good self-management.</p>	<ol style="list-style-type: none"> <li>1. Improved management in Primary Care – 12 month programme of engagement, education &amp; training and in reach support from podiatry team.</li> <li>2. Improved patient awareness – 12 month programme of engagement, promotion and awareness building – linked to provider provision</li> <li>3. <a href="#">Diabetes Uk foot care event to be held in April 2016, supported by local community Diabetes and Podiatry teams to help promote good foot care self-management</a></li> </ol>	<p>March 2016</p>	<p>6 month review on progress September 2016</p> <p>Final review / evaluation June 2016</p> <p><a href="#">On the day participant evaluation</a></p>	<p>LTC Senior Commissioner / Head of Communications / Head of Stakeholder and relations engagement</p>

**The risk is therefore that we fail to reach those who would benefit most from increased awareness and education.**

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## 6. RATING of FINDINGS

<b>Analysis Rating</b>			<b>Green</b>	
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## 7. Summary

### **Brief Summary/Any Comments:**

**The EIA has been undertaken by Dawn Buck, Head of Stakeholder Engagement and the Commissioner for LTC.**

**The EIA found that there would be no negative impact on people protected under the equality act (2010)**

**One key risk has been identified together with an action plan which it is considered will address the risk.**

**The up-date undertaking in December 2015 also concludes that although patients who are at low risk will need to access care, with support, outside of the podiatry service, the overall impact is positive.**

### Responsible Manager

<b>Name</b>	<b>Job Title</b>	<b>E-Mail/ Telephone</b>	<b>Date</b>
Dawn Buck	Head of Stakeholder Engagement & Patient Experience	Dawn.buck@southamptoncityccg.nhs.uk	10 <sup>th</sup> Feb 2015
Dawn Buck	Head of Stakeholder Engagement & Patient Experience	Dawn.buck@southamptoncityccg.nhs.uk	Up-date December 2015

### Approval and Sign Off

<b>Name</b>	<b>Job Title</b>	<b>E-Mail/ Telephone</b>	<b>Date</b>
John Richards	Chief Executive		