Equality Analysis

The Good Practice Guidelines for GP electronic records – version 4 (2011)

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Prepared by the Equality and Inclusion Team, Department of Health

Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them. This standard template is designed to help Department of Health staff members to comply with the general duty.

Please complete the template by following the instructions in each box. Should you have any queries or suggestions on this template, please contact the Equality and Inclusion Team on 020 7972 5936 or aie@dh.gsi.gov.uk

Equality analysis

Title: Good Practice Guidelines for GP electronic Records version 4

Relevant line in <u>DH Business Plan 2011-2015</u>**:**

What are the intended outcomes of this work? *Include outline of objectives and function aims* The Good Practice Guidelines for GP electronic patient records v4 will act as a reference source of information for all those involved in developing, deploying and using general practice IT systems.
Who will be affected? *e.g. staff, patients, service users etc* This guidance is for General Practitioners and those working in GP practices. The guidelines will have implications on patient records.

Evidence *The Government's commitment to transparency requires public bodies to be open about the information on which they base their decisions and the results. You must understand your responsibilities under the transparency agenda before completing this section of the assessment. For more information, see the current <u>DH Transparency Plan</u>.*
What evidence have you considered? *List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.* We have consulted the BMA. There is little research on equality issues in relation to the use of technology by those employed by the health service. We have however considered the findings of an article by Rod Ward et al on 'The attitudes of health care staff to information technology: a comprehensive review of the research literature' 2008 and a report by the BMA on 'Disability Equality in the Medical Profession'.
Disability *Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.* Using computers may impact upon staff with certain disabilities. It should be noted, however, that use of electronic records in general practice is not new; indeed this is the 4th version of these guidelines. Employers will need to ensure that reasonable adjustments are made so that doctors with disabilities are not put at a substantial disadvantage. It should be recognised however that technology can act as an enabler for those with disabilities for example, unlike with paper notes it is easy to enlarge the font on a computer screen or use voice activated software for those with visual impairments and spell checkers can support those with dyslexia. A report by the BMA 'Disability Equality in the Medical Profession' states that with advancements in technology doctors who acquire a disability are more likely to stay in the medical profession therefore the use of electronic records could have a positive impact on doctors with a disability. It is, however, difficult to generalise and each employer will need to consider each case and what reasonable adjustments can be made to support a GP, or their staff when using electronic records.
Sex *Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).* We do not anticipate that these guidelines will impact upon this area. Research on the attitudes

of health care staff to IT as detailed above found that 'although it is anticipated from other literature that age and gender were significant factors in attitudes to IT, with female and older users being less positive, papers in this review generally did not find this to be the case.

Race *Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.*

We are unaware of any evidence that these guidelines will impact upon this area.

Age *Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.*

We do not anticipate that these guidelines will impact upon this area. Research on the attitudes of health care staff to IT as detailed above found that 'although it is anticipated from other literature that age and gender were significant factors in attitudes to IT, with female and older users being less positive, papers in this review generally did not find this to be the case.

Gender reassignment (including transgender) *Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.*

We are unaware of any evidence that these guidelines will impact upon transgender or transsexual doctors. With regard to data about patients who have undergone gender reassignment, the same principles should apply regardless of whether data is stored on paper or electronically.

Sexual orientation *Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.*

We are unaware of any evidence that these guidelines will impact upon this area.

Religion or belief *Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.*

We are unaware of any evidence that these guidelines will impact upon this area.

Pregnancy and maternity *Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.*

Information technology can facilitate more flexible working arrangements for example by allowing electronic access to information from home therefore these guidelines could impact in a positive way in this area.

Carers *Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.*

Information technology can facilitate more flexible working arrangements for example by allowing electronic access to information from home therefore these guidelines could impact In a positive way in this area.

Other identified groups *Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.*
n/a

Engagement and involvement

Was this work subject to the requirements of the cross-government Code of Practice on Consultation? (Y/N) N

How have you engaged stakeholders in gathering evidence or testing the evidence available?

We have consulted the BMA including the secretariat of their Equality and Diversity subcommittee, the Head of Regional Services and the Head of NHS IT.

How have you engaged stakeholders in testing the policy or programme proposals?

As before.

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

The NHS IT department considered research articles, the Head of Regional Services advised on equality cases, which may arise and the Secretariat of the Equality and Diversity s/c advised on approach.

Summary of Analysis *Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.*

We do not feel that these guidelines raise significant equality issues. Those with disabilities may require adjustments when using computers but this is not new as GPs have been using computers since the 1990s; mostly computers bring benefits for those with disabilities.

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.

Eliminate discrimination, harassment and victimisation *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*
N/A

Advance equality of opportunity *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*
N/A

Promote good relations between groups *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*
N/A

What is the overall impact? *Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?*
The overall impact is minimal.

Addressing the impact on equalities *Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.*
N/A

Action planning for improvement *Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.*

N/A

Please give an outline of your next steps based on the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*

- *Plans already under way or in development to address the **challenges** and **priorities** identified.*
- *Arrangements for continued engagement of stakeholders.*
- *Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)*
- *Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies*
- *Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results*
- *Arrangements for making information accessible to staff, patients, service users and the public*
- *Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.*

N/A

For the record
Name of person who carried out this assessment:

Dr Alan Hassey with assistance from the BMA Secretariat

Date assessment completed:
11/3/11

Name of responsible Director/Director General:

Charles Gutteridge, Clinical Director, DH Informatics Directorate

Date assessment was signed:

21 March 2011

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Directorate
Involvement and consultation			
Data collection and evidencing			
Analysis of evidence and assessment			
Monitoring, evaluating and reviewing			
Transparency (including publication)			