

Equality and human rights duties impact analysis for provider handbook on ambulance services

1. Introduction

This equality and human rights impact analysis covers the Ambulance services provider handbook.

The purpose of this equality and human rights impact analysis is to ensure that, in developing our regulation of ambulance services, we meet our duties:

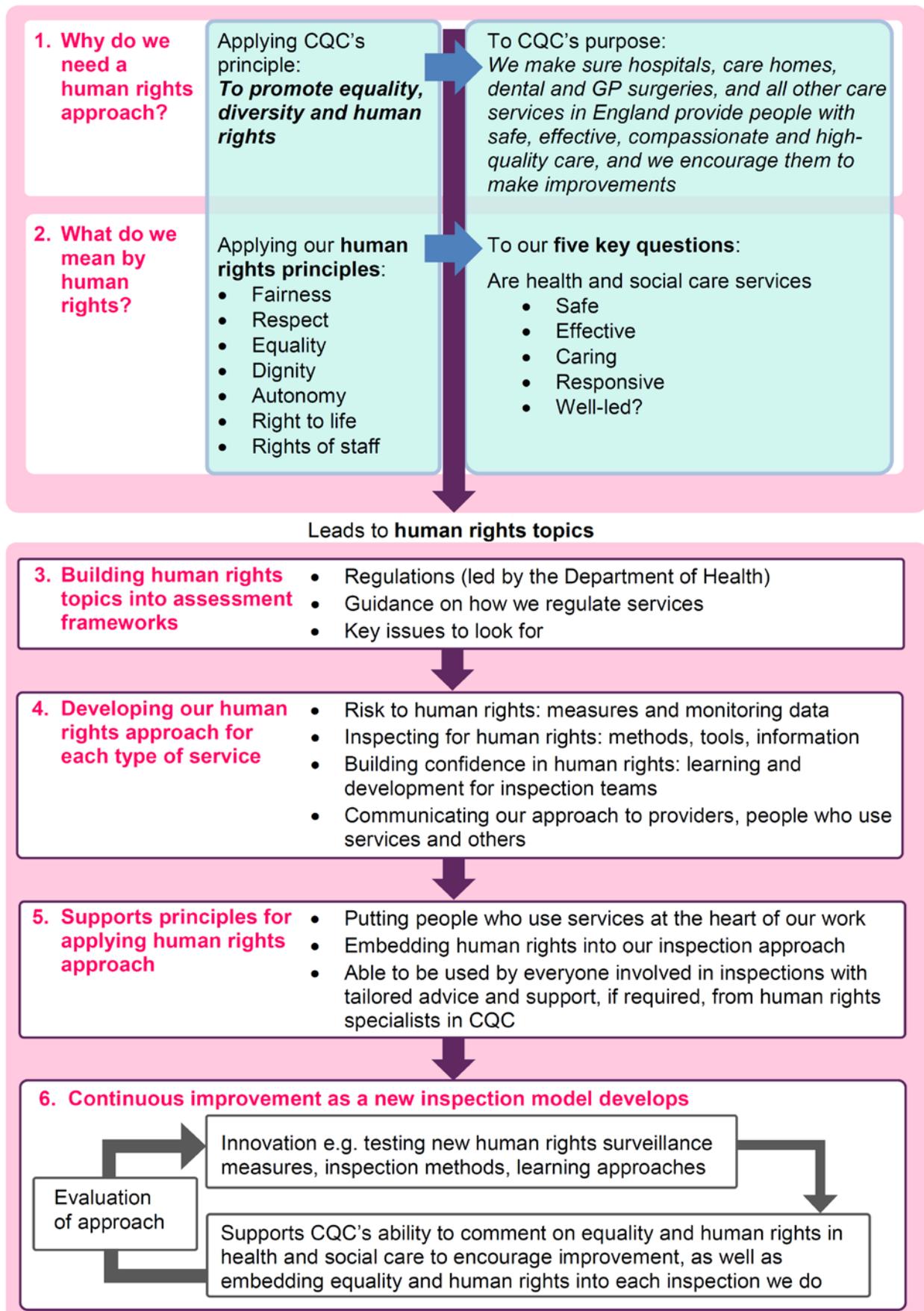
- Under the Human Rights Act 1998 to respect, protect and fulfil people's human rights.
- Under the Equality Act 2010 to have due regard, when delivering our functions, to the need to:
 - eliminate discrimination
 - advance equality of opportunity, and
 - foster good relations between groups

in relation to the 'protected characteristics' of age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

However, we view this as more than mere legal compliance – we have made one of CQC's principles to promote equality and diversity and human rights. This is a means to an end and not an end in itself. The end is good quality care for all. Respecting diversity, promoting equality and ensuring human rights will mean that everyone using health and social care services receives good quality care.

To put this principle into practice, we have developed a human rights approach to regulation. This approach looks at a set of human rights principles – fairness, respect, equality, dignity, autonomy, right to life and rights for staff – in relation to the five key questions we ask. Our human rights approach is integrated into our new approach to inspection and regulation as this will be the best method to ensure equality and human rights is promoted in our work. We have integrated the human rights principles into our key lines of enquiry, ratings descriptors, intelligent monitoring, inspection methods, learning and development for inspection teams and into our policies around judgement making and enforcement. The diagram overleaf summarises our approach.

Figure 1: Our human rights approach to regulation



2. Engagement in developing our handbooks for the sector

Our initial consultation document ‘A new start’, as well as our recent consultations on handbooks for each sector have helped us shape our approach to our inspections. In particular, this impact analysis picks up consultation responses from the [equality and human rights duties impact analysis for 'A new start'](#). A summary of these responses can be found in our Human Rights Approach consultation document.

We have engaged with the public, people who use services and specific equality groups on our new approach:

1) For ambulance services we have:

- Published a signposting document with email address for responses and comments.
- Carried out social media activity to promote the signposting document.
- Compared our draft key lines of enquiry (KLOEs) and ratings descriptors to the insight gained through consulting with people who use services and the public about proposed fundamentals of care.
- Asked our online communities (public reference group and action team) about the five key questions to ask on inspections to inform our KLOEs.

3. What we know about equality and human rights in the ambulance sector

What we know about equality for people using ambulance services, in relation to:

Age	<p>We know that older people are more likely to use acute hospital services than other age groups:</p> <p>In mid-2012, 16.9% of the population were aged over 65. However, in 2012-13, older people accounted for:</p> <ul style="list-style-type: none"> • 36.9% of acute hospital inpatient attendances, • 37.4% of inpatient attendances at mental health and learning disability hospitals, • 21.2% of accident and emergency episodes. (CQC Equality Counts report). <p>Some of this increased use of services by older people is due to increasing likelihood of health conditions with ageing. However, there is also evidence that older people are more likely to experience an emergency hospital admission (for which they will need to be transported by an ambulance) for a potentially avoidable condition. State of Care report 2012-13.</p>
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We know that there has been an 81% increase in the number of people over the age of 90 taken to hospital by ambulance in the last three years.

Data from tables of ambulance activity in England show that 300,039 people aged 90 and over were taken by ambulance to A&E over the last year, up from 202,537 in 2009/10. ([HSCIC July 2014](#)).

Falls represent the most frequent and serious type of accident in people aged 65 and over. Every year, more than one in three (3.4 million) people over 65 suffer a fall that can cause serious injury, and even death.

Annually, ambulance services respond to 700,000 calls from older people who have fallen, which accounts for 10 per cent of total calls. Around 25 per cent of these do not need to go to hospital. Falls cost £115 per ambulance call-out. ([Age UK, Stop Falling Report](#))

Ambulance services can play a significant role in providing emergency support for older people living in residential care settings, especially to residential care settings without nursing care.

We also know that older people are more vulnerable to a poorer experience when using ambulance services, for example a delay in response time which can have a detrimental effect on health outcomes ([Quality care for Older people with Urgent and Emergency Care needs](#))

Older people with other equality characteristics can also face multiple disadvantages. For example, Stonewall highlighted particular equality issues for older lesbian, gay and bisexual people in its report [LGB in Later Life](#) (2011). So ambulance services should ensure that staff are aware of issues for a range of older people.

When looking at age equality, we also need to consider issues for children and younger people using hospital services.

Evidence shows that the greatest mortality in children occurs before the first birthday. The highest rate of all is in the first month of life and is related mainly to perinatal events. From 1 month to 1 year of age the commonest cause of death is cot death and between 1 and 4 years congenital abnormality and trauma are about equal. After that age children die predominantly because of trauma.

Only about 10% of the emergency calls made to the ambulance service are for children and only about 5% of these will require resuscitation. The need for paediatric emergency care in the community is therefore rare, but when it is required, the response must be prompt and effective. Ambulance service professionals are

	<p>present during the critical initial time following an accident or the onset of severe illness before the child reaches hospital. (Prehospital emergency care for children, 2000)</p>
<p>Disability</p>	<p>Disabled people make up a significant percentage of the population (ONS Census 2011 data: 9.5 million people have a limiting long term illness or impairment) and we know that disabled people are likely to use health services more frequently than non-disabled people, although monitoring data is not as well developed as it is for race, gender and age.</p> <p>The definition of disability in the Equality Act 2010 includes people with a physical or sensory impairment, people with a learning disability and people experiencing mental distress, as well as people with other long term conditions that have a substantial and long term effect on the ability to carry out daily activities.</p> <p>People with a learning disability have higher levels of health needs than most of the population and can have a poorer experience when using ambulance services. For example, they are likely to find it more difficult than others to describe their symptoms. As a result it is more difficult for ambulance service professionals to identify health needs among people with a learning disability, thus leaving some problems left unrecognised. People with dementia may face similar communication difficulties with ambulance service professionals.</p> <p>Some groups of disabled people may face the risk of stigma when using ambulance services. For example, people with HIV, who are included in the definition of disabled people under the Equality Act 2010, and people with other blood borne viruses.</p> <p>In 2012 there were approximately 100,000 people living with HIV in the UK (Public health England). Work by The National Aids Trust suggests that a significant minority of the public still hold stigmatising and discriminatory views about people with the virus. This can be relevant for people using ambulance services, if work is not done to address staff attitudes.</p>
<p>Gender, including pregnancy and maternity</p>	<p>Women make up 51% of the population, and while women live longer than men, they spend more years in poor health and with a disability. (CEDAW Shadow Report 2013)</p> <p>In 2013, there were 698,512 live births in England and Wales, (Office for National Statistics). Women who are pregnant have increased risk of complications to their own health, and that of the unborn child. In emergencies, more than often, it will be the ambulance service that will attend in the first instance.</p> <p>There are a number of gender-related issues for ambulance services, including:</p>

	<ul style="list-style-type: none"> Recorded rates of depression and anxiety are more than twice as high for women than for men and women are more likely to experience depression for longer periods of time. Women from some South Asian communities face higher rates of cardiovascular disease as well as disproportionate rates of suicide and self-harm linked to violence against women and girls.
Race	<p>There are particular conditions which affect different ethnic groups. It is important that these are recognised and taken into account in providing appropriate pre-hospital services to these communities. Some conditions affecting Black or South Asian people more than white people are:</p> <ul style="list-style-type: none"> Sickle cell disease Thalassemia Higher prevalence of diabetes and high blood pressure, and associated health conditions such as kidney problems. Higher prevalence of stroke. Shortage of vitamin D. <p>Accident and emergency attendances, which may be presented by ambulance services in the first instance, also vary by ethnicity:</p> <ul style="list-style-type: none"> White British people had 65% of accident and emergency admissions, lower than might be expected. The white Gypsy and traveller group is disproportionately represented with 5% of admissions. This may be due to Gypsies and travellers not being registered with a GP where they are living, and therefore needing to use accident and emergency instead, rather than any increased susceptibility to accident or injury. <p>The NHS constitution, which applies to NHS ambulance services, states that a comprehensive service is available to all irrespective of race and that people have a right not to be discriminated against in the provision of NHS services on the grounds of race (NHS Constitution 2013).</p>
Religion and belief	<p>There are many ways in which religious practices and beliefs have the potential to affect health and to have an impact on whether health services are appropriate for different religious and belief groups.</p> <p>Although a high proportion of people in England (59%) state that they are Christian (ONS mid 2012 figures), providers of health and social care should not make assumptions about the religion of people</p>

	<p>based upon ethnicity. For example, although 68% of people of Muslim faith are from the Asian/Asian British ethnic group, 32% are not: 10% are from the Black African/Caribbean British group. This is particularly relevant to delivering care appropriate to people's individual religious background.</p> <p>There are many ways in which religious practices and beliefs have the potential to both affect health and the appropriateness of health services:</p> <ul style="list-style-type: none"> • Ethics around Blood transfusion. • Views on resuscitation. • Male paramedics treating female patients may cause anxiety for some. • People's preferences around dress when in public places, including when being transported by ambulance. • Ambulance staff may need to enter places of worship in responding to emergency calls and they would need to be aware of particular sensitivities and protocols. • Dietary requirements. This includes whether certain medicines or products are unsuitable
<p>Sexual orientation</p>	<p>The Government uses figures of between 5-7% to estimate the number of Lesbian, Gay and Bisexual (LGB) people in England. There are as yet no census figures to support this estimate.</p> <p>Under the Equality Act 2010 publicly funded service providers, such as health services, have a duty to consider the needs of LGB people when planning and delivering their services, and ensure that their staff have an understanding of how to work with these communities sensitively and effectively.</p> <p>Ambulance services may be the first responders to incidents of hate crime, which disproportionately affects LGB people, disabled people and people from black and minority communities and staff would need awareness around this.</p> <p>As part of the Healthcare Equality Index, feedback was sought from participating organisations' own lesbian, gay and bisexual patients (Stonewall, 2013):</p> <ul style="list-style-type: none"> - A third of respondents said they felt the healthcare organisation they used was lesbian and gay friendly - Half of respondents felt they were treated with dignity and respect all the time - Two in five respondents felt comfortable telling healthcare professionals their sexual orientation all of the time

<p>Gender identity</p>	<p>There is no official estimate of the transgender population in England. However, the Gender Identity Research and Education Society (GIREs) estimate the number of transgender people in the UK to be between 300,000 and 500,000. Existing evidence suggests that transgender people experience, and are affected by, discrimination.</p> <p>Like all other people, transgender people will need pre-hospital care for a full range of health conditions over the course of their lives.</p>
<p>Carers</p>	<ul style="list-style-type: none"> At the time of the 2011 census, figures showed that the total number of people providing unpaid care in England was 5.5 million (10.3% of the population). Of these people 1.2 million (2.4%) provided more than 50 hours of unpaid care each. <p>Regarding young carers:</p> <ul style="list-style-type: none"> Only small numbers of young carers are currently being identified or assessed for support. Young carers are 1.5 times more likely than their peers to be from Black, Asian or minority ethnic communities, and are twice as likely to not speak English as their first language. Research also suggests that more girls than boys act as carers (Health and wellbeing of young carers- SCIE) <p>Particular experience of carers, in relation to ambulance services which can have an effect upon their health including:</p> <ul style="list-style-type: none"> Carers can experience stress; for example, if the person they care for is not transported to their appointments on time or are delayed returning after their appointment Experience physical injury through lifting when someone has fallen rather than waiting for the ambulance service for example.
<p>Human rights principle of fairness</p>	<p>People should be treated fairly by ambulance services, regardless of their background. This not only includes people with the protected characteristics under the Equality Act 2010, but includes the four vulnerable and excluded groups prioritised by the Inclusion Health Board in their report Hidden Needs because they experience some of the poorest health outcomes in England:</p> <ul style="list-style-type: none"> vulnerable migrants (asylum seekers and refugees) Gypsies and Travellers homeless people sex workers.

	<p>Ambulance services may have disproportionate contact with these groups and would need to be aware of their needs.</p> <p>The performance of all healthcare providers around complaints can also make a major contribution to fairness.</p>
<p>Human rights principle of respect:</p> <p>People who use services are valued as individuals, are listened to and what is important to them is viewed as important by the service</p>	<p>All people have the right to respect regardless of their background. There is the potential for people to disengage from health services if they have not been treated with respect, for example by a paramedic when being conveyed to hospital in an ambulance.</p> <p>The Health and Care Professions Council describe a paramedic's standards of proficiency regarding how they deal with people using services as:</p> <ul style="list-style-type: none"> • understand the need to act in the best interests of service users at all times • understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing • recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility • be able to exercise a professional duty of care.
<p>Human rights principle of dignity:</p> <p>People who use services are always treated in a humanitarian way – with compassion and in a way that values them as a human being and supports their self-respect, even if their wishes are not known at the time</p>	<p>Under the NHS Constitution, people have the right to be treated in a way that respects their dignity. There is the potential for people to disengage from health services if they have not been treated with dignity.</p> <p>Situations in ambulance services that may involve breaches of dignity include:</p> <ul style="list-style-type: none"> • Excessive force used to restrain people • Ignoring peoples requests and needs when conveying them • Attending to people without regard to their dignity • Breaches of privacy when delivering care. <p>The treatment does not need to be deliberate – it is the impact it has on the person that matters.</p> <p>Ambulance staff will often find people in circumstances where their privacy and dignity is compromised and would need to act appropriately. This includes when people are unconscious or when people have died.</p>

<p>Human rights principle of autonomy</p>	<p>People have the right to choose where they want to be treated for illness and health conditions. This includes the right to make routine decisions and to be consulted about professional decisions about their care and treatment.</p> <p>The NHS constitution reflects this: for example:</p> <ul style="list-style-type: none"> • People have the right to accept or refuse treatment NHS constitution
<p>Human rights principle – right to life</p>	<p>Ambulance service providers have a duty to take steps to protect the life of people for whom they provide services for.</p> <p>This includes paying attention to flagging systems used on patient records for those with a mental health issues</p> <p>With regard to Mental Health Services, the NHS constitution states that NHS services should:</p> <ul style="list-style-type: none"> • Not refuse life-saving treatment because a person has a mental health condition.
<p>Human rights for staff working in the sector</p>	<p>Staff working to provide ambulance services have the right to be safe and to be treated with dignity and respect (NHS constitution section 49). For example, staff should:</p> <ul style="list-style-type: none"> • Expect reasonable steps to have been taken by the employer to ensure protection from discrimination by fellow employees, people using the service and others. • Expect employers to deal with bullying and harassment. • Expect employers to enable staff to speak freely about concerns – not only upholding the legal rights of ‘whistleblowers’ but by creating a culture which values staff views. • Expect employers to deal appropriately with safety risks that staff might face. <p>The NHS Staff Survey 2014 showed that 33% ambulance staff reported experiencing violence and harassment compared to 15% of other NHS staff. A UNISON workforce wellbeing survey published April 2014 (1332 ambulance staff out of over 20,000 members responded) indicated that over 50% experienced significant work related stress in the past 12 months.</p>

4. Development work on equality and human rights to date

- We began testing our new approach in two NHS ambulance trusts (Wave 1 inspections) in August and September 2014. These inspections informed our approach to inspecting and regulating ambulance services.
- Drawing on learning from acute sector inspections, we identified the key human rights topics for the ambulance sector and shared these with the Wave 1 inspection teams.
- We reviewed tools and methods against relevant human rights topics and came to the conclusion that while it was possible to pick up all the human rights topics with our range of methods, whether this happens in practice will depend on two key factors: the awareness and skills of inspection teams around human rights and the evidence that comes into inspection teams, from patients, members of the public, staff and others.
- We have tested support to inspection teams to help them consider the human rights topics. This has included providing inspection teams with an overview of our human rights approach, and with specific equality and human rights information such as demographic data and NHS Equality Delivery System assessments by trusts. This information helped inspection teams to plan their equality and human rights priorities, alongside specialist equality and human rights advice where needed.
- We have worked to make sure that a diverse range of people can participate in giving views on hospitals being inspected – for example by setting minimum access requirements for our public listening events and by commissioning voluntary and community sector groups to run focus groups targeted at gathering the views of specific communities.
- The findings from this testing has contributed to our approach to ambulance services that we have just published, which also takes into consideration the evaluation of the pilot inspections.
- We recognise that we need to be able to assess differential outcomes for people in equality groups who may be at a higher risk of receiving poor care. That is why we have developed a methodology for case tracking the experience of people with a learning disability through care.

5. Conclusion and actions required

- Our approach to inspecting ambulance services draws on our overall human rights approach which aims to have a positive impact on equality and human rights:
 - Mainstreaming human rights by applying human rights principles to our five key questions in developing lines of enquiry that cover human rights topics.
 - Integrating human rights into our inspection approach through new surveillance, tools and methodologies that address key human rights principles and topics.

- Enabling inspection team members (who are not human rights specialists) to know, understand and apply the human rights approach, with specialist advice/support if needed.
- General features of the new inspection approach, that will have a positive impact on our ability to protect human rights through include:
 - Larger inspection teams enabling human rights topics to be covered in more depth.
 - Increased emphasis on gathering the views of patients and their carers as many human rights issues can only be identified through people's experiences.
 - The widened scope of regulation looking across a range of performance to make judgements for ratings. This enables us to look at equality and human rights issues outside the scope of the regulations, such as are services planned to meet the needs of the whole population and service access issues that affect groups as well as individual patients.
 - The new 'well-led' domain which enables us to look at the culture of organisations we inspect, and check if this culture protects and advances equality and human rights for people using the service and for staff.
 - Using specialists in inspection teams – we may use equality and human rights specialists from within CQC, who could support inspections.
- However, there are some issues which still need to be resolved, or they could negatively impact on equality and human rights:
 - We need to analyse intelligent monitoring measures for ambulance services, to check coverage of key human rights topics, eg. in information we use to evaluate risk and in data provided to inspection teams.
 - The 'on-site' element of our new inspection model was very intensive. Experts by Experience, inspectors and managers often had to work long, consecutive days away from home. This could have prevented staff from equality groups such as some disabled people and people with caring responsibilities from participating in inspections. We need to look at whether some people could be involved in part of an inspection, e.g. for one day, to carry out a particular task. We also need to ensure that inspection teams work together to ensure that the views of Experts by Experience are equally valued in team discussions/decisions, and given the same weight as the views of professionals (like clinicians and inspectors) e.g. by having a specific agenda item in feedback meetings for Experts by Experience.
 - Our assessment frameworks and methodology will continue to develop – we need especially to ensure that these developments will enable inspectors to assess performance against key human rights topics for mental health services and community health services which are at an earlier stage of development than acute services.

Proposed actions

Issue to address	Proposed action	Lead	Timescale (start and end)
Methodologies and Inspection prompts will develop over time – need to ensure continued attention to human rights topics in frameworks	Continue to use the human rights topics list to check methodologies adequately reflect the human rights topics for ambulance services	Policy teams to provide assessment frameworks and make amendments EDHR team to provide specialist check at appropriate development stages	November 2014 – April 2015
Developing tools and methods will continue over time – need to ensure continued attention to assessing human rights topics in methods and tools	Embed human rights topics in generic tools	Policy teams to provide tools for checking and make amendments EDHR team to provide specialist check at appropriate development stages	November 2014 – April 2015
Intelligent Monitoring for ambulance services has yet to be developed; need to ensure any monitoring includes human rights topics	Work to develop intelligent monitoring which includes human rights topics	Intelligence (with advice from EDHR team) and in partnership with members of the ambulance advisory group i.e. NHS business services authority	tbc
Many human rights topics depend on obtaining the experiences of people using services or those supporting them beyond those actually gathered on inspection visits	Ensure local teams have links, methods and skills to gather information about human rights topics e.g. local engagement work and, use research findings to identify ways of engaging with different groups	Engagement / Primary Medical Services and Integrated Care directorate (with advice from EDHR team)	January 2015 – March 2015
Inspectors need knowledge, understanding and confidence to apply the human rights approach in ambulance services	Develop role specific learning on applying the human rights approach and human rights topics for Primary Care inspectorate staff	Learning and development, with specialist input from the EDHR team	December 2014 – March 2015

Need to ensure trust specific equality and human rights information is integrated (where available) into the main pre-inspection information available	Work to integrate key EDHR information into datapacks and other pre-inspection resources	Intelligence – with advice from EDHR team on content	January 2015 – March 2015
Need to consider length of days/ consecutive days that all members of inspection teams are required to be on site to ensure that it does not have an unnecessary equality impact on the make-up of teams	Develop cross-sector thinking for a solution to this	Policy teams (with input from engagement and EDHR)	tbc
Need to ensure that inspection teams work together to ensure that the views of Experts by Experience are equally valued in team discussions/decisions, and given the same weight as the views of professionals	Develop cross-sector thinking for a solution to this	Policy teams (with input from engagement and EDHR)	tbc
Need to ensure that the CQC inspector workforce for the hospitals directorate enables diversity on ambulance inspections	Identify existing profile of hospital inspectorate workforce after the preference exercise Use lawful positive action measures in recruitment, if required to increase the diversity of the workforce	Transformation Team Recruitment team with support from EDHR team and CQC staff networks	January 2015 – March 2015

How will the actions be evaluated?

The individual actions will be evaluated as part of our regular Equality and Human Rights Impact assessment evaluation cycle. We also aim to carry out an evaluation of our overall human rights approach before March 2015 – seeing what difference our regulation has made overall to equality and human rights for people using services.