NHS
South Tyneside
Clinical Commissioning Group

Receipt, Acceptance and Management of Petitions Policy

Ratified	Approved
Status	Final
Issued	June 2019
Approved By	Executive Committee
Consultation	Internal CCG review
Equality Impact Assessment	Completed
Distribution	All Staff
Date Amended following initial ratification	Non-Applicable
Implementation Date	June 2019
Planned Review Date	June 2021
Version	V1
Author	Director of Operations Operations Manager
Reference No	CO30

Policy Validity Statement
This policy is due for review on the date shown above. After this date, policy and process documents may become invalid.

Policy users should ensure that they are consulting the currently valid version of the documentation.

Version Control

Version	Release Date	Author	Update comments
V1	June 2019	Director of Operations Operations Manager	Non-Applicable New Policy

Approval

Role	Name	Date
Approval	Executive Committee	July 2019

Review

This document will be reviewed two years from its issue date.

Contents

1. Introduction

A petition represents the expression of the views of the people who sign it. For NHS South Tyneside Clinical Commissioning Group (the CCG) petitions are an important mechanism for local people to have a voice on local health matters.

However, to ensure that the voices are heard appropriately and in order to avoid the danger of listening only to active lobby groups, petitions will not be viewed in isolation but as one piece of evidence and information which contributes to an overall picture of public opinion. Petitions can be raised as a discrete statement by the signatories or as a response to a public consultation or proposal being made by the Clinical Commissioning Group.

This policy outlines how the CCG will handle any petitions received from the local community.

2. Scope

This policy relates to the receipt and management of either hard copy or e-petitions.

Petitions may be proactive, e.g. unsolicited where there is public opinion that a new service may be required to fill a perceived gap in service provision; or reactive, e.g. in response to a CCG initiated proposal to change an existing service.

The policy sets out how petitions will be received whether outside a formal consultation period or during a formal consultation period.

3. Context

There is currently no clear, legally binding guidance to the NHS on handling petitions. Whilst the intention to introduce a clear framework was set out in *'Our health, Our Care, Our Say'* (Department of Health, 2006), this was not subsequently translated into policy.

When considering the receipt and management of e-petitions, the CCG wishes to ensure that it follows best practice. The CCG has drawn on published terms and conditions for submitting e-petitions, utilised by HM Government.

4. Criteria for the consideration of petitions

In order to be received for consideration, petitions should meet the criteria outlined below:

- A petition amounting to any number of signatures will be considered by the CCG in their commissioning decisions. The sentiment indicated in the petition will be forwarded to the most appropriate internal commissioning process. This will be determined by the subject of the petition e.g. the petition may be passed to the relevant commissioning manger to incorporate into a service specification and/or relevant subgroup or committee for consideration.

- Where a petition, with significant support (with a minimum of 1000 signatures) has been received by the CCG, the Chief Officer shall consult with the Chair of the Governing Body as to whether the petition should be included as a specific item for the agenda and consideration of the next meeting of the Governing Body to agree any appropriate actions.

- Petitions may be received in paper or electronic (e.g. email, web based or social media) format.

- Petitions should include a statement of petition which should contain:

    - the organisation to which the petition is being addressed
    - the proposition which is being promoted by the petition
    - the timeframe over which the petition has been collected

- The following information about each petitioner should be included:

    - Name
    - Postcode
    - Signature (in the case of a written petition)
    - Email address (in the case of an electronic petition). If this data is not collected due to the data controller not sharing the data e.g. a social media (e.g. Facebook) or 38 degrees petition, the petition will only be acknowledged as an indicator of public sentiment.

- The name and address of the petition organiser, who must be resident within the area to which the petition relates, should be provided on the first page of the petition.

5.   Acceptance of Petitions

An acknowledgement of receipt of the petition will be provided to the lead petitioner within five working days of receipt with a clear explanation about what will happen next.

Petitions will not be considered if they are repeated, vexatious or if they concern issues which are outside the CCG's remit. Petitions will also not be considered if the information contained is confidential, libellous, false, defamatory or offensive.

A petition will be considered as a repeat petition if:

a) it covers the same or substantially similar subject matter to another petition received within the previous six months;
b) it is presented by the same or similar individuals or groups as another petition received within the previous six months.

A petition will be considered as a vexatious petition if:

c) it focuses on individual grievances;
d) it focuses on the actions or decisions of an individual and not the organisation.

A petition will be considered as outside the CCG's remit if:

  e) it focuses on a matter relevant to another organisation;
  f) it requests information available via Freedom of Information legislation;
  g) its aim is to correspond on a personal issue(s) with an individual(s);
  h) signatories are not based in the UK.

A petition will be considered as confidential, libellous, false or defamatory if:

  i) it contains information which may be protected by an injunction or court order;
  j) it contains material which is potentially confidential, commercially sensitive, or which may cause personal distress or loss.

A petition will be considered as offensive if:

  k) it contains language that may cause offence, is provocative or extreme in its views.

Where a petition does not meet the requirement set out in the criteria above then the CCG will respond in writing within ten working days to confirm that the petition has been received and the petition does not meet the criteria. The reason for rejection will be given clearly and explicitly.

5.1   Petitions received outside formal consultation period

For petitions received outside a formal consultation period, the Chief Officer (as Accountable Officer) may delegate responsibility for receiving a petition to a nominated representative. The Chief Officer or nominated representative will arrange for a short private meeting with the petition organiser to formally receive the petition. All photographic opportunities may be politely declined by the CCG during this meeting.

Once received, the Chief Officer or nominated representative will ensure that the petition receives appropriate and proportionate consideration and that a response is made in writing.

5.2   Petitions received during a formal consultation period

If a petition relates to a subject, proposal or matter about which the CCG is actively seeking public opinion, and if the petition is submitted before the publicised close date of the engagement or consultation process, the petition will be considered as an item of correspondence, in the same way that any other response would be considered. Petitions will be considered as valid for consideration as part of the consultation if they meet the requirements set out in the criteria outlined in this policy.

6.   Management of Petitions

When a report on the outcome of consultation is prepared, the following issues will be taken into account when considering a petition:

  • If a petition is raised about a perceived lack of or missing service, consultation is not a public referendum or public vote. Influence will be afforded to the most cogent ideas and arguments, based upon clinical effectiveness, quality, patient safety, cost effectiveness and not necessarily to the views of the most numerous stakeholders.

- The petition should be relevant to the subject of the consultation. It may not necessarily use the same words, but it should have a bearing on the proposal(s) that the CCG/s have put forward.

- The petition should reflect the latest proposals and policy statements being made by the CCG and not relate to issues that are no longer under consideration. This is particularly relevant when considering the timescale during which signatures have been collected.

- The petition should provide an accurate reflection of the proposals in the consultation, rather than including misleading information or statements.

- The petition should relate to the consultation and to the proposed action of the CCG (and/or its stakeholders), rather than to broader policy agenda beyond the scope of the consultation.

- The petition's concerns will be assessed in relation to the aims being put forward in the consultation, and the rationale and constraints behind it. For example, a petition that proposes a realistic alternative option will normally be given greater weight than a petition that simply opposes an option that has been put forward for valid reasons.

- The petition's concerns will also be assessed in relation to the impact on other populations if these demands were accepted. This assessment could take into account views expressed in other petitions (which may conflict) or in more direct responses to the consultation.

The organiser of the petition will receive correspondence from the CCG as the body that has initiated the consultation, in the same manner as other respondents (e.g. acknowledgement, an outcome letter describing how the issues raised during consultation have or will influence the decisions made following consultation) within 28 days of receipt of the petition.

Petitions will be formally acknowledged in the analysis of consultation responses, along with all the other responses. If what petitioners call for is accepted or rejected, the reasons for this should be given.

Hard copy and electronic petitions will be stored in a secure place within the CCG for three years and will then be destroyed as confidential waste (in the case of hard copies) or deleted (e-petitions).

7. Return of Petitions

Hard copy petitions should be addressed to:

The Chief Officer (as Accountable Officer)
South Tyneside Clinical Commissioning Group
Monkton Hall
Main Hall
Monkton Lane
Jarrow
NE32 5NN

If you wish to make an appointment in advance to have your petition formally received, you should contact the CCG on 0191 283 1903.

Electronic petitions can be brought to the attention of the Chief Officer by sending a link to stynccg.enquiries@nhs.net

8. Duties and responsibilities

Governing body	The Governing Body has responsibility for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
Chief Officer	The Chief Officer has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.
Director of Operations	The Director of Operations has delegated authority from the Chief Officer for the strategic and operational management to ensure that CCG processes comply with legal, statutory and good practice guidance requirements, including oversight of the implementation of this policy.
All Staff	All staff, including temporary and agency staff, are responsible for: • Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken. • Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities. • Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly. • Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager. • Attending training / awareness sessions when provided.

9. Implementation

This policy will be available to all staff for use and be aware of.

All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

10. Training Implications

It has been determined that there are no specific training requirements associated with this policy/procedure.

11. Related Documents

11.1 Other related policy documents

CCG's Communications and Patient and Public Involvement Strategy.

11.2 Legislation and statutory requirements

There is currently no clear, legally binding guidance to the NHS on handling petitions.

The CCG has drawn upon published terms and conditions for submitting e-petitions, utilised by HM Government.

12. Monitoring, review and archiving

12.1 Monitoring

The Executive Committee will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

12.2 Review

12.2.1 The Director of Operations will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

12.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Executive Committee will consider the need to review the policy or procedure outside of the agreed timescale for revision.

12.3 Archiving

The Director of Operations will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: Code of Practice for Health and Social Care 2016.

13. Equality analysis

Step 1

As a public body organisation we need to ensure that all our strategies, policies, services and functions, both current and proposed have given proper consideration to equality and diversity, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership, Carers and Health Inequalities).

A screening process can help judge relevance and provides a record of both the process and decisions made.

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:
- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Helen Ruffell
Role: Operations Manager

Title of the service/project or policy:

Receipt, acceptance and management of petitions

Is this a:		
x Strategy / Policy	☐ Service Review	☐ Project

If other, please specify:

What are the aim(s) and objectives of the service, project or policy:

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Petitions may be pro-active, eg unsolicited where there is public opinion that a new service may be required to fill a perceived gap in service provision; or reactive, eg in response to a CCG initiated proposal to change an existing service.

The policy sets out how petitions will be received, whether outside a formal consultation period or during a formal consultation period.

Who will the project/service/policy/decision impact?

Consider the actual and potential impacts:

[x] Staff

[x] service users/patients

[ ] other public sector organisations

[x] voluntary / community groups / trade unions

[ ] others, please specify:

Questions	Yes	No
Could there be an existing or potential impact on any of the protected characteristic groups?	x	
Has there been or likely to be any staff/patient/public concerns?		x
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?		x
Could this piece of work affect the workforce or employment practices?		x
Does the piece of work involve or have an impact on: • Eliminating unlawful discrimination, victimisation and harassment • Advancing equality of opportunity • Fostering good relations	x	

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document.

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	**Job title**	**Date**
Helen Ruffell	Operations Manager	5 June 2019

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

If you are not completing 'STEP 2 - Equality Impact Assessment' this screening document will need to be approved and published alongside your documentation.

A copy of all screening documentation should be sent to: **NECSU.Equality@nhs.net** for audit purposes.

Step 2 Evidence Gathering

Name of person completing EIA: Helen Ruffell
Title of policy/strategy/guidance: Receipt, acceptance and management of petitions
Existing: ☐   New/proposed: x   Changed: ☐
What are the intended outcomes of this policy/service/process? Include outline of objectives and aims The policy sets out how petitions will be received, whether outside a formal consultation period or during a formal consultation period.
Who will be affected by this policy/strategy /guidance? (please tick) ☐ Consultants   ☐ Nurses   ☐ Doctors x Staff members   x Patients   x Public ☐ Other If other please state:

Current Evidence/Information held	Outline what current data/information is held about the users of the service / patients / staff / policy / guidance? Why are the changes being made?
(Census Data, Local Health Profile data, Demographic reports, workforce reports, staff metrics, patient/service users/data, national reports, guidance ,legislation changes, surveys, complaints, consultations/patient/staff feedback, other)	This is a new policy so there are no changes being made.

Step 3 Full Equality Impact Assessment

The Equality Act 2010 covers nine 'protected characteristics' on the grounds upon which discrimination and barriers to access is unlawful.
Outline what impact (or potential impact) the new policy/strategy/guidance will have on the following protected groups:

Age
A person belonging to a particular age

Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).

Could the policy discriminate, directly or indirectly against people of a particular age? Yes
https://www.equalityhumanrights.com/en/advice-and-guidance/age-discrimination

Has the content within the document been checked for any potential offensive/discriminatory language of this particular group? Yes

Are there any discriminatory practices/processes outlined within the document? No

If training is required for this policy/strategy/guidance/process – outline what considerations have been mad for an older workforce ie accessibility considerations, venues, travel etc.

Outline if appropriate methods of communication have been carefully considered to ensure they reach all age groups. Is documentation available in alternative formats as required? The policy will be available in different formats as required.

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).

What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).** The policy will be available in different formats to ensure that people of all ages are able to access it.

Disability
A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).

Could the policy discriminate, directly or indirectly against people with a disability? Yes
https://www.equalityhumanrights.com/en/advice-and-guidance/disability-discrimination

What steps are being taken to make reasonable adjustments to ensure processes/practices set out are 'accessible to all'? The policy will be available in other formats if required, for example easy read.

Has the content within the document been checked for any potential offensive/discriminatory language of this particular group? Yes

Are there any discriminatory practices/processes outlined within the document that may impact this group? No

If training is required for this policy/strategy/guidance/process – outline what considerations have been made for people with a disability and/or sensory need i.e accessibility considerations, venues, travel, parking etc.

Outline if appropriate methods of communication have also been carefully considered for people with a disability or sensory need. Is documentation available in alternative formats as required? Such as easy read, large font, audio and BSL interpretation as required. Yes as above.

Are websites accessible for all and/or have information available stating how people can access information in alternative formats if required? Yes

Has the Accessible Information Standard been considered? Yes
https://www.england.nhs.uk/ourwork/accessibleinfo/

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).

What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).** The policy will be available in different formats to ensure that people with disabilities are able to access it.

Gender reassignment (including transgender) and Gender Identity
Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.

Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).

Could the policy discriminate, directly or indirectly against people who have this characteristic?
No
https://www.equalityhumanrights.com/en/advice-and-guidance/gender-reassignment-discrimination

Has the content within the document been checked for any potential offensive/discriminatory language of this particular group? Yes
Please see useful terminology website for info:
https://www.transgendertrend.com/transgender-terminology/

Are there any discriminatory practices/processes outlined within the document that may impact this protected group? No

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).

What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

Marriage and civil partnership
Marriage is defined as a union of a man and a woman or two people of the same sex as partners in a relationship. Civil partners must be treated the same as married couples on a wide range of legal matters

Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).

Could the policy discriminate, directly or indirectly against people who have this characteristic? No

https://www.equalityhumanrights.com/en/advice-and-guidance/marriage-and-civil-partnership-discrimination

Has the content within the document been checked for any potential offensive/discriminatory language of this particular group? Yes

Are there any discriminatory practices/processes outlined within the document that may impact this protected group? No

Do all procedures treat both single and married and civil partnerships equally?

Is there equal access to recruitment, personal development, promotion and retention for staff?

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).

What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

Pregnancy and maternity
Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.

Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).

Could the policy discriminate, directly or indirectly against people who have this characteristic? No

Has the content within the document been checked for any potential offensive/discriminatory language of this particular group? Yes

Are there any discriminatory practices/processes outlined within the document that may impact this group? No

Any scheduling of training for the policy should take into consideration part time working arrangements for staff as well as any caring responsibilities. Training should be scheduled at appropriate times with wash-up sessions available for staff on maternity that may not be able to attend scheduled training.

Will the processes outlined impact on anyone who is pregnant, on maternity leave or have caring responsibilities? For example impact on flexible working arrangements etc. No

Is there equal access to recruitment, personal development, promotion and retention for staff? NA

Are processes in place to update people that may currently be on maternity leave on their return? Yes

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).

What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

Race
It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.

Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).

Could the policy discriminate, directly or indirectly against people who have a particular race? Yes
https://www.equalityhumanrights.com/en/advice-and-guidance/race-discrimination

Has the content within the document been checked for any potential offensive/discriminatory language of people form a particular race? Yes

Are there any discriminatory practices/processes outlined within the document that may impact a particular race? No

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).

What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).** If English is not someone's first language or they are unable to read or speak English at all interpreters are available.

Religion or Belief
Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).

Could the policy discriminate, directly or indirectly against people who have this characteristic? No
https://www.equalityhumanrights.com/en/advice-and-guidance/religion-or-belief-discrimination

Has the content within the document been checked for any potential offensive/discriminatory language of this particular group? Yes

Are there any discriminatory practices/processes outlined within the document that may impact a particular religion or belief? No

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).

What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

Sex/Gender
A man or a woman.

Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).

Could the policy discriminate, directly or indirectly against either men or women? No
https://www.equalityhumanrights.com/en/advice-and-guidance/sex-discrimination

Has the content within the document been checked for any potential offensive/discriminatory language against men and/or women? Yes

Are there any discriminatory practices/processes outlined within the document that may impact men or women? No

Does someone of a particular sex fair less or receive less favourable treatment as a result of this policy/strategy/ guidance? No

Are men or women treated differently as a result of the information set out within the document? No

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).

What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

Sexual orientation
Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).

Could the policy discriminate, directly or indirectly against people who have this characteristic? No
https://www.equalityhumanrights.com/en/advice-and-guidance/sexual-orientation-discrimination

Has the content within the document been checked for any potential offensive/discriminatory language of people with a particular sexual orientation? yes

Are there any discriminatory practices/processes outlined within the document that may impact this group? No

NHS Employers guide: *https://www.nhsemployers.org/your-workforce/plan/diversity-and-inclusion/policy-and-guidance/sexual-orientation*

Sexual orientation monitoring guidance (to be used as appropriate): *https://www.england.nhs.uk/about/equality/equality-hub/sexual-orientation-monitoring-information-standard/*

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).

What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

Carers
A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person

Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).

Could the policy discriminate, directly or indirectly against people who have this characteristic? No

Has the content within the document been checked for any potential offensive/discriminatory language of this particular group? Yes

Are there any discriminatory practices/processes outlined within the document that may impact this group? No

Any scheduling of training for the policy should take into consideration part time working arrangements for staff as well as any caring responsibilities. Training should be scheduled at appropriate times with wash-up sessions available for staff that may not be able to attend scheduled training.

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).

What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

Other identified groups relating to Health Inequalities
such as deprived socio-economic groups, rural areas, armed forces, people with substance/alcohol abuse and sex workers.
(Health inequalities have been defined as "Differences in health status or in the distribution of health determinants between different population groups."
Health inequalities can therefore occur across a range of social and demographic indicators, including socio-economic status, occupation, geographical locations.)

Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).

Could the policy discriminate, directly or indirectly against people who have this characteristic? No

Has the content within the document been checked for any potential offensive/discriminatory language of this particular group? Yes

Are there any discriminatory practices/processes outlined within the document that may impact this group? No

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).

What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

Step 4 Engagement and Involvement

Have you engaged stakeholders in testing the policy/guidance or process proposals including the impact on protected characteristics?
List the stakeholders engaged What was their feedback? List changes/improvements made as a result of their feedback List the mitigations provided following engagement for potential or actual impacts identified in the impact assessment.
If no engagement has taken place, please state why:
No engagement has taken place as this is a process the CCG will follow when handling any petition submitted to them – it is a best practice approach.

Step 5 Methods of Communication

What methods of communication do you plan to use to inform service users/staff about the policy/strategy/guidance?
x Verbal – meetings ☐ Verbal - Telephone ☐ Written – Letter   ☐ Written – Leaflets/guidance booklets ☐ Written - Email   x Internet/website   x Intranet page ☐ Other
If other please state:

Step 6 Potential Impacts Identified – Action Plan

Ref no.	Potential/actual Impact identified	Protected Group Impacted	Action(s) required	Expected Outcome	Action Owner	Timescale/ Completion date
	Inability to access the document as not in the appropriate format.	Age, disability and race.	Other formats of the document will be required as necessary. Interpreters required as necessary.	Those who are unable to access the primary document will be able to access it with appropriate adjustments.	Helen Ruffell and Comms Team at NECS	As requested.

Sign off

Completed by:	Matt Brown, Director of Operations
Date:	24 July 2019
Presented to: (appropriate committee)	Executive Committee
Publication date:	July 2019