

Health and Social Care Complaints Reform - Equality Impact Assessment

Policy background

Across health and social care services different processes exist for handling complaints, they differ in stages, timescales and investigative procedures. If a problem should arise, it is hard for people to know who to go to and not easy for different services to make a joint response. In 'Our health, our care, our say', the White Paper published in January 2006, the Department of health outlines its commitment to ensure that *'people are given a stronger voice so that they are the major drivers of service improvement'*. Specifically, it signals the Department's commitment to *'develop by 2009 a comprehensive single complaints system across health and social care'*, that will *'focus on resolving complaints locally with a more personal and comprehensive approach to handling complaints'*. Recent changes to the current complaints regulations aimed to align more closely the two procedures, but we need to go further.

The aim is to develop an integrated health and social care complaints framework that is accessible, integrated, effective, unified across all providers from public, private, voluntary and charitable sectors. To do this we must create a cultural shift within the NHS and social care, with the emphasis on preventing harm, reducing risks and learning from complaints. We need to do this to make sure the service can respond promptly to complaints, inspire user confidence, create effective handling at local level and encourage organisational learning.

'Our health, our care, our say' says: *'Handling of complaints should happen speedily and effectively. The merger of the two regulators provides us with the opportunity to review where best to place the independent review stage of a joined-up complaints procedure.'* The merger of the Healthcare Commission and Commission for Social Care Inspection, planned for 2008, provides an opportunity to review the current systems to deal with individual's feedback generally as well as complaints about the services they have received.

The new arrangements must:

- be easily understood by both the individual using and the staff delivering services;
- respond to the needs of service users whilst being fair to the staff delivering those services;
- support the individual to raise their complaints;
- ensure an individual's feedback is used to support decisions around commissioning of services;
- use what the individual says about current services to improve future services; and
- reassure users that appropriate standards are implemented and maintained by health and social care service providers.

Equality of access

In setting out the core principles of the new arrangements, we are aiming to ensure that everyone wishing to complain about their experiences of using health and/or social care services is able to do so. We need to ensure that access to the new arrangements is designed to be inclusive to all groups, and that specialist, high quality

support is available as necessary. There is some evidence to suggest that, particularly in the case of learning disability, the current NHS and social care complaints procedures contain too many barriers for people to overcome. There is also anecdotal evidence that some groups are underrepresented within the profile of people who currently complain. There are many complex reasons which may account for why some people complain and others do not (some of these were explored in the IVI desk research – copy attached). As part of the project, we will be considering our information requirements to ensure there are monitoring systems in place to determine that the new system is accessible to everyone.

The proposals will benefit all complainants but, integrating and streamlining the current systems will lead to a simplified process, more easily accessible to vulnerable groups.

Screening

Question 1

For each of the six equality categories, ask the questions in the table below.

	Age	Disability	Race	Religion and Belief	Gender	Sexual Orientation
1.a) Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?	Y	Y	Y	Y	Y	Y
1.b) Is there potential for or evidence that the proposed policy will promote equality of opportunity for all and promote good relations between different groups?	Y	Y	Y	Y	Y	Y
1.c) Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	N	N	N	N	N	N
1.d) Is there public concern (including media, academic, voluntary or sector specific interest) in the policy area about actual, perceived or potential discrimination against a particular population group or groups?	N	Y	N	N	N	N
1.e) Is there doubt about answers to any of the above questions (for instance there is not enough information to draw a conclusion)?	N	N	N	Y	Y	Y

If the answer to any of the above is “yes”, you will need to carry out an equality assessment in the relevant equality area(s).

Question 2: Why have you come to these conclusions?

Write *short* notes to explain why you have drawn your conclusions including any evidence (of whatever type) that you have to support your assessment.

	Age	Disability	Race	Religion and Belief	Gender	Sexual Orientation
1.a) Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?	Y	Y	Y	Y	Y	N
<p>There is evidence that people wishing to complain on behalf of others may be more likely to run into obstacles; this links to age in the case of complaints about children, elderly or disabled people. However, there is little evidence to support there being externally expressed concerns about age in isolation, particularly given that this is addressed by the current provision of PALS and ICAS. Surveys suggest older gay people can be very reticent about telling their doctors about their sexual orientation.</p>						
<p>Social Exclusion and the effect on particular groups We know that socially excluded people also experience difficulty in raising complaints and this may be linked to factors associated with age, disability and race, in particular. This may be the case amongst particular groups and individuals (such as recipients of means-tested benefits, low income families, people residing in poor housing, homeless people and rough sleepers, the unemployed/educationally excluded, former offenders, people living alone and people that are more likely to have difficulty accessing public services; for instance refugees and asylum seekers). According to the January 2007 report 'The Multi-dimensional Analysis of Social Exclusion', the outcomes of social deprivation include poor health.</p>						
<p>AGE: Children and people in other vulnerable groups may need access to, for example, an independent person when raising a complaint.</p> <p>Elderly people, particularly if in care/nursing homes or with no family or close friends can find it difficult to raise concerns or make their voices heard.</p>						

<p>DISABILITY: Patients/service users who have a disability need specific support in order to use a complaints system (eg. information/support in braille, easy read/big pictures, signing, etc.). Users with learning disabilities or long-term mental health difficulties may also need specific/specialist support/representation throughout the process. Speech/communication difficulties may also lead to a reluctance to complain.</p>						
<p>RACE: Service users will need information/translation services in their own language. People newly arrived in this country may even be unaware that they can complain at all.</p>						
<p>RELIGION AND BELIEF: Cultural customs or religious codes of behaviour may lead, for example, Asian women to be unwilling to discuss sensitive or intimate issues with male staff, which can be compounded if they cannot speak English and the interpreter is male.</p>						
<p>GENDER: Patients/service users may express a need or preference to work with either a male or female advocate in order to progress their complaints. For example, we know from experience that some women would not progress their complaints if they could not have a female advocate, because of the sensitive nature of their complaint.</p>						
<p>SEXUAL ORIENTATION: some gay people feel unable to disclose their sexuality to health and care professionals.</p>						
<p>EVIDENCE:</p> <ul style="list-style-type: none"> • IVI research reports – 2006 • Spotlight on Complaints – HCC – 2007 • Anecdotal evidence from complaints staff, PALS officers and ICAS advocates • MENCAP report • DH data 						
1.b) Is there potential for or evidence that the proposed policy will promote equality of opportunity for all and promote good relations between different groups?	Y	Y	Y	Y	Y	Y
<p>The policy seeks to promote equality amongst all patients, service users and their representatives who wish to progress a formal complaint about health and social care services by placing the patient at the centre of the system. We aim to ensure that access to the new arrangements is designed to be inclusive to all groups and that specialist, high quality support is available as necessary.</p>						
1.c) Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	N	N	N	N	N	N
<p>The policy seeks to ensure equality of access, irrespective of age, disability, race, religion, belief, gender or sexual orientation.</p>						
1.d) Is there public concern (including media, academic, voluntary or sector specific interest) in the policy area about actual, perceived or potential discrimination against a particular	N	Y	N	N	N	N

population group or groups?						
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DISABILITY: The MENCAP report, 'Death by Indifference', requests that complaints arrangements should deal with the underlying questions raised by a complaint, rather than the narrow points raised in a complaint. The proposed reforms will address this.

1.e) Is there doubt about answers to any of the above questions (for instance there is not enough information to draw a conclusion)?

N	N	N	N	N	N
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Based on the information set out above I have decided that an equality impact assessment is necessary.

Signed:



Business area: Experience and Involvement

Date: 12 June 2007

EQUALITY IMPACT ASSESSMENT –
where screening of policy undertaken and EQIA required.

Title: Health and Social Care Complaints Reform

Aim and purpose of this section of the policy

Scoping Questions	
<p>1. What evidence have you used to support the conclusions drawn in screening questions 1a – 1e?</p> <ul style="list-style-type: none"> • IVI research reports – 2006 • Spotlight on Complaints – HCC – 2007 • Anecdotal evidence from complaints staff, PALS officers and ICAS advocates • MENCAP report • DH data 	
<p>2. What is the strength of this evidence - for instance</p> <p>a) well established and validated?</p> <p>b) strong evidence, but a few gaps? <i>The consultation will provide further evidence.</i></p> <p>c) some evidence, but considerable gaps?</p> <p>d) anecdotal?</p>	
<p>3. If the evidence is not sufficient, what other information is needed?</p> <p>Involvement of key stakeholders/groups, but in what circumstances? <i>We have identified a number of stakeholder groups who will be receiving a personal invitation to submit their views during the consultation period. A list of the recipient organisations is attached.</i></p>	
<p>4. In particular, are there people who may be affected by the policy area whose views and experiences should be sought?</p> <p>Yes</p>	
<p>5. Does the policy area:</p> <ul style="list-style-type: none"> • Affect a large number of people (for instance it covers service provision such as primary care) • Have risks or potential attached to its implementation/ delivery in relation to equality because for instance it relates to <ul style="list-style-type: none"> ○ strategies or services specific to a particular group like older people, pregnant women or mental health services for deaf people ○ or to a disease or service area where a disproportionate number of some population groups are affected such as CHD, HIV or ophthalmic services) 	<p>Yes/ No</p> <p>Y</p> <p>N</p> <p>N</p>

6. What is the <i>probability</i> of adverse or beneficial effects? • Risk of adverse effects on equality (indicate one)?		
Highly likely to have adverse effect on equality <i>High risk</i>	May possibly have adverse effect <i>Moderate risk</i>	Probably will not have adverse effect Low risk
• Potential for benefit? (indicate one)		
Highly likely to promote equality of opportunity and good relations <i>High potential (low risk)</i>	May have the potential to promote equality Moderate potential (moderate risk)	Probably will not promote equality or good relations <i>Low potential (high risk)</i>
7. If the risks came to pass how substantial would these be (in terms of the number of people affected and the severity of the problem)? Minor risk		
Lots of people from different groups may be affected to some extent	A few people may be adversely affected to some extent	
A few people may be affected but the effect on them will be highly adverse	A lot of people may be severely affected	

Next steps

1. The availability and strength of evidence

- Based on answers from the scoping work clarify for each area of the policy and population group that may be affected:
 - the quality and extent of information available
 - what are the gaps in knowledge
 - what can be done to fill the gaps, such as;
 - commissioning new research
 - literature review
 - **rapid appraisal**
 - convening of expert panel
 - **requesting information collected by other organisations**
 - *anything else*

The consultation will provide further evidence.

- Commission or undertake further intelligence gathering as needed.

This is a key element of the consultation and arrangements are already being put in place.

- Make the information available to interested parties. Make sure you feed back the findings to those who have contributed.

2. Follow up and engage other interested parties

- Ensure potential stakeholders are aware of the proposals and the EQIA process and are given the opportunity to participate.

We have identified a number of stakeholder groups who will be receiving a personal invitation to submit their views during the consultation period. A list of the recipient organisations is attached. We will also be organising regional roadshows (which will have a strong element of service user involvement) and stakeholder seminar(s) We will be targeting specific organisations during the consultation period, eg, MENCAP, MIND, SCOPE, Age Concern and Help the Aged, and there will be a specific event for advocacy groups organised by the Independent Complaints Advocacy Service.

3. Forming a judgement on the information – the impact assessment

- The heart of the impact assessment is what conclusions can be drawn from the evidence. For each area of policy and for each population group that may be at risk it is useful to consider:

- What is the situation now?

There is some evidence, (especially the Mencap report 'Death by Indifference'), that Disability does place some complainants at a disadvantage. We are confident that the letters to stakeholder groups and the regional roadshows/seminars will address this.

- The risks and potential in the proposed policy
 - risk of not "narrowing the gap" in existing inequality
 - potential for narrowing the gap in existing inequality
 - potential for promoting equality of opportunity

We are confident that the outlined approach will minimise risks and be more likely to narrow the gap in existing inequality.

- What outcomes do we want to see?

Access to the health and social care complaints system is equally accessible to all user groups.

- How can we bring those outcomes about?

We intend to respond formally to any comments arising from the consultation and to support the continued engagement of the various stakeholder groups identified throughout the reform process.

- What will we do?

We will work with colleagues within the Department to ensure that any standards for provider registration and regulation will reflect the requirement to provide equally for diversity and diverse needs of these groups in expressing views, feedback, concerns & complaints.

- Measuring progress

We will work with stakeholders (including commissioners), to discuss how we might best ensure relevant data relating to complaints are collected and how information flows may enable us to measure progress. We will specifically seek stakeholder views on the possibility that monitoring requirements may be written into contracts with service providers. The intention is to move away from collecting purely quantitative data towards collecting more qualitative data.

It is likely that we will submit proposals to the Review of Central Returns (ROCR) Committee, relating to any changes to the existing KO41 complaints data collection.

- Reporting on findings/ deliberations

We intend to publish responses to comments arising from consultation and details of longer-term progress on the DH website.

4. Consultation on the findings of the EQIA

- The purpose, method, findings, conclusions and preliminary recommendations of the EqlA should be disseminated for comment. Make sure you have thought through how to facilitate engagement from potential stakeholders.
 - As already stated at para 2.
- If there has been effort and imagination given to ensuring interested parties have been engaged throughout, then a consultation is the opportunity to feedback to these people and to check for consensus. It is a further opportunity for interested parties to get involved and for the wider public to find out and comment on findings.
In answer to DQ – NO – not at this stage.
- Any additional findings or comments from the consultation should ideally considered by the original project group/ advisory panel and form part of the final report with a response.

Comment: NO

5. Decision

- Decisions on changes and the final policy should go into the final Equality Impact Assessment

6. Publication of EQIA

- An EqlA could be published as part of the policy white paper or as an appendix to a policy statement or separately. Whatever approach is chosen, an EqlA should be identifiable as an EqlA.

HUMAN RIGHTS

The Human Rights Act, which came into force in October 2000, incorporates into domestic law the European Convention on Human Rights to which the UK has been committed since 1951. Section 6 of the Human Rights Act makes it unlawful for a public authority to act in a way, which is incompatible with a Convention right. The underlying intention the Act is to create a Human Rights culture in public services.

If you think that the policy may have Human Rights implications, you may wish to consider the following questions.

- will it affect a person's right to life? **No**
- will someone be deprived of their liberty or have their security threatened? **No**
- could this result in a person being treated in a degrading or inhuman manner? **No**
- is there a possibility that a person will be prevented from exercising their beliefs? **No**
- will anyone's private and family life be interfered with? **No**

If the answer is “yes” to any of these questions, can the policy be amended to avoid impacting upon Human Rights? If not, seek legal advice before proceeding.