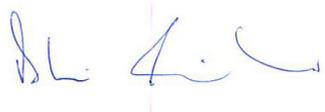


Equality Analysis Template

This document should be completed in conjunction with the Equality Analysis Guidance document. Should you have any queries, please contact the SECSU Equality & Diversity Team at SECSU.Equality@nhs.net who will be pleased to help.

Section 1: Policy, Function or Service Development Details and Authorisation	
Name of Organisation:	Croydon CCG
Name of the policy, function or service development being assessed:	Discontinuation of the prescribing of Vitamin D maintenance dose preparations
Is this a new/existing/revised policy, function or service development?	New
Briefly describe its aims and objectives	<p>In February 2012, Chief Medical Officers for the United Kingdom published a letter to health professionals to increase awareness of the risk of vitamin D deficiency amongst certain groups.</p> <p>The letter set out a recommendation for Vitamin D supplementation in the outlined risk groups and advised that they are available for purchase or can be prescribed for those who are not eligible for the Healthy Start scheme.</p> <p>Since publication, some practices have promoted self-care whilst others have prescribed for their patients, particularly for practices in areas of high deprivation. The aim of this initiative is to promote self-care in the first instance in order to release and re-prioritise financial resources.</p> <p>Promotion of self-care is increasingly important since the Scientific Advisory Committee on Nutrition (SACN) published recommendations in</p>

	July 2016 advising vitamin D supplementation for everyone over one year of age, either daily or at least during the autumn/ winter months depending on their risk factors. Expecting GPs to prescribe vitamin D supplements for the general population is unfeasible both in terms of the financial and workload implications, therefore this policy will assist in providing clarity and a consistent approach that maintenance of vitamin D levels is part of the self-care agenda.
Analysis Start Date:	28/9/2016
Lead Author of Equality Analysis:	Claudette Allerdyce
SECSU Equality & Diversity Lead Approved? Yes/No (please indicate) Equality & Diversity Lead Name: Date of approval:	 Valerie Richards, Senior Associate, Equality and Diversity, SECSU 7 December 2016
Have any financial or resource implications been identified?	Yes, potential financial or resource implications identified for PPI events and for the LA/PH in terms of increasing access to healthy start vitamins.
Date of Governing Body Meeting where the Equality Assessment was ratified:	

Section 2 : Equality Analysis Checklist

For each of the nine protected characteristics in the table below, consider whether the policy/function/service development could have a positive or negative outcome on each of these groups. Involve service users where possible to obtain their opinion, use demographic/census data (available from public health and other sources), surveys (previous surveys or perhaps conduct one), ask PALS and Complaints for reports/data, obtain subject specific reports from providers and other published data. Ensure any remedial actions are Specific, Measureable, Achievable, Realistic, and Timely (SMART)

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
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Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
<p>Age</p> <p>Think about different age groups and the policy/function/service development and the way the user would access it, is it user friendly for that age group?</p> <p>What is the age breakdown in the community/workforce? Will the change/decision have significant impact on certain age groups?</p>	<p>The Local Authority PH dept. has produce population data at Lower Super Output Area (LSOA) level that closely maps to the CCG's 6 GP networks that outlines local demographics into the three bands (see table1 below):</p> <ol style="list-style-type: none"> aged less than 5 years, aged 5yrs-64 those aged 65 years and older. 	<p>Engagement on this and other prescribing initiatives being co-ordinated centrally by the SECSU PPI and communication team and will include all sections of the local community</p>	<p>The CMO letter issued in Feb 2012, included infants and young children under 5 years of age and older people aged 65 years and over as groups at higher risk vitamin D deficiency.</p> <p>Reviewing the population age data, outlines that the East Croydon network has higher than the borough average of children aged 0-4 years (8.9% vs 7.5%), whilst the New Addington and Selsdon Network has a greater than average % of the population aged 65 year or older (16.8% vs. 13.0%).</p> <p>People who are aged 65 years or older who may currently have vitamin D prescribed by their GP will also be negatively affected as they will now be redirected to purchase these, when in the past they obtained free supplies on prescription due to their age exemption.</p>	<p>See action plan</p>	<p>Claudette Allerdyce (December 2016)</p>

Table 1

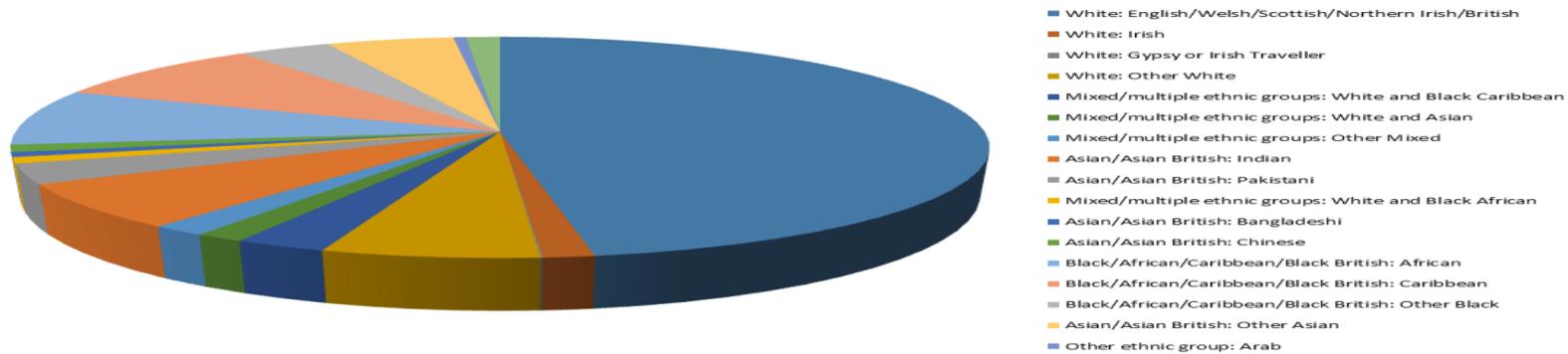
2015 Mid Year Estimate Population		Back to Map				
Total Numbers						
	East Croydon	Mayday	New Addington and Selsdon	Purley	Thornton Heath	Woodside and Shirley
Total Population	92768	59487	54623	66544	54509	60431
0-4 Population	8279	4742	3619	4189	4318	4128
5 to 64 Population	75519	48172	41813	50685	44489	48026
65+ Population	8970	6573	9191	11670	5702	8277
Percentages						
	East Croydon	Mayday	New Addington and Selsdon	Purley	Thornton Heath	Woodside and Shirley
0-4 Population	8.9	8.0	6.6	6.3	7.9	6.8
5 to 64 Population	81.4	81.0	76.5	76.2	81.6	79.5
65+ Population	9.7	11.0	16.8	17.5	10.5	13.7

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
<p align="center">Disability</p> <p>Think outside the box – you may not be able to see the disability. It could be physical (for instance hearing or visual impairment), unseen (for instance mental health) or a learning disability (for instance Autism). Consider for example:</p> <p>Accessibility – venue, location, signage, furniture and getting around</p> <p>Disability awareness training for staff</p> <p>Actively involve the service user and talk it through with them</p> <p>Mental Health – does this affect significant communities in the local population?</p>		<p>Engagement on this and other prescribing initiatives being co-ordinated centrally by the SECSU PPI and communication team and will include all sections of the local community</p>	<p>It is not envisaged that this policy change will negatively impact on Individuals with a disability, more adversely or specifically than other people from the local population.</p> <p>In the promotion of self-care, the public can be assured that community pharmacies are required to be compliant with Disability and Discrimination Act (2005), as a minimum requirement of their service delivery.</p>		
<p align="center">Gender Reassignment</p> <p>Think about creating an environment within the policy/function/service development that is user friendly and non-judgemental. Does the organisation need to raise awareness / offer training?</p> <p>If the policy/function/service development is specifically targeting this protected characteristic, think carefully about confidentiality, training, and communication skills</p>	<p>There was no research or national evidence to gain a robust insight into the need or impact of for vitamin D supplementation by this population group.</p>	<p>Engagement on this and other prescribing initiatives being co-ordinated centrally by the SECSU PPI and communication team and will include all sections of the local community</p>	<p>It is not envisaged that this policy change will negatively impact on individuals who have or are planning to undertake gender reassignment, more adversely or specifically than other people from the local population.</p> <p>With the exception of individuals who may be planning a pregnancy, are pregnant or who are breastfeeding, both sexes are affected equally.</p>		
<p align="center">Marriage and Civil Partnership</p> <p>Think about access and confidentiality, the partner may not be aware of involvement or access to the service</p> <p>Staff training to raise awareness of ensuring equal status to spouses and civil partners in all HR policies, terms and conditions and services.</p>	<p>Data not available at Croydon level</p>	<p>Engagement on this and other prescribing initiatives being co-ordinated centrally by the SECSU PPI and communication team and will include all sections of the local community</p>	<p>It is not envisaged that this policy change will negatively impact on individuals who have or are planning to undertake gender reassignment, more adversely or specifically than other people from the local population.</p>	<p>N/A</p>	<p>N/A</p>

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe		
<p>Pregnancy & Maternity</p> <p>The policy/function/service development must be accessible for all e.g. opening hours</p> <p>Are the chairs appropriate for breast feeding? Is there a private area? Are there baby changing facilities and is there space for buggies?</p> <p>What are the future projections for birth rates, neo natal statistics? Will the service/decision have a significant impact on this protected characteristic?</p>	<p>The Local Authority PH dept. has produce population data at Lower Super Output Area (LSOA) level that closely maps to the CCG's 6 GP networks outlying the number of live births in each network. (See table below)</p>		<p>This policy change may negatively impact pregnant women or those who are eligible for maternity prescription charge exemption if they previously received or are currently in receipt of vitamin D supplements on prescription. This is because they will now have to purchase these as part of the self-care agenda, where in the past they would have received these free of charge.</p>				
<p>2007-2014 Live Birth (Office of National Statistics)</p>		<p>Back to Map</p>					
		<p>East Croydon</p>	<p>Mayday</p>	<p>New Addington and Selsdon</p>	<p>Purley</p>	<p>Thornton Heath</p>	<p>Woodside and Shirley</p>
<p>2014 Live Births (Male)</p>		<p>825</p>	<p>523</p>	<p>343</p>	<p>419</p>	<p>447</p>	<p>434</p>
<p>2014 Live Births (Female)</p>		<p>811</p>	<p>494</p>	<p>315</p>	<p>374</p>	<p>428</p>	<p>374</p>
<p>2014 Live Births (Total)</p>		<p>1636</p>	<p>1017</p>	<p>658</p>	<p>793</p>	<p>875</p>	<p>808</p>
<p>2007-2014 Live Births (Total)</p>		<p>12415</p>	<p>8272</p>	<p>5280</p>	<p>5987</p>	<p>7196</p>	<p>6324</p>
<p>Race</p> <p>You need to think carefully about the local demographics of the population who will be accessing the policy/function/service development. Talk to public health. Consider for example:</p> <p>Cultural issues (gender, clothing etc.)</p> <p>Languages</p> <p>Support to access</p> <p>Staff training on cultural awareness, interpreting etc.</p>	<p>The Local Authority PH dept. has produce population data at Lower Super Output Area (LSOA) level that closely maps to the CCG's 6 GP networks illustrates that based on the 2011 Census data, 45% of the population of Croydon consider themselves to be of a non-white ethnic group. Across the borough this varies significantly ranging from 24% in the New Addington and Selsdon and Purley networks to 70% in the Mayday network.</p>		<p>For this project we have used ethnicity as a surrogate marker to identify likelihood of individuals having darker skin.</p> <p>People with darker skin are known to have an increased risk of Vitamin D deficiency as a result of them having increased melanin which reduces the skin's ability to absorb and make vitamin D from sunlight.</p> <p>Based on this assumption, this policy may have a negative impact on people of non-white ethnicity groups</p>				

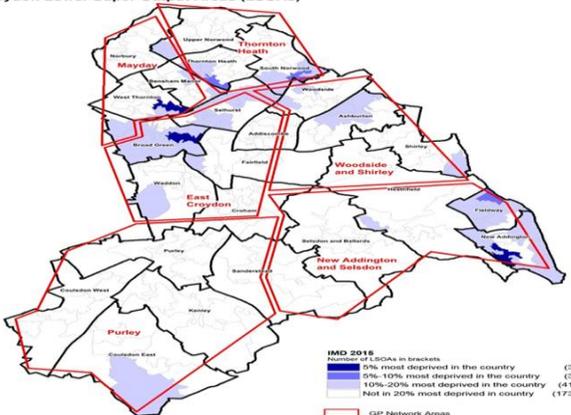
Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
			<p>who currently obtain vitamin D supplements from their GP on prescription and are not eligible for prescription charges.</p> <p>People who cover their skin for cultural reasons (not linked to religious beliefs) are also at increased risk of vitamin D deficiency due to reduced sun exposure and so may also be more adversely affected by this policy change, if they have been obtaining vitamin D supplements from their GP on prescription and are not eligible for prescription charges.</p>		

Croydon Ethnicity Breakdown from 2011 Census Data



Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe		
<p>Religion or Belief</p> <p>Again, think about the local population and what religion or beliefs they may have. Consider for example:</p> <p>Staff training on respecting differences and religious beliefs</p> <p>Are you trying to implement a change/activity at an inconvenient time e.g. during a time of religious holiday such as Ramadan?</p> <p>Is there an area for prayer times, religious rituals e.g. washing area?</p>	<p>The Local Authority PH dept. has produce population data at Lower Super Output Area (LSOA) level that closely maps to the CCG's 6 GP networks outlying the religious beliefs of the population within each network.</p>		<p>People who cover their skin for religious reasons and currently receive vitamin D supplementation from the GP practice on prescription, and are not eligible for prescription charges, may be negatively impacted by this policy change.</p>				
Percentages							
		East Croydon	Mayday	New Addington and Selsdon	Purley	Thornton Heath	Woodside and Shirley
Buddhist		0.8	0.5	0.5	0.8	0.7	0.5
Christian		52.4	51.3	58.5	60.0	58.8	60.0
Hindu		8.6	11.4	2.6	4.6	2.9	4.0
Jewish		0.2	0.1	0.2	0.2	0.2	0.2
Muslim		9.5	15.9	4.0	4.0	8.5	6.1
Sikh		0.3	0.8	0.3	0.4	0.3	0.4
Other religion		0.6	0.9	0.4	0.4	0.6	0.5
Religion not stated		7.5	7.5	7.1	7.7	8.5	7.7
No religion		20.2	11.7	26.4	22.0	19.4	20.5
<p>Sex</p> <p>This is the impact on males and females. For example same sex accommodation - are there areas for privacy? Is it accessible for both taking into account working service users? Would it be a venue they would go to?</p> <p>What does research show regarding the incidence of for example, mental health, cancers, early or late diagnoses for males or females?</p>			<p>With the exception of individuals who may be planning a pregnancy, are pregnant or who are breastfeeding, who are covered separately within this document both sexes are affected equally.</p>	N/A	N/A		

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
<p>Sexual Orientation</p> <p>Don't make assumptions as this protected characteristic may not be visibly obvious.</p> <p>Providing an environment that is welcoming - for example visual aids, posters, leaflets.</p> <p>Using language that respects LGB&T people.</p> <p>Staff training on how to ask LGB&T people to disclose their sexual orientation without fear or prejudice.</p>	<p>There is currently no reliable information on the size of the local or national LGB population.</p>		<p>As sexual orientation has no clinical impact on vitamin D requirements, it is not expected that this policy will have any positive or negative impact on people identifying with this protected characteristic more than the general population.</p>	<p>N/A</p>	<p>N/A</p>
<p>Carers</p> <p>Does your policy/function/service development impact on carers? Ask them. Do you need to think about venue, timing? What support will you be offering?</p>			<p>This policy change is not envisaged to have a positive or negative impact on carers specifically as a group.</p>	<p>N/A</p>	<p>N/A</p>
<p>Other</p> <p>Does your policy/function/service development impact on for example, those on low incomes, who are homeless etc.?</p>	<p>The Local Authority PH dept. has produce population data at Lower Super Output Area (LSOA) level that closely maps to the CCG's 6 GP networks mapping the 2015 Indices of Deprivation for Croydon. (See map below, where the darkest blue areas are the most deprived).</p> <p>Prescribing data for 2015/16.</p>		<p>This policy may negatively affect individuals on low incomes who previously obtained vitamin D supplements on prescription free of charge as they will now be redirected to purchase supplements.</p> <p>Reviewing prescribing data for vitamin D supplemental doses highlights that there is significant variation in GP practices prescribing vitamin D. A positive impact of the project will be increased clarity and consistency in approach to vitamin D maintenance across the borough which will lead to a reduction in inequity of care.</p>		

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
<p>Indices of Deprivation 2015 Croydon Lower Super Output Areas (LSOAs)</p>  <p>IMD 2015 Number of LSOAs in brackets</p> <ul style="list-style-type: none"> 5% most deprived in the country (3) 5%-10% most deprived in the country (3) 10%-20% most deprived in the country (41) Not in 20% most deprived in country (175) <p>GP Network Areas</p> <p><small>Reproduced by permission of Ordnance Survey on behalf of HMRC. © Crown copyright and database right 2016. OS licence number 10001927.</small></p>					

Row Labels	1. Mayday Network	2. Thornton Heath Network	3. Woodside / Shirley Network	4. New Addington / Selsdon Network	5. Purley Network	6. East Croydon Network	Grand Total
ASHBURTON PARK MEDICAL CENTRE			1343.65				1343.65
AUCKLAND SURGERY		2835.71					2835.71
BIRDHURST MEDICAL PRACTICE						1219.64	1219.64
BRAMLEY AVENUE SURGERY					3383.31		3383.31
BRIGSTOCK & SOUTH NORWOOD PARTNERSHIP	2028.36						2028.36
BRIGSTOCK FAMILY PRACTICE	9507.24						9507.24
BROOM ROAD MEDICAL PRACTICE			1010.81				1010.81
BROUGHTON CORNER MEDICAL CENTRE	497.74						497.74
COULSDON MEDICAL PRACTICE					2453.95		2453.95
DOWNLAND SURGERY					104.5		104.5
DR SALENO - PARKWAY HEALTH CENTRE 03				1442.43			1442.43
EAST CROYDON MEDICAL CENTRE						4045.65	4045.65
EVERSLEY MEDICAL CENTRE	3377.78						3377.78
FAIRVIEW MEDICAL CENTRE	641.92						641.92
FIELDWAY MEDICAL CENTRE			2478.42				2478.42
FRIENDS ROAD MEDICAL PRACTICE						1487.26	1487.26
GREENSIDE MEDICAL PRACTICE						8571.17	8571.17
HARTLAND WAY SURGERY			1472.95				1472.95
HEADLEY DRIVE SURGERY				681.45			681.45
HEATHFIELD SURGERY						92.05	92.05
KESTON MEDICAL PRACTICE					3030.78		3030.78
LEANDER ROAD SURGERY	3980.05						3980.05
LONDON ROAD MEDICAL PRACTICE	7785.06						7785.06
MERSHAM MEDICAL CENTRE		2795.46					2795.46
MITCHLEY AVENUE SURGERY					3357.56		3357.56
MORLAND ROAD SURGERY						1995.59	1995.59
NORBURY HEALTH CENTRE (02)	7361.55						7361.55
NORTH CROYDON MEDICAL CENTRE	3326.48						3326.48
OLD COULSDON MEDICAL PRACTICE					3835.94		3835.94
PARCHMORE MEDICAL CENTRE		8407.57					8407.57
PARKSIDE GROUP PRACTICE					7275.02		7275.02
PARKWAY HEALTH CENTRE (01)				11746.55			11746.55
PARKWAY HEALTH CENTRE (02)				2366.07			2366.07
PORTLAND MEDICAL CENTRE			7027.36				7027.36
QUEENHILL MEDICAL PRACTICE				1669.96			1669.96
SELHURST MEDICAL PRACTICE						580.46	580.46
SELSDON PARK MEDICAL PRACTICE					8702.97		8702.97
SHIRLEY MEDICAL CENTRE						6439.99	6439.99
SOUTH CROYDON MEDICAL CENTRE						1580.54	1580.54
SOUTH NORWOOD HILL MEDICAL CENTRE	4349.36						4349.36
SOUTH NORWOOD MEDICAL PRACTICE	1325.51						1325.51
ST JAMES'S MEDICAL CENTRE						9913.46	9913.46
STOVELL HOUSE SURGERY			1144.84				1144.84
THE ADDISCOMBE SURGERY			557.02				557.02
THE ENMORE PRACTICE			244.13				244.13
THE FARLEY ROAD MEDICAL PRACTICE				4297.39			4297.39
THE HALING PARK PARTNERSHIP						1721.09	1721.09
THE MOORINGS MEDICAL PRACTICE					1462.15		1462.15
THE PRACTICE SURGERIES LTD						4425.49	4425.49
THE WHITEHORSE PRACTICE						2622.92	2622.92
THORNTON HEATH HEALTH CENTRE		10593.65					10593.65
THORNTON ROAD SURGERY	436.32						436.32
UPPER NORWOOD GROUP PRACTICE		1654.18					1654.18
VALLEY PARK SURGERY	110.41						110.41
VIOLET LANE MEDICAL PRACTICE						5255.15	5255.15
WOODCOTE MEDICAL					9516.72		9516.72
WOODSIDE GROUP PRACTICE (CLOSED)			5294.24				5294.24
Grand Total	39052.91	31961.44	24534.99	33385.24	34419.93	43510.47	206864.98

Section 3 : Action Plan

For any negative outcomes identified in Section 2, it is important to identify the steps you will take to mitigate consequences on the nine protected characteristics. Complete the Action Plan below to identify and record how you will address these.

Equality Group	Negative Outcome	Mitigating Action (Identify any resource/other implications)	Named Lead and Timeframe
Age	People who are aged under 5 years of age 65 years or older who may currently have vitamin D prescribed by their GP will also be negatively affected as they will now be redirected to purchase these, when in the past they obtained free supplies on prescription due to their age exemption.	<ol style="list-style-type: none"> 1. Raise need for a clinical lead or clinical champion to drive forward change amongst general practice at Primary Care Prescribing Group (PCPG). 2. Utilise the PH data to identify areas of Croydon where targeted engagement and promotion of the need to purchase Over-The-Counter (OTC) vitamin D supplements may be needed. 3. Ensure awareness-raising activities meet the needs of all at-risk groups, including addressing any misconceptions specific groups may have about their risk and working with local practitioners, role models and peers to tailor national messages for local communities to ensure information about vitamin D is culturally appropriate. This may require additional investment/resources from the PPI/Comms team. 4. Work with PPI lead to identify engagement events that capture people from the protected characteristics cohorts, in particular in the networks where greater number of these communities may be affected 5. Increase people's awareness of the importance of vitamin D, particularly for at-risk groups, using a range of communication methods and channels including voluntary groups. 6. Sign-post eligible individuals to obtain Healthy Start vitamin supplements, and work with PH colleagues to establish current healthy start vitamin D distribution sites and increase access to healthy start vitamins within the borough. This may 	<p>Claudette Allerdyce (Dec 2016)</p> <p>Claudette Allerdyce (Dec 2016)</p> <p>Claudette Allerdyce/Ros Spinks (Jan 2017)</p> <p>Claudette Allerdyce/Ros Spinks (Jan 2017)</p> <p>Claudette Allerdyce/ PH leads/ Communication Leads (March 2017)</p> <p>Claudette Allerdyce/ PH leads/ Communication Leads (March 2017)</p>

		<p>require additional investment from LA/PH budget.</p> <p>7. Develop a resource information pack for general practice and other HCPs on the need for vitamin D supplementation, where they can be purchased and how healthy start vitamins can be accessed by eligible individuals.</p> <p>8. Liaise with the local LPC to discuss stocking of healthy start vitamins within community pharmacies for the public to purchase and their promotion of OTC vitamin D supplements to at-risk groups.</p>	<p>Claudette Allerdyce (Feb 2017)</p> <p>Claudette Allerdyce (Jan 2017)</p>
Disability	None identified	N/A	
Gender Reassignment	None identified	N/A	
Marriage & Civil Partnership	None identified	N/A	
Pregnancy & Maternity	This policy change may negatively impact pregnant women or those who are eligible for maternity prescription charge exemption if they previously received or are currently in receipt of vitamin D supplements on prescription. This is because they will now have to purchase these as part of the self-care agenda, where in the past they would have received these free of charge.	See actions captured under age.	See timelines captured under age.
Race	<p>For this project we have used ethnicity as a surrogate marker to identify likelihood of individuals having darker skin.</p> <p>People with darker skin are known to have an increased risk of Vitamin D deficiency as a result of them having increased melanin which reduces the skin's ability to absorb and make vitamin D from sunlight.</p> <p>Based on this assumption, this policy may have a negative impact on people of non-white ethnicity groups who currently obtain vitamin D supplements from their GP on prescription and are not eligible for prescription charges.</p> <p>People who cover their skin for cultural reasons</p>	See actions captured under age.	See timelines captured under age.

	(not linked to religious beliefs) are also at increased risk of vitamin D deficiency due to reduced sun exposure and so may also be more adversely affected by this policy change, if they have been obtaining vitamin D supplements from their GP on prescription and are not eligible for prescription charges.		
Religion or Belief	People who cover their skin for religious reasons and currently receive vitamin D supplementation from the GP practice on prescription, and are not eligible for prescription charges, may be negatively impacted by this policy change.	See actions captured under age.	See timelines captured under age.
Sex	None Identified		
Sexual Orientation	None Identified		
Carers	None Identified		
Other	<p>This policy may negatively affect individuals on low incomes who previously obtained vitamin D supplements on prescription free of charge as they will now be redirected to purchase supplements.</p> <p>Reviewing prescribing data for vitamin D supplemental doses highlights that there is significant variation in GP practices prescribing vitamin D. A positive impact of the project will be increased clarity and consistency in approach to vitamin D maintenance across the borough which will lead to a reduction in inequity of care</p>	See actions captured under age.	See timelines captured under age.

Section 4 : Submission

On completion of all sections of the Equality Analysis Form, submit your draft along with the policy, function, or service document to the SECSU Equality & Diversity Team. Once reviewed, the team will provide feedback and any recommended amendments. Having made any necessary changes, the final version should then be submitted to the CCG Equality Lead for information and the SECSU Equality & Diversity Team for consideration before ratification at the next Governing Body Meeting. The completed EA Template should be appended to the policy, function or service development documentation.