

Equality Analysis

National Mobile Health Worker Project - Final Report

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Equality analysis

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: National Mobile Health Worker Project Final Report

Relevant line in [DH Business Plan 2011-2015](#):

What are the intended outcomes of this work?

To share the learning with the NHS Chief Executives, IM&T Leads, Providers, Commissioners and any party interested in deploying Mobile Solutions to Community Services; from a pilot study which examined the use of mobile devices in community care and the impact this had on both clinicians and patients.

It is anticipated that the sharing of this learning might accelerate the adoption of mobile devices in the delivery of community services and in turn impact positively on efficiencies, not least by enabling the collection of mandatory information (Community Information Data Set)

Who will be affected?

The report will be of interest to Commissioners and Providers of Community Care.

If practices are adopted as advocated by this report it will affect community staff who use the mobile devices, and patients and their relatives as the recipients of care

The project has delivered technology to different organisations and community services and enabled different working processes within these services due to the availability of information at the point of care delivery. The effects of this can alter the ways of working for Community Staff and improve the provision of care for Patients and Relatives.

The findings of the report will relate to efficiencies and benefits and will be of interest to both Providers and Commissioners of Community care and be supportive of the Any Qualified Provider, QIPP and Choice agenda.

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 [DH Transparency Plan](#).

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.

The findings in the report are from eleven Pilot sites that have implemented mobile working and measured and evaluated the benefits associated with the use of mobile technology at the point of care delivery.

Whilst the devices were used in patient homes comments were collected on the use of the device, but none were specific to the use of the device and disability, they were in relation to the difference the device made for their care

An understanding of how the technology can support new ways of working and deliver improved patient care was discussed in relation to the sixteen different community services included in the pilot

Baseline assessments and benefits assessment tools were used to determine the change in activity, with the opportunity for clinicians and patients to comments on the use of technology.

Site visits were undertaken to discuss the impact of the delivery of the technology on the organisation, service, individual clinicians and patients and their families.

Project documentation to support the implementation and project meetings with an audience from the NHS to discuss the progress was undertaken.

There was an Executive report produced prior to this report in March 2011 followed By a Progress Report in August 2011 and this will form the Final report outlining the longer term benefits of the deployments of technology and the increased benefits associated with deployment to complete services

Disability *Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.*

Clinicians in community are already using electronic records, this change only allows the access at the point of care so any issues with disability and the use of devices are addressed by their own organisation at the point of training

All sites implementing the technology considered the effects with regard to the clinicians involved in the project. One site had provided voice to text recognition for a clinician who had sight problems; this enabled her to continue using the device. No other adaptations were reported to the Project Team

Implementation of mobile technology has the potential to improve care delivered to patients with disabilities due to the improved availability of clinical information at the point of care delivery.

Patients have benefited by having the ability to look at the provision of equipment during their contact with the clinician / therapist with internet access. This has allowed informed decisions to be made within a single contact and reduced the number of encounters before appropriate equipment has been provided. The project has also seen the inclusion of Patients in the agreement and planning of care and the sharing of information between care professionals.

Sex *Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).*

There are no comments on whether the experience is different according to gender in this study which included clinicians and patients of different genders

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

The project involved clinicians who work with a wide diversity of patients including those who

have requirements for interpreters and those who were homeless or part of a travelling community.

Clinicians have stated they can now access material such as translation at the point of contact through access to the internet at the point of care.

One clinician who works specifically with Homeless patients with Long Term Conditions stated that the device has revolutionised the way she works. She now has information on her patients she would not have had access to previously, and can now assess and care for the patients more confidently

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.*

Patients cared for during this project span the whole age range, from children who may be under Child Protection and the need to document case conferences through to the elderly population.

The impact of this project has been on the delivery of care, and the capture and sharing of data. Where there may have been difficulties previously with the capture of data eg child protection information, or case conferences.

This type of information can now be collected at the point of care and shared immediately in many instances with the other services involved in the clients care.

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*

No benefits were reported with relation to this group

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

No benefits were reported with relation to this group.

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

From a patient perspective use of mobile devices at the point of care allows for clinicians to search using the internet for specific services that might support their care

The device opens up the opportunity to access leaflets and information from the clinicians own organisation,

The implementation of technology also improves access to a wider range of knowledge by the services included in the project, through access to media via the internet which can support the clinician during care encounters

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

The potential for use of mobile devices to have a positive impact on work-life balance from a clinician perspective is noted in the study e.g. by cutting down on travel time, reducing

administrative burden of writing up notes back in the office etc.

Many clinicians reported there being a benefit to their own child care arrangements, and led to a reduction in stress for working parents

The implementation of technology would improve access to appointments for patients, and lead to more complete assessments and also allow patients' visibility of appointments and referrals during the care episode

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

The project would improve access to supporting information such as the availability of benefits, support groups and information via the intranet.

It would also improve communication and service delivery such as the provision of equipment for the patients and give greater visibility of the services involved in care.

Patients have commented that the ability to see different types of equipment has been extremely useful in making the correct choice of provision.

Clinicians involved in this project could have access to both their organisations intranet and to the internet to access support materials

This would also lessen the burden on information delivery for the carer and lead to improved planning of care.

One site considered the improved availability of access to the hospice and parking facilities for carers with the ability for staff to spend more time with the patients and less time in the hospice directly increasing parking availability for carers.

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

The implementation of technology would improve the care for homeless patients.

The Community Matron for Homeless patients in one of the pilot sites has commented that the device has revolutionised the way she can care for the patients.

Having access to information allows her to assess and treat the patients much more confidently as she can now take into account historical information and prescribing history

Engagement and involvement

Was this work subject to the requirements of the cross-government [Code of Practice on Consultation](#)? NO

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

Regular meetings with the pilot sites, project teams and clinicians to determine the progress of the project.

Information has been produced for National Press such as the Health Service Journal, and has been delivered at conferences at both a National and SHA level.

The project progress has been reported to Chief Information Officers and Deputy Chief Information Officers meetings along with the National Change and Benefit Meetings.

There have been publications from the Pilot sites in local Press

A patient information leaflet has been produced by one site and the project has featured in SHA Bulletins

Pilot sites have communicated the work of the project to their own management and board meetings

[How have you engaged stakeholders in testing the policy or programme proposals?](#)

There have been local staff user groups within the pilot sites and user feedback has been collected from the clinicians in varying forms, from share point repositories to focussed groups and feedback has been requested via email by the project teams.

Of the 11 sites we are aware of one clinician with a sight disability and their handset was adapted to use a talking software package.

The feedback from clinicians and patients was not broken down into age, gender or race

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

Mobile Health Worker Project Group - monthly meetings

ERG (Expert Reference Group) from the NHS - monthly meetings

Attendance at National Business Change and Benefit Meetings

Weekly meeting with BT during the deployment of the activity

Meetings with all of the 11 Pilot sites to determine to progress of the local project, and advise on future process changes associated with the project

Attendance at National Conferences

Attendance at SHA meetings

NHS Information Centre for the analysis of data

National Clinical Lead – Connecting for Health

Connecting for Health – NIRS board (National Information Reporting Service Board)

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.

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

The engagement has raised the awareness and profile of this work at National and local levels.

All of the stakeholders agree that the work will have a positive impact on the delivery of care, clinical safety and improved data quality and capture and increase efficiency savings.

The use of the technology supports already existing working practices for clinical services, by allowing the capture of data at the time of contact with the patient and gives the opportunity to access historical clinical information from many clinical services whilst with the patient.

Without the use of the device many clinicians would have a paper clinical record representing a single service at the patient's home, and no access to any other supporting information, other than what can be provided by the patient.

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

The working processes of the services involved should allow improvements in care delivery and have a positive affect but should not have any negative impact upon care

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).*

The project will improve the availability of information for only the staff included in the project, and although this does not have a negative impact on the remainder of the clinicians in the service; this is a limited implementation due to the level of investment required to deploy to complete organisations,

The work is a pilot and there fore may disadvantage staff who are not given the opportunity to use the technology, though their working processes will remain the same

Many of the sites involved in the Project have either deployed further devices or have a Business Case to continue to deploy mobile devices to their Organisation

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)*

The project has seen improved relationships across services, and within professional groups.

This has been evident between the IT teams, project teams and clinicians with an increase in the understanding of the demands and working of each of the teams.

The technology has improved communications between clinical services with increased access to clinical information and to the clinicians from other services.

It has also increased understanding of working processes through the sharing of experiences in the project

Benefits to service users have been demonstrated by clinicians and with direct feedback from patients and carers which has been documented in the assessment tools used (jointly produced with DHID)

Use of media both nationally and locally, and with information directly provided to patients has increased awareness and improved communication

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?*

There may be an increase in workload for some clinicians as this introduces new ways of working, though the feedback from clinicians indicates overall an improved work life balance.

Some clinicians felt they may be inclined to work longer hours due the availability of clinical applications and access to their own infrastructure for email and documents, though they realise they need to police this themselves, whilst other clinicians felt this was an opportunity to complete their workload within their working hours

There has been an improvement in data quality reported by many of the pilot sites with the ability to complete contemporaneous clinical records in accordance to professional guidelines. Many clinicians and managers had reported that contemporaneous record keeping is difficult due to visiting patients at home, part time working and access to clinical records only at the base location

(Contemporaneous notes are an accurate record made at the time of an event or as soon as practical, for many services records should be completed within 24 hours of care delivery).

For some clinicians there were challenges in both the use of technology, and using different medium for capturing data during clinical encounters.

This also allowed clinicians to use the device to complete training courses and online learning, as well as the opportunity to complete meeting notes, and presentations whilst away from the office base.

There has also been the added benefit of using their email as a more effective means of communication due to the increased availability of email during the working day.

Many sites reported the use of messaging and tasks as a much more immediate method of communication with other health care professionals.

Managers have also reported that it has improved communication within their own services

The project has allowed for restructuring of service delivery and change in working process, allowing clinicians to work flexibly and allowing teams to achieve cost efficiencies and time savings.

There have been many reports of improved quality of care with an associated reduction in referrals and admissions

There has also been a reported benefit in the capture of information for clinical audit

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.*

The local project teams at each site considered the impact inequalities and would address any issues as they arose locally.

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.

Provide materials to support the NHS with mobile deployments

Provide material through a Business Change Toolkit in association with DHID

Share the learning from the project with this and previous reports

Share the learning from the project at National conferences

Highlight where the deployment of technology is linked to policy such as the Operating framework and QIPP.

Involvement of Health and Safety teams with regard to use of devices in the clients homes at an organisational level

Involvement of HR in the change of policies to support changes in working hours and flexible working at an organisational level

Please give an outline of your next steps based on the challenges and opportunities you have identified..

- Making the publication widely available to the NHS.
- The publication of the report will go along side the sharing of information through a web based portal which will host a Mobile Working Benefits Toolkit

For the record

Name of person who carried out this assessment:

Kathryn Drayton

Date assessment completed:

07.08.2012

Name of responsible Director/Director General: Viv Bennett
Date assessment was signed:

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)			

