

# Equality Impact Assessment 2018



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Healthwatch's core work is to gather patient opinion on health and social care services from across the community and to use this information to recommend improvements. For Healthwatch to be effective in its work it is vital that the patient opinion it gathers is accurate and reflects all parts of the community. Healthwatch is therefore committed to ensuring that its engagement with the population of Brighton and Hove captures opinion from a range of groups and is properly representative. In this respect we are particularly committed to gathering opinion on local health and social care services from disadvantaged groups.

As part of this commitment we annually evaluate our service reviews to assess how effectively we have engaged with the population of Brighton and Hove and its diverse communities. This process involves conducting an Equality Impact Assessment (EIA) to measure our performance and identify actions for improvement. The EIA format includes analysis of the overall reach of patient-information gathering activities as well as analysis of the effectiveness of reaching specific disadvantaged groups i.e. those defined as 'protected characteristics groups' by the Equality Act 2010.

This year's EIA used data from the 2018 GP review to assess the reach of Healthwatch. The GP review was typical in the methods used by Healthwatch in a service review to reach a sample of service users. The GP review used an online survey to collect patient opinion which was distributed widely around the city via GP practices, third sector partners and through social media channels. Healthwatch also completed surveys face to face with patients through volunteer visits to GP surgeries.

The demographic reach of the GP patient survey was therefore taken as a reasonable indication of reach typically achieved by Healthwatch in its recent service reviews.

For each group analysed we compared the reach achieved to the overall population figure for Brighton and Hove. This analysis then formed the basis for a consideration of the obstacles encountered in reaching the group and possible ways of overcoming these obstacles. This discussion then leads to recommendations for actions to improve the reach of service reviews.

## Overall reach

The GP patient survey gained 1483 responses. As a sample of the 314,734 registered patients in the city, these responses produced a representative sample of patients with a high level of statistical accuracy<sup>1</sup>.

	sample	population	>4 confidence interval
Overall reach	1483	314734	✓

- **Learning**

The GP review methodology achieved a representative sample of patients. Healthwatch liaised closely with GP practices and encouraged them to invite their patients to complete the survey. A number of practices became actively involved in this way and this considerably boosted the number of responses received. We also used our network of third sector health organisations to publicise the survey and encourage participation. The use of stakeholders and partner organisations was likely to be effective in increasing overall reach.

## Age

The patient survey achieved responses from a diverse range of age groups and did well in reaching middle and older age groups (35-85 or over). However, the survey achieved lower numbers for young people (18-34 years old), achieving less than half the population for the youngest age group 18-24 year olds.

This low reach may reflect proportionately lower use of primary care services by young people. Young people are less likely than older people of experiencing poor health and therefore are less likely to visit a GP practice.

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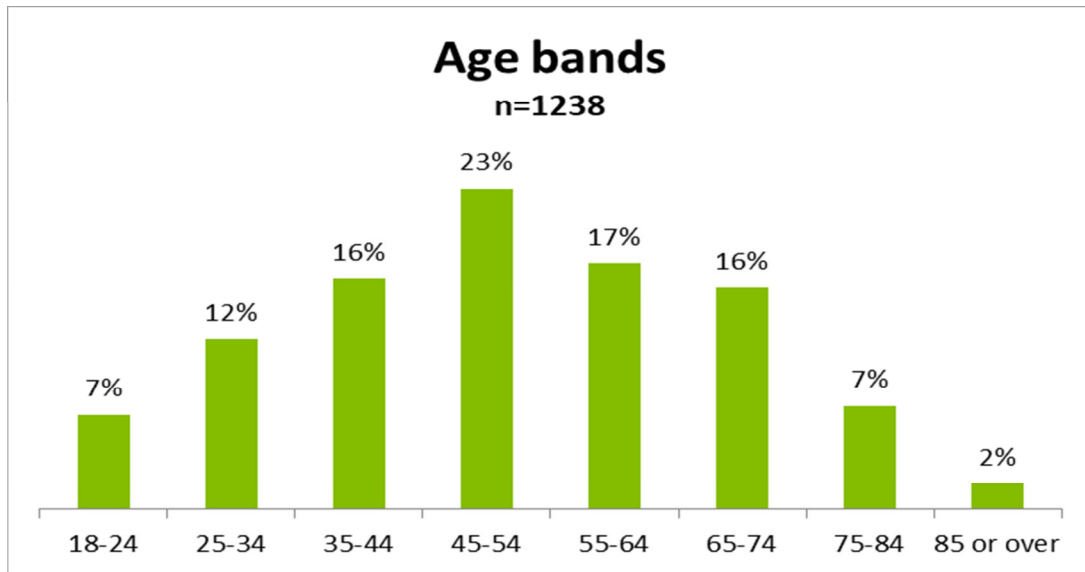
<sup>1</sup> A confidence interval of 2.54 at 95% confidence level.

Age	Survey	Brighton & Hove	
18-24	7%	17%	x
25-34	12%	18%	x
35-44	16%	15%	✓
45-54	23%	15%	✓
55-64	17%	10%	✓
65-74	16%	7%	✓
75-84	7%	4%	✓
85 or over	2%	2%	✓

- **Learning**

Healthwatch needs to be aware of the distinct patterns of use of health services by young people. A review of a primary care service is likely to collect views from low numbers of young people. We need to use targeted approaches rather than surgery visits where we want to specifically hear the voice of this group.

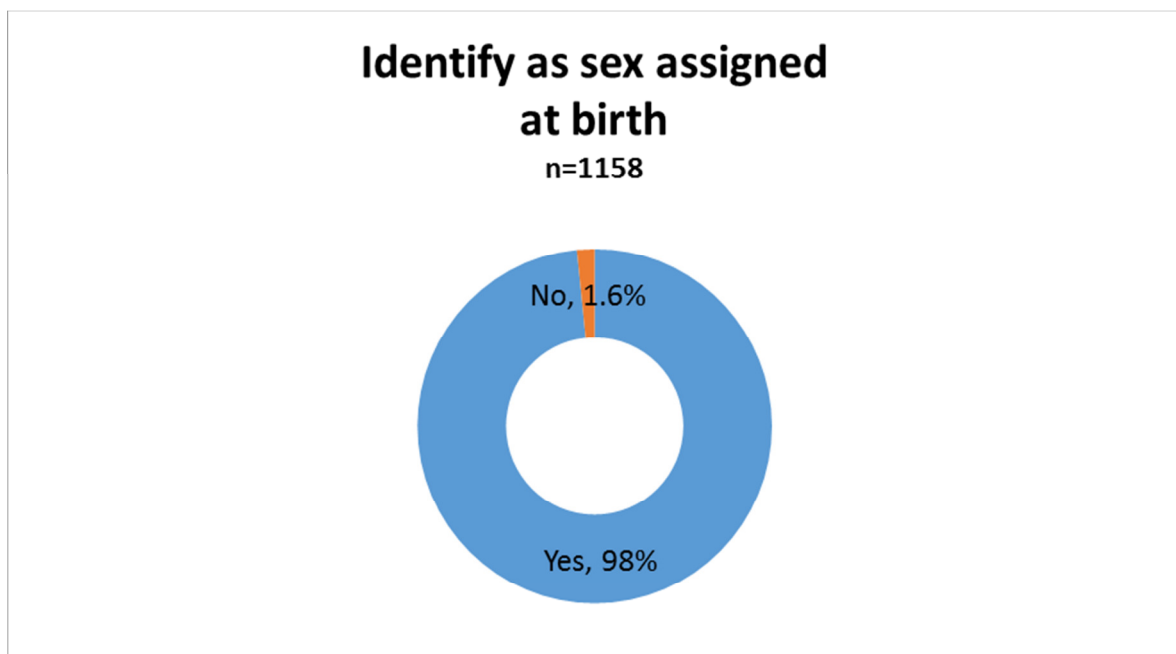
Since the GP review we have set up ‘Young Healthwatch’, a group of young person volunteers run by the YMCA Right Here project. Young Healthwatch is dedicated to gaining feedback about health and social care services from young people in the city. They use targeted approaches, e.g. social media, Listening Labs, and are effective in gaining insight from this population.



## Gender reassignment

The survey achieved a representative sample of the trans population with a reach of 1.6% compared to the estimated city population of 1.0%<sup>2</sup>.

Trans population	Survey	Brighton and Hove
trans	1.6%	1%



<sup>2</sup> [Trans people in Brighton and Hove: A snapshot report](#)

- **Learning**

Healthwatch is well connected with LGBTQ organisations working in the health sector and encouraged these organisations to distribute the survey to their clients. This approach appears to have been successful in regard to reaching trans populations. Healthwatch should continue to use these relationships to ensure we accurately capture the opinions of these populations.

## Gender

The survey sample was heavily skewed towards females with twice as many females responding than males.

These figures would suggest that the review was not successful in getting a proportionate mix of genders. However, research suggests that women are 32% more likely to attend GP consultations than men<sup>3</sup>. This higher attendance rate for women would produce a balance of 60% women and 40% men, which is relatively close to the discrepancy found.

Gender	Survey	Brighton & Hove	
Female	67%	50%	✓
Male	33%	50%	✗
Other	0.20%		

## Sexual orientation

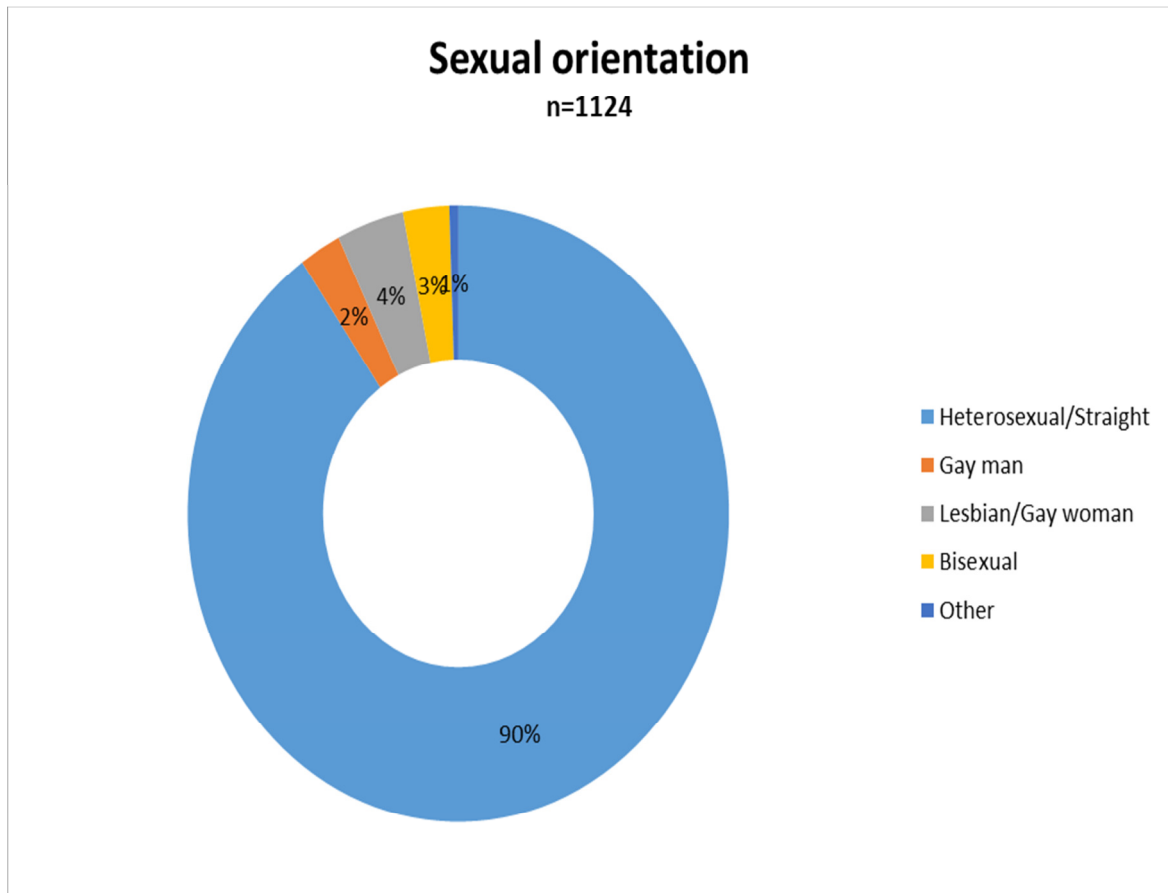
The survey achieved a proportionate sample of the LGBTQ community in the city. Brighton and Hove City Council estimate the number of lesbian, gay and bisexual residents is 11% of the population and 10% of responses identified as from these groups<sup>4</sup>.

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<sup>3</sup> [Do men consult less than women? An analysis of routinely collected UK general practice data](#)

<sup>4</sup> [Brighton and Hove City Snapshot, Report of Statistics 2014](#)

Sexual orientation	
Heterosexual/Straight	90%
Gay man	2%
Lesbian/Gay woman	4%
Bisexual	3%
Other	1%



- **Learning**

Healthwatch is well connected with LGBTQ organisations working in the health sector and encouraged these organisations to distribute the survey to their clients. This approach appears to have been successful particularly in regard to reaching lesbian/Gay women. However, at 2% the representation of gay men may have been low. This low figure may reflect the lower attendance of men generally than women at GP consultations.

## Disability

The survey achieved very good reach of disabled individuals with a third of the survey sample reporting they were disabled compared to the city figure of 16%, with 15% describing their day to day activities limited a lot and 19% a little.

Disabled		
Survey	Brighton & Hove	
34%	16%	✓

A breakdown of these figures into individual disability categories showed mixed performance with good reach for people with physical impairment but poorer reach for all other groups. Survey reach was very strong for physical impairment with 16% reach among survey respondents compared to 6% population in Brighton and Hove. Reach was particularly weak for mental health condition (7% compared to 14% population) and sensory impairment (2% compared to 8% population).

The high reach of people with physical impairment may reflect that those with these condition may be more likely to regularly visit their GP. People with diagnosed mental health conditions and sensory impairment, however, are more likely to receive specialist health services rather than receive treatment through primary care.

Brighton and Hove figures were not available for Long standing illness, Other Development condition or Other disabilities<sup>5</sup>.

Disability	Survey	Brighton & Hove	
Physical Impairment	16%	6%	✓
Long-standing illness	10%	NA	
Mental Health condition	7%	14%	✗
Sensory Impairment	2%	8%	✗
Learning Disability/Difficulty	1.3%	1.7%	✗
Other Development Condition	1%	NA	
Autistic Spectrum	0.3%	0.70%	✗
Other	4%	NA	

- **Learning**

<sup>5</sup> [Brighton and Hove Joint Strategic Needs Assessment](#), 7.5 Improving Health and Promoting Independence



Healthwatch needs to be aware of the distinct patterns of use of health services by people with disabilities. A review of a primary care service is likely to collect views from low numbers of disabled people with mental health conditions and sensory impairment. We need to use targeted approaches rather than surgery visits where we want to specifically hear the voice of these individuals.

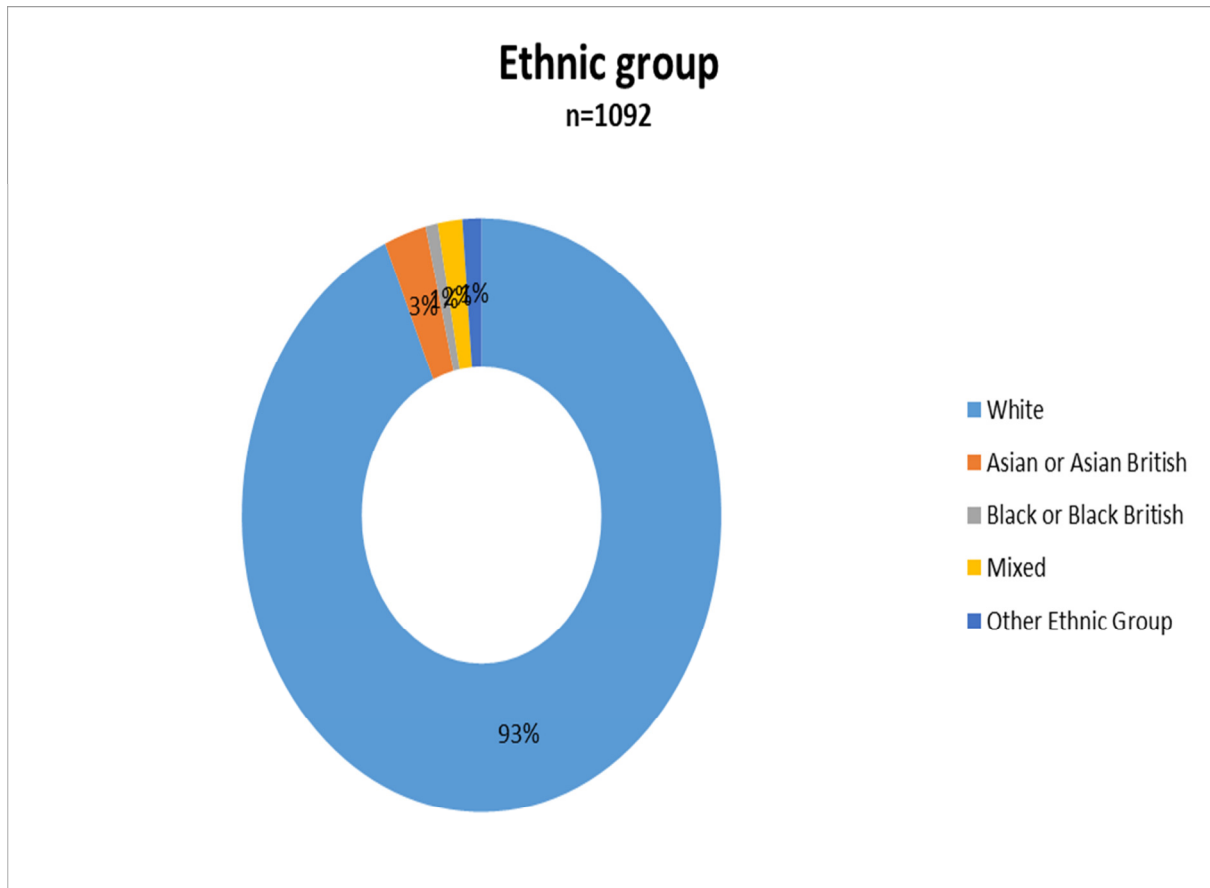
## Race/ethnicity

The survey achieved a small over representation of the white population and conversely a small under representation of black and ethnic minority populations.

The under representation of black and ethnic minorities is likely to reflect lower use of health services by these populations.<sup>6</sup>

<b>Ethnicity</b>			
	Survey	Brighton & Hove	
White	93%	89%	✓
Asian or Asian British	2.8%	4.0%	✗
Black or Black British	0.8%	1.5%	✗
Mixed	1.6%	3.8%	✗
Other Ethnic Group	1.3%	1.6%	✗

<sup>6</sup> [Potential barriers to the use of health services among ethnic minorities: a review](#)



- **Learning**

Healthwatch liaised with a number of community health groups to attempt to reach BME populations. Healthwatch should be proactive to ensure the views of black and minority populations are collected for future projects. We have recently started working with the Brighton and Hove BME Network to strengthen relationships with these community groups.

## Conclusion

This review of the reach of the GP review demonstrates the challenges of ensuring Healthwatch’s work effectively engages with a diverse spectrum of populations in the community. To ensure we gather user insight from across the community and particularly groups with protected characteristics, it is essential that we work creatively. We need to be aware of the different levels of use by certain populations of different services. We also need to be aware of the varying accessibility of different methods of engagement for different populations. For example, an online survey may not be accessible for visually impaired populations.

This review highlights the need to supplement our routine forms of engagement with methods that effectively target specific populations. Healthwatch needs to increase its efforts to engage with BME populations and young people. We hope that the Young Healthwatch project and collaborative work with BME networks in the city will lead to improvements in this regard. We also need to further develop our partnership work with disabled community groups to ensure we gain insight from disabled users of services, particularly those with sensory impairment and mental health issues.