

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):

Commissioning of an NHS Health Check system

2. Directorate

Adult Social Care

3. Responsible Service/Division

Public Health

Accountability and Responsibility

4. Officer completing EQIA

Note: This should be the name of the officer who will be submitting the EQIA onto the App.1)

Craig Barden

5. Head of Service

Note: This should be the Head of Service who will be approving your submitted EQIA.

Cynthia Folarin

6. Director of Service

Note: This should be the name of your responsible director.

Dr Anjan Ghosh

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Service Change – operational changes in the way we deliver the service to people. Answer Yes/No

No

Service Redesign – restructure, new operating model or changes to ways of working. Answer Yes/No

No

Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects. Answer Yes/No

No

Commissioning/Procurement – means commissioning activity which requires commercial judgement. Answer Yes/No

Yes

Strategy /Policy – includes review, refresh or creating a new document. Answer Yes/No

No

Other – Please add details of any other activity type here.

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

This activity is a commissioning project with the main objective of procuring a suitable system to facilitate effective and efficient delivery of the NHS Health Check programme in Kent. This is a mandated national public health programme which local authorities must provide to their populations. It aims to prevent and identify disease as early as possible in the target population, who are residents aged 40-74 without a pre-existing health condition e.g., cardiovascular disease, diabetes, kidney disease.

A system is required to support with the entire NHS Health Check pathway for functions including identification and invitation of the eligible population, data capture of mandatory information during the check, facilitating payments to providers, reporting data back to Kent County Council, and supporting the patient with long term positive behaviour change to improve their lifestyle.

The aims and objectives of this commissioning project are:

- A system that facilitates the NHS Health Check programme in Kent is procured and mobilised effectively.
- Service users are satisfied with the system and have access to appropriate technical support.
- The system is value for money, effective, and ensures a high level of accessibility.
- ‘Train the trainer’ training is provided to the programme managers who are then able to train system users on how to use the system for health check purposes.
- The NHS Health Check programme continues to operate in a compliant, legal, and accessible manner, meeting all regulations in its conduct.

The equality recommendations of this commissioning project are:

- Ensure that accessibility and equality legislation is explicitly mentioned within the specification and are featured as minimum acceptable requirements. This will apply to all elements of service including the system itself, training, and support.
- Ensure that there are alternative options for all patient facing elements that are digital in nature e.g., ensuring patients can be invited by a physical postal letter as well as via an SMS text message. This will ensure that no patients are excluded due to digital limitations.
- Explore the option of sending out letters and SMS text messages in someone’s own language if they are unable to read English and in braille if required.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity? Answer: Yes/No

No.

10. Is it possible to get the data in a timely and cost effective way? Answer: Yes/No

No.

11. Is there national evidence/data that you can use? Answer: Yes/No

Service users (those that use the NHS Health Check system)

Yes. Data exists on the NHS Digital website which provides information on the general practice workforce, including information on age band, role, gender, and ethnicity. This information can support with this EqIA in the context of service users, as general practice will be the main user of this provision. This dataset shows that there is a wide range of ethnicities and age ranges that make up the general practice workforce. The data on the general practice workforce can be accessed in an Excel extract here: <https://digital.nhs.uk/data-and-information/publications/statistical/general->

[and-personal-medical-services/30-november-2022](#)

Patients (those that benefit from the NHS Health Check system in receipt of health check services)

Age – National data suggests that smartphone usage declines with age in that those who are older are less likely to use a mobile smartphone. According to this 2021 data (link below), 73% of people aged 55 to 64 years use mobile phones compared to just 40% of those that are aged 65 and above. This highlights that people are less likely to use a mobile phone the older they are, meaning that digital options within the system that rely on mobile phone ownership and usage could unintentionally disadvantage older patients. Therefore, the relevant actions will be taken to mitigate against these risks as highlighted in C within section 19 of this EqIA ('mitigating actions for age').

<https://cybercrew.uk/blog/smartphone-usage-statistics-uk/>

Disability – There is no single measure of disability for Kent, and multiple sources need to be used to arrive at numbers and prevalence estimates of disability across the region.

According to Kent Analytics, 'Using the broadest definition (2011 Census), 257,038 (17.6%) of Kent residents have a health problem or disability which limits their day-to-day activities.'

'A higher proportion of people aged 65 and over claim a disability benefit than younger age groups.'

In addition, 15.6% of individuals claiming disability benefits in Kent (19,774) do so because of a learning disability. This compares to 64.3% (81,579) claiming for physical disability and 20.2% (25,611) claiming for mental health problems.

This data suggests that disability is prevalent among the Kent population, particularly amongst older age groups (which are the target for the NHS Health Check programme).

The disabled population are at risk of being disadvantaged from provision of the NHS Health Check system e.g., those with a learning difficulty might not be able to process information that is too complicated and not laid out in an easy read version. Therefore, the relevant actions will be taken to mitigate these risks as highlighted in C within section 20 of this EqIA ('mitigating actions for disability').

https://www.kent.gov.uk/data/assets/pdf_file/0018/8181/Disability-in-Kent.pdf

Ethnicity – According to an England and Wales summary by the UK government, individuals from a White British (99.7%), Black Caribbean and White Irish background (both at 98.5%), are most likely to speak English as their main language. Other ethnicities were significantly less likely to speak English as their first language including those that are Indian (63.4%), Pakistani (61.7%), Chinese (44.4%), African (71.9%), and Arab (40.8%). This shows that ethnicity is closely linked to rates of English as a first language.

According to the most recent [2021 Census by the Office for National Statistics](#), the area in Kent with the greatest proportion of the population whose main language is not English is Gravesham at 11.92%. This ties in with regional data showing high ethnic diversity in this district. On the other side of the spectrum, Tonbridge and Malling has the lowest proportion of its population whose main language is not English at 3.1%.

<https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/demographics/english-language-skills/latest>

Remaining protected characteristics

Data for the remaining protected characteristics (carers, pregnancy and maternity, marriage and civil partnerships, and sexual orientation) was not sought because the service will have a neutral impact on these protected characteristics.

12. Have you consulted with Stakeholders?

Answer: Yes/No

Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.

Yes.

13. Who have you involved, consulted and engaged with?

Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

A range of stakeholders have been, and will continue to be, consulted throughout this commissioning project. These include:

- Local Medical Committee (representative committee of NHS General Practices in Kent).
- General Practices (main service user of the system being procured).
- Local Pharmaceutical Committee (representative committee of NHS community pharmacies in Kent).
- Pharmacies (service user of the system being procured).
- Kent Community Health NHS Foundation Trust (partner of Kent County Council which manage and provide NHS Health Check programme in Kent).
- Kent and Medway Integrated Care Board (NHS organisation responsible for most commissioning of primary and secondary care in Kent and Medway. Also procure and manage Kent and Medway general practice's IT system).
- Procurement lead for children's and Public Health commissioning (provision of procurement expertise and advice to commissioners throughout project).
- Service users (those that directly use the NHS Health Check system to facilitate NHS Health Check delivery).

Continued engagement with this varied group of stakeholders will enable commissioners to continue to consider the requirements of those that will use and benefit from the system to ensure it is accessible and that no protected groups are disadvantaged.

14. Has there been a previous equality analysis (EQIA) in the last 3 years? Answer: Yes/No

No.

15. Do you have evidence/data that can help you understand the potential impact of your activity?

Answer: Yes/No

Yes.

Uploading Evidence/Data/related information into the App

Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.

Upload the links to data shown in section 11 above.

KCHFT provide in person training on how to use the current system to GPs and pharmacies registered to provide NHS Health Checks. Of the 72 in person training sessions that took place from March 2022 to October 2022, only one training session attendee reported having an accessibility issue (dyslexia). Though the existing software is built to comply with all accessibility legislation, the trainer spent time with the attendee ensuring that they were comfortable with how to use the software and the required functionality for providing checks. Accessibility requirements are requested when attendees are invited to training, which includes use of the system, and training is adapted accordingly. Although this does not represent the entire NHS Health Check providing service user population, it provides some insight into the prevalence of accessibility requirements amongst those that will use the system. This finding reaffirms the essential requirement for the procurement of having a solution that meets all of the government's accessibility guidelines.

Section C – Impact

16. Who may be impacted by the activity? Select all that apply.

Service users/clients - Answer: Yes/No

Yes.

Residents/Communities/Citizens - Answer: Yes/No

Yes.

Staff/Volunteers - Answer: Yes/No

Yes.

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? Answer: Yes/No

Yes.

18. Please give details of Positive Impacts

This commissioning activity will source a system that enables the NHS Health Check programme to function. Without a suitable system, there would not be the necessary technological and digital infrastructure to effectively support and operate the programme.

The NHS Health Check is a preventative public health programme. It aims to prevent premature death from heart disease, stroke, kidney disease, and more, by completing a general health assessment every 5 years. Currently, it is targeted towards 40–74-year-olds without a pre-existing condition as these ages are considered to be at highest risk of having undiagnosed disease.

As the NHS Health Check programme will be enabled by the commissioning of a system, from which all those within the eligible population will benefit from this preventative health intervention and enjoy better outcomes without regard to protected characteristic.

Health professionals with a disability who use the system to provide health checks can benefit from the system because it will be procured with compliance to accessibility standards and regulations as a minimum requirement. Kent County Council (KCC) have standard minimum requirements for any service with regard to accessibility, and these will be adhered to throughout the procurement process and during contract management. Furthermore, the Kent and Medway Integrated Care Board (ICB) which is supporting the commissioning project will provide KCC with their standard list of information technology, governance standards, and accreditations which will make the list of accessibility requirements more robust.

Patients (members of the public receiving NHS Health Check services) can benefit from the system, regardless of age. Whilst the programme targets those 40-74 without a pre-existing condition, the system will still be able to process data for any age group which will be particularly beneficial in outreach settings. The NHS Health Check programme provides outreach activities to underserved and high-risk communities, with those eligible for an NHS health check able to receive a check and those below the age of 40 or over the age of 74 (not eligible for an NHS Health Check) being able to receive a similar health MOT.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for Age? Answer: Yes/No

(If yes, please also complete sections b, c, and d).

Yes.

b) Details of Negative Impacts for Age

Most of the system will be used by health professionals in primary and community care settings, who will be technologically trained and equipped to use the system. However, commissioners anticipate that there may be digital and mobile orientated aspects of the patient pathway which could negatively impact certain age groups. These include:

1. **Patient lead booking and appointment management via smartphones.** This will likely be via a link sent to a smart mobile phone with functionality to digitally select and manage appointments without needing to call a health professional to book. Data (included earlier in this analysis) suggests that smartphone device usage declines with age, which could unintentionally disadvantage older age groups.
2. **SMS invitations for NHS Health Check sent to the patient's mobile phone.** Data (included earlier in this analysis) suggests that smartphone device usage declines with age, which could unintentionally disadvantage older age groups.
3. **Mobile application for download and long-term use by the patient following the check to manage and improve their lifestyle over time.** Data (included earlier in this analysis) suggests that device usage declines with age, which could unintentionally disadvantage older age groups.

c) Mitigating Actions for Age

1. **Patient lead booking and appointment management via smartphones** – In recognition that not all patients will own and use a mobile smartphone, there will be an option to book either via digital means (if this option is available) or via a telephone call to a health professional. This will ensure that older patients without a smartphone device are not being unintentionally disadvantaged.
2. **SMS invitations for NHS Health Check sent to the patient's mobile phone.** - The service specification will mandate the requirement for both SMS and physical letter invitation options to patients for NHS Health Checks, dependant on the availability of a smartphone number with the patient's GP. Furthermore, there will be numerous invitation pathways with one being the issuing of a physical letter after numerous SMS invitation attempts have not been successful, which will mitigate against the risk of those older patients without a phone being unintentionally disadvantaged.
3. **Mobile application for download and long-term use by the patient following the check to manage and improve their lifestyle over time** – A mobile application for download and long-term use by the patient following the check would be an addition to the service compared to the current model. However, data suggests that older patients are less likely to use a phone which means that older individuals could be unintentionally disadvantaged. In mitigation, all patients will be provided with a paper copy of results from their NHS Health Check and will engage in a lifestyle conversation looking at their risk factors and what can be done in the long-term to manage these. Finally, the patient will also be referred to another service if appropriate and encouraged to maintain a continuing dialogue with their general practice.

d) Responsible Officer for Mitigating Actions - Age

Craig Barden, Commissioner

20. Negative Impacts and Mitigating actions for Disability

a) **Are there negative impacts for Disability?** Answer: Yes/No
(If yes, please also complete sections b, c, and d).

Yes

b) Details of Negative Impacts for Disability
Some patients will encounter barriers when trying to read and comprehend content both via online and physical means. These can be caused by various disabilities including learning difficulties and visual impairments. The system has potential to exacerbate these barriers for the disabled in various ways including but not limited to:
<ol style="list-style-type: none"> 1. Inappropriate colour contrasts between text and the background, and non-text and the background, making seeing and reading information difficult. 2. Lack of alternative text for images which means those with visual impairments cannot understand these images with the support of screen readers. 3. Keyboard barriers existing within content that makes it tricky for those that navigate by keyboard to access and interact with all elements on a webpage, system, or mobile application. 4. If the system is incompatible with various browsers, this could disadvantage those that use a specific web browser which hosts a specific piece of assistive technology. 5. Complicated language being used in place of simpler everyday language, which could disrupt comprehension for individuals with learning difficulties. 6. Physical invitation letters that are sent out to patients might not be understandable to those with visual impairments, unless there is a specific Braille version sent for these patients.
c) Mitigating Actions for Disability
The specification will require all proposed solutions to be built in a way that meets the <i>Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018</i> and <i>The Equality Act 2010</i> .
All tenderers will be required to outline, in detail, exactly how their solution meets the accessibility regulations and how their content is WGAC 2.1 level AA compliant as per the government’s requirements for public sector services.
Furthermore, additional details regarding physical means of communication (such as invitation letters) facilitated by the system will be required to ensure accessibility is maintained for all. Examples could be a braille option or a large text format option for when patients are identified as having visual impairments.
d) Responsible Officer for Mitigating Actions - Disability
Craig Barden, Commissioner
21. Negative Impacts and Mitigating actions for Sex
a) Are there negative impacts for Sex? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No.
b) Details of Negative Impacts for Sex
N/A
c) Mitigating Actions for Sex
N/A
d) Responsible Officer for Mitigating Actions - Sex
N/A
22. Negative Impacts and Mitigating actions for Gender identity/transgender
a) Are there negative impacts for Gender identity/transgender? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No.
b) Details of Negative Impacts for Gender identity/transgender
N/A
c) Mitigating actions for Gender identity/transgender
N/A
d) Responsible Officer for Mitigating Actions - Gender identity/transgender
N/A
23. Negative Impacts and Mitigating actions for Race
a) Are there negative impacts for Race? Answer: Yes/No

<i>(If yes, please also complete sections b, c, and d).</i>
Yes.
b) Details of Negative Impacts for Race
<p>Whilst not the case for every individual and every ethnicity, there is data (attached in the data section) to suggest that certain ethnicities are more likely to not have English as their first language, and some ethnicities where rates of non-English language comprehension is more likely. This could mean that the standard NHS Health Check invitation letter and/or SMS text message issued via the system may not be comprehensible to certain ethnicities. Consequently, these groups may struggle to understand the invitation which could lead to not taking up the NHS Health Check offer, possibly having a detrimental impact on the health of the invited individual.</p> <p>Furthermore, individuals and certain ethnicities may not be able to understand their results from an NHS Health Check if they are accessed via English only websites and/or written in English when English is not a patient's native language.</p> <p>Commissioners are considering inclusion of a mobile application to enable patients to have access to their results and facilitate behaviour change over the long term. If the application is exclusively in English, those that do not have fluent levels of English literacy may struggle to access and understand the information within the application.</p> <p>Overly complicated use of grammar and vocabulary in parts of the system that the patient may interact with, such as prompts on healthy lifestyles that may be featured in the system and read out during the check, may be incomprehensible for those that are not fluent in English. This could reduce access and thus the potential impact of the NHS Health Check for the patient.</p>
c) Mitigating Actions for Race
<p>Officers will explore several options during the commissioning project to ensure that negative impacts of low levels of English literacy are reduced for the respective ethnicities. These include:</p> <ol style="list-style-type: none"> 1. Creation and distribution of invitation letters/SMS in a variety of different languages - This will be explored during the specification building stage. Elements to consider include whether providers have a solution that can accommodate multiple language letters, easy read versions and the solution can automatically detect when (and if) it is appropriate to send different language invitations based on patient record data. 2. Availability of results in different languages – A mandatory requirement for the NHS Health Check system will be for patient's to be given a copy of their results, digitally or physically via a printed copy. The specification will include the requirement for results to be translatable into a range of different languages based on the most prevalent languages spoken in Kent. This will reduce the risk of incomprehension following a check and enable all ethnicities to make a positive change to their lifestyle. All patients will be encouraged to discuss results with the practitioner who did their NHS Health check and/or their General Practitioner, and standard methods for ensuring high quality communication with language barriers minimised will be used e.g., interpreters, digital translation tools. 3. Patient facing websites and applications will be translatable – It will be a requirement for any websites and applications to feature a function that enables the content to be translated into a language of the user's choice. This will ensure that information can be understood as intended and no ethnicities are disadvantaged. 4. Language and grammar in English parts that face the patient will be simple and concise – Where there is English used during any part of the process involving the system (e.g., a prompt read out during the check), it will be written concisely and simply to ensure comprehension and effective communication. This will reduce the risk of non-understanding of communication in ethnicities who may not be fluent in English.
d) Responsible Officer for Mitigating Actions – Race
Craig Barden, Commissioner
24. Negative Impacts and Mitigating actions for Religion and belief
a) Are there negative impacts for Religion and Belief? Answer: Yes/No
<i>(If yes, please also complete sections b, c, and d).</i>

No.
b) Details of Negative Impacts for Religion and belief
N/A
c) Mitigating Actions for Religion and belief
N/A
d) Responsible Officer for Mitigating Actions - Religion and belief
N/A
25. Negative Impacts and Mitigating actions for Sexual Orientation
a) Are there negative impacts for sexual orientation. Answer: <i>Yes/No (If yes, please also complete sections b, c, and d).</i>
No.
b) Details of Negative Impacts for Sexual Orientation
N/A
c) Mitigating Actions for Sexual Orientation
N/A
d) Responsible Officer for Mitigating Actions - Sexual Orientation
N/A
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity
a) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No <i>(If yes, please also complete sections b, c, and d).</i>
No.
b) Details of Negative Impacts for Pregnancy and Maternity
N/A
c) Mitigating Actions for Pregnancy and Maternity
N/A
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity
N/A
27. Negative Impacts and Mitigating actions for marriage and civil partnerships
a) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No <i>(If yes, please also complete sections b, c, and d).</i>
No.
b) Details of Negative Impacts for Marriage and Civil Partnerships
N/A
c) Mitigating Actions for Marriage and Civil Partnerships
N/A
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships
N/A
28. Negative Impacts and Mitigating actions for Carer's responsibilities
a) Are there negative impacts for Carer's responsibilities? Answer: Yes/No <i>(If yes, please also complete sections b, c, and d).</i>
No.
b) Details of Negative Impacts for Carer's Responsibilities
N/A
c) Mitigating Actions for Carer's responsibilities
N/A
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities
N/A