

EQUALITY IMPACT ASSESSMENT FORM – INITIAL SCREENING

Service/Function/Policy	Directorate / Department	Assessor(s)	New or Existing Service or Policy?
Community Special Care Dentistry	Dental Care Group Urgent & Planned Care Division	Dr Rob Hale, Head of Service Jessica Bush, Head of Engagement and Patient Experience Sarah Middleton, Head of Stakeholder Relations	Relocating existing service
<p>1.1 Who is responsible for this service?</p> <p>Service level Dr Rob Hale – Head of Service</p> <p>Divisional level Chloe Cox – Senior Responsible Officer, Divisional Director of Operations Ian Jackson – General Manager, Dental Care Group</p>			
<p>1.2 Describe the purpose of the service? Who is it intended to benefit? What are the intended outcomes?</p> <p>Provision of community dental services to both children and adult patients requiring tier 2 level paediatric dentistry and special care dentistry from Parkway community clinic.</p> <p>Tier 2 level care is defined as a procedure and /or patient complexity requiring a clinician with enhanced skills and experience... this care may require additional equipment or environmental standards (NHS England Guidance notes on Special Care Dentistry referrals).</p> <p>The speciality of Special Care Dentistry is concerned with the improvement of the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or, more often, a combination of these factors. The</p>			

specialty focuses on adolescents and adults only and includes the important period of transition as the adolescent moves into adulthood. [NHS England, commissioning guidance 2015]

Service variation

The provision of direct clinical care to be relocated to other facilities within Croydon, namely Thornton Heath and Edridge Road clinics.

1.3 Are there any associated objectives? E.g. National Service Frameworks, National Targets, Legislation

NHS England – London area team- London wide community dental service specification

Internal Trust objective to meet Trust wide Cost Improvement Programme (CIP) initiatives due to regulatory requirements placed in the Trust.

1.4 What factors contribute or detract from achieving intended outcomes?

A service wide analysis identified a number of options to reduce service costs and bring departmental income and costs into alignment. Service data identified that the Parkway community clinic had a clinic utilisation rate of 49% and around 125 patients seen per year despite providing services every week day with an associated rental and service charge costs of £17,505.

Parkway is a single surgery setting without available space for a separate decontamination room. It would be impossible without substantial capital investment and additional space available to develop Parkway so that it would be compliant with best practice for decontamination as per HTM 01 05.

There is limited space to accommodate patients who are wheel chair users within the surgery. Inhalation sedation is restricted due to the lack of external active scavenging and the potential difficulties in installing this due to the nature of the fabric of the building.

The clinic is due for demolition in the next two to three years and health agencies in Croydon are planning a new health and leisure facility to be based in New Addington.

The decision was therefore made to close the dental facility at Parkway clinic and relocate clinical services to Thornton Heath and Edridge Road clinics

This relocation does not in any way represent a decommissioning of services from Croydon residents.

The clinics at Thornton Heath and Edridge Road are able to offer a full range of services including inhalation sedation and all surgeries at these clinics are accessible.

1.5 Does the service have an impact in terms of race, disability, gender, sexual orientation, age and religion?

The nature of the service and patient profile does mean that any changes to the service have a high impact in terms of disability and age.

- Disability – The service provides oral health care to patient with a wide range of additional complex needs. Some of these complex needs are due to disability. However, it is important to note that complexity within this patient profile is not always due to disability as defined under the Equality Act 2010. Factors used to measure patient complexity according to the British Dental Association Case mix score include a patient's ability to communicate, ability to cooperate with treatment, oral risk factors, access to oral health care, legal/ethical barriers.
- Age – Additionally, the service provides oral health care for children who have been referred for tier 2 level treatment by their general dental practitioners

The service also provides screening of special schools, epidemiology surveys, and domiciliary oral health care and oral health promotion activities.

Patient communication regarding changes

Initial sample N=245

- represents all those who have been sent a letter
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In-depth sample N=235

- ten patients did not have a case complexity result as they may not have completed a course of treatment by the time the letters were sent

(For more detailed patient data analysis please see Figure 1 in section 2.2)

1.6 Please describe current or planned activities to address the impact.

Equality of access/communication

All clinical services are open to patients of all ages provided they meet the eligibility criteria as set by NHS England in the Community Dental Service specification.

There is no restriction for patients accessing the relocated service on grounds of race, disability, gender, sexual orientation, age or religion.

Patients who access domiciliary oral health care in and around the vicinity of Parkway clinic will still be able to do so.

Special school screening, epidemiology and oral health promotion activities will still operate in and around the area close to Parkway clinic.

All 245 continuing care patients who accessed services at Parkway were contacted by letter approximately three months before Parkway was vacated to inform them of the relocation of the clinical service and advise them on how to continue to access community dental services in Croydon.

Patients will be contacted again to address any issues patients may have experienced as a result of the relocation of the service.

Staff who worked at Parkway were informed of the decision to relocate the service in July 2018 four months before the planned relocation took place.

Travel distance/time and transport options

The distance from Parkway clinic area to Edridge Road clinic is approximately 5 miles. Public transport from New Addington to Edridge Road is available via a direct tram and takes approximately 30 minutes.

The distance from Parkway clinic to Thornton Heath clinic is approximately 7 miles. Public transit from New Addington to Thornton Heath is more difficult with the fastest route being via a tram to East Croydon and then a train from there to Thornton Heath. This will take approximately 50-60 minutes.

Transport services will be offered for those patients who have difficulty in travelling to the new locations and meet the transport service eligibility criteria.

Future engagement/patient experience insights

Patients of the Special Care Dentistry Service are surveyed via the Friends and Family Test survey. This provides an on-going channel to share their views and experience / satisfaction with the service - particularly through the facility to leave free text comments. The survey is set up to capture data for the different sites.

<p>1.7 Equality Impact Rating [low, medium, high*]:</p> <p> Race <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Gender <input type="checkbox"/> Religion <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> </p> <p><i>*If you have rated the policy, service or function as having a high impact for any of these equality dimensions, it is necessary to carry out a detailed assessment and then complete section 2 of this form</i></p>

2. EQUALITY IMPACT ASSESSMENT FORM – DETAILED ASSESSMENT FOR HIGH IMPACT AREAS

Service/Function/Policy	Directorate / Department	Assessor(s)	New or Existing Policy/Service
Community Special Care Dentistry	Dental Care Group Urgent & Planned Care	Dr Rob Hale Sarah Middleton	Relocating existing service
<p>2.1 In which areas is the service, function or policy judged to be high priority?</p> <p>Summarise issues raised at the screening stage.</p> <p>The community dental service provides oral health care to a wide range of vulnerable patients with complex additional needs. Relocation of the clinical service from Parkway clinic could present difficulties for those patients who will need to use public transport to access the other available community clinics.</p>			
<p>2.2 What relevant data is available [e.g. ethnic coding monitoring, complaints, previous consultation etc? Does the data indicate there is a differential impact on any groups?</p> <p>Figure 1 gender</p>			

Row Labels	Average of age (years)	Count of gender		
F	28.0	93	40%	
M	22.6	142	60%	
Grand Total	24.7	235		

ethnicity				
Row Labels	Average of age (years)	Count of ethnicity		
Any Other Ethnic Group	7.2	2	1%	
Asian or Asian British				
Bangladeshi	38.1	2	1%	
Asian or Asian British Indian	31.1	12	5%	
Asian or Asian British				
Pakistan	18.5	5	2%	
Black or Black British African	18.1	22	9%	
Black or Black British				
Caribbean	29.4	18	8%	
Chinese	48.0	1	0%	
Not Known	28.1	1	0%	
Not supplied	17.0	1	0%	
Other Asian Background	6.3	4	2%	
Other Mixed Background	7.4	3	1%	
Patient Declined	39.4	5	2%	
White and Asian	24.7	4	2%	
White and Black African	11.4	1	0%	
White and Black Caribbean	11.8	11	5%	
White British	26.3	133	57%	
White Irish	16.7	2	1%	
White Other Background	27.3	8	3%	

Grand Total	24.7	235	
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case mix complexity (loose proxy for disability)			
Row Labels	Average of age (years)	Count of ccx	
1 mild	12.4	11	5%
2 moderate	20.2	71	30%
3 severe	24.6	62	26%
4 extreme	29.8	91	39%
Grand Total	24.7	235	

Note : complexity is not synonymous with disability

- it is a basket of 6 factors: ability to communicate, ability to cooperate, medicals status, oral risk factors, access to oral care, and legal/ethical barriers
- there is a degree of overlap and so it is a loose proxy

<p>2.3 Is there any national or local guidance on equality issues for this service, policy or function?</p> <p>Valuing People's Oral Health (Department of Health 2007) Making Reasonable Adjustments for People with Learning Disabilities (IHAL) Oral Care and People with Learning Disabilities (Department of Health and Social Care 2019)</p>

<p>2.4 Summarise the consultation. Who are the main stakeholders? What are their views?</p> <p>Patients were informed by letter of the intention to close the clinical facility at Parkway and relocate services to other community clinics three months before the planned relocation took place.</p> <p>Five patients contacted the Trust to express their disappointment and concerns about the relocation of the service and one patient who receives domiciliary care wrote a formal complaint. This complaint was responded to within the national timelines and the patient was reassured that her domiciliary care would remain unaffected by the relocation. This patient has subsequently raised a stage two complaint which the Trust has responded to in detail.</p>

A small number of patients expressed their disappointment in an article published by the Croydon Advertiser.

2.5 What are the recommendations for change arising from the assessment?

To ensure that a period of engagement and /or statutory consultation (if appropriate) with all relevant stakeholders occurs before any planned relocation of or major changes to services

2.6 What are the costs and benefits to the relevant group and to the Trust?

Annual efficiency saving of £17,505

2.7 Details of the action plan to ensure implementation, including how relevant groups will be advised of the changes.

Patients were informed of the intention to close the clinical facility at Parkway and relocate services to other community clinics three months before the planned relocation took place.

NHS England – London area team were informed at a monthly performance meeting in July 2018.

Attendance at Croydon Health and Social Care Sub Committee November 2018

2.8 Monitoring arrangements

Patients to be contacted 6 months after relocation to ascertain if any patients have experienced difficulties in accessing care at the alternative sites. This exercise has now been completed.