

## **Clinical Board of Primary, Community And Intermediate Care: EQIA for Operational Plan 2013/14**

The following equality impact assessment has been undertaken on the Operational plan (2013/14) for the Clinical Board of Primary, Community and Intermediate Care within the Cardiff & Vale University Health Board. For each part of the plan the 9 protected characteristics of *Age –Disability –Gender re-assignment –Marriage and Civil partnership- Pregnancy and maternity-Race-Religion or belief –Sex –Sexual orientation and Welsh language* have been considered.

Schemes have been grouped into themes for the purpose of this EQIA

### **Workforce –**

Positive impact:

Improved continuity of care for patients with a stable staff group rather than working with reduced workforce or temporary staff

Staff have increased access to support from their team leaders/managers to access services and support to improve their health and well being.

Increased satisfaction for staff who take on more fulfilling roles and are given responsibilities that match their knowledge, skills and pay grade.

Negative impact:

Change management processes required to ensure that all staff in leadership positions have the skills to take on new challenges,

No identified negative impact on patient care

### **Capacity**

Positive impact:

Clinical pathway development to improve the outcomes and experiences for patients as well as improved resource utilisation.

Negative impact:

Reduction in bed capacity may increase pressure within overall system, particularly EU if turnover targets and throughput is not maintained.

### **Continuing NHS Healthcare**

Positive impact:

Reduced reliance on statutory sector services for patients providing them with more independence and choice. More reliable community services for those with long term care needs who are eligible for CHC.

Negative impact:

Change in provision for some patients will be difficult to adjust to after a number of years of one particular way of delivering care

**Prescribing**

*Positive impact:*

*Improved prescribing practice, evidence based with equal if not better clinical outcomes for patients*

*Negative impact:*

Patients do not always respond well to change in prescribing and it can affect compliance

**GMS enhanced service reductions**

*Positive impact:*

*Reducing expenditure on services that can be provided through other means*

*Negative impact:*

Impact on practice incomes