

Equality Impact Assessment template

Introduction

An Equality Impact Assessment (or EIA) is a tool to help you demonstrate that you have considered the needs of people and communities when devising a policy, planning a project or making a commissioning decision. The process also involves making sure that implementing the policy, project or proposal will not lead to discrimination and addresses health inequalities, both of which the CCG has a legal duty to do.

The idea is not to prove that there is no impact, but to identify where there are impacts and recommend ways of mitigating or reducing the impact on the affected groups. It is also an opportunity to demonstrate any positive impacts that your proposal may have.

Checklist

Before you complete the EIA you will need the following information:

- General details - title of project, responsible Director
- Purpose of the policy, project, proposal or decision
- The findings from any staff and/ or patient and public involvement undertaken as part of the project
- Evidence about how people and communities will be affected by this policy, project or proposal. This information will help you consider both adverse and positive impacts on the following groups (known as protected characteristics):

- ❖ Age
- ❖ Disability
- ❖ Gender reassignment
- ❖ Marriage and civil partnership
- ❖ Pregnancy and maternity
- ❖ Race
- ❖ Religion or belief
- ❖ Sex
- ❖ Sexual orientation

You may also need to consider the impact of other factors like poverty, whether people affected live in rural areas, and so on.

To complete the EIA and summarise your findings as an Equality Statement, you will work through the following questions:

- What are you proposing to do?
- Why are you doing it?
- Who is intended to benefit from this proposal?
- What evidence is available about the needs of the relevant equality groups?
- What equality issues or impacts have you identified?
- What do you propose to do to manage the impacts?
- What potential mitigating actions can you take?

For advice and support contact the Equality and Diversity Lead on 023 80296932 or dawnbuck@nhs.net

Equality impact assessment

Title of policy, project or proposal:
Enhanced and Urgent Primary Care Service (EUPCS)

Name of lead manager: Phil Aubrey-Harris
Directorate: Primary Care

What are the intended outcomes of this policy, project or proposal?
<p>The GP Forward View provides CCG's with funding to support access to routine and same day appointments at evenings and weekends to meet locally determined demand, alongside effective access to other primary care and general practice services such as urgent care services.</p> <p>In Southampton, we plan to merge the current out of hours service with the routine appointments with General Practice. The service will be offered between 18:30 and 08:00 Monday to Friday and 18:30 on Friday and 08:00 on Monday morning. The service will provide a mixture of urgent, same day, routine and home visit type appointments. The service will not be walk in, but directly bookable by GP practices and NHS111 predominately but referrals could be made by other services if appropriate. The service will have a variable staff mix to ensure patients are seen by the most appropriate person to deal with their needs. The service will ensure visibility of the patients GP clinical record for all appointment types. The service will be provided from a minimum of 3 hubs, one located at the RSH, one located one mile from A&E and one on the east of the city.</p> <p>This new service will go live from 1st June 2019 and the provider will be Southampton Primary Care Limited (SPCL). At the time of writing, SPCL are the current provider of the cities Enhanced Access Primary Care service which is the predecessor to the new EUPCs service</p>

Evidence
Who will be affected by the policy, project or proposal?
<p>Identify whether patients, carers, communities, CCG employees, and/ or NHS staff are affected.</p> <p>Any patient who is registered with a Southampton City CCG GP Practice will be eligible to access this service. The service may also see unregistered patients on a temporary residency basis.</p> <p>Appointments will be offered by GP practices on an equal basis to their own appointments to give patients the choice of time and place for a routine appointment. Urgent and same day appointments booked through NHS111 will be clinically assessed, given an appropriate disposition and directly booked into the EUPCS service.</p> <p>Plans to improve access to primary care close to home should have a positive impact on all groups including those that are currently high users of urgent care services, children and older people.</p> <p>Access to local community hubs will support patients to access primary care outside of core GMS</p>

hours.

Age

Consider and detail (including the source of any evidence) the impact on people across the age ranges.

By enabling younger patients or those who are working to be seen at a time of their choosing (evenings and weekends) is likely to free up capacity within day time services for older people and those who prefer to be seen during the day.

Disability

Consider and detail (including the source of any evidence) the impact on people with different kinds of disability (this might include attitudinal, physical and social barriers). Certain medical conditions are automatically classed as being a disability – for example, cancer, HIV infection, multiple sclerosis.

Hub locations will be chosen to support access by disabled people – i.e wheelchair ramps, hearing loops etc.

Additional capacity in primary care will enable people who consider themselves to have a disability to be seen at a time that is convenient to them.

Patients with a long term condition may benefit from continuity of care through increased capacity with their regular GP.

Dementia

Given the CCGs commitment to commissioning ‘Dementia Friendly’ services, consider and detail any impact on people with dementia.

In line with the CCG’s commitment, the service will work towards becoming “Dementia Friendly” and “Learning Disability Friendly” to support these patients who access primary care in a supportive way.

Patients with a long term condition may benefit from continuity of care through increased capacity with their regular GP.

Gender reassignment (including transgender)

Consider and detail (including the source of any evidence) the impact on transgender people. Issues to consider may include same sex/ mixed sex accommodation, ensuring privacy of personal information, attitude of staff and other patients.

People who attend this service with gender identity problems will be treated equally and fairly ensuring privacy is maintained, in line with the providers Equality and Diversity Policy. The provider will ensure this policy is embedded with a culture of learning and sharing across the organisation.

Guidance on management of Gender incongruence in primary care is available on the BMA website - <https://www.bma.org.uk/advice/employment/gp-practices/service-provision/prescribing/gender-incongruence-in-primary-care>

Marriage and civil partnership

Note: This protected characteristic is only relevant to the need to eliminate discrimination within employment. Where relevant, consider and detail (including the source of any evidence) the impact on people who are married or in a civil partnership (for example, working arrangements, part-time working, infant caring responsibilities).

Appointments will be offered equally to all patients who are registered with a Southampton City CCG GP Practices. This service will improve access for patients who are not able to access primary care during working hours (shift workers etc).

Pregnancy and maternity

Consider and detail (including the source of any evidence) the impact on women during pregnancy and for up to 26 weeks after giving birth, including as a result of breastfeeding.

Appointments will be offered equally to all patients who are registered with a Southampton City CCG GP Practices. Patients with a long term condition may benefit from continuity of care through increased capacity with their regular GP.

Race

Consider and detail (including the source of any evidence) the impact on groups of people defined by their colour, nationality (including citizenship), ethnic or national origins. Given the demography of Southampton this will include Roma gypsies, travellers, people from Eastern Europe, Nepalese and other South East Asian communities. Impact may relate to language barriers, different cultural practices and individual's experience of health systems in other countries.

Access to telephone translation services and sign language services will form part of the core offer.

Appointments will be offered equally to all patients who are registered with a Southampton City CCG GP Practices. Extended opening times will fit around mosque, temple and church opening times, allowing patients to see a healthcare professional at a time that's suits them.

The service will be promoted by all providers in the city to ensure patients are being directed to the right place at the right time.

Religion or belief

Consider and detail (including the source of any evidence) the impact on people with different religions, beliefs or no belief. May be particularly relevant when service involves intimate physical examination, belief prohibited medical procedures, dietary requirements and fasting, and practices around birth and death.

Appointments will be offered equally to all patients who are registered with a Southampton City CCG GP Practices. Extended opening times will fit around mosque, temple and church opening times, allowing patients to see a healthcare professional at a time that's suits them.

Patients may benefit from continuity of care through increased capacity with their regular GP.

Sex (gender)

Consider and detail (including the source of any evidence) the impact on men and women (this may include different patterns of disease for each gender, different access rates).

Appointments will be offered equally to all patients who are registered with a Southampton City CCG GP Practices. The provider will ensure an Equality and Diversity policy is embedded with a culture of learning and sharing across the organisation.

Sexual orientation

Consider and detail (including the source of any evidence) the impact on people who are attracted towards their own sex, the opposite sex or to both sexes (lesbian, gay, heterosexual and bisexual people).

Appointments will be offered equally to all patients who are registered with a Southampton City CCG GP Practices. The provider will ensure an Equality and Diversity policy is embedded with a culture of learning and sharing across the organisation.

Carers

Consider and detail (including the source of any evidence) the impact on people with caring responsibilities. This must include people who care for disabled relatives or friends (as they are protected by discrimination by association law), but you should also consider parent/ guardian(s) of children under 18 years. Carers are more likely to have health problems related to stress and muscular-skeletal issues, they may have to work part-time or certain shift-patterns, or face barriers to accessing services.

Appointments will be offered equally to all patients who are registered with a Southampton City CCG GP Practices. Patients with long term conditions may benefit from continuity of care through increased capacity with their regular GP.

A multidisciplinary team skill mix will be available to support carers.

This service will improve access for patients who are not able to access primary care during working hours (shift workers etc).

Serving Armed Forces personnel, their families and veterans

The needs of these groups should be considered specifically. The CCG has a responsibility to commission all secondary and community services required by Armed Forces' families where registered with NHS GP Practices, and services for veterans and reservists when not mobilised (this includes bespoke services for veterans, such as mental health services).

Appointments will be offered equally to all patients who are registered with a Southampton City CCG GP Practices. Patients with long term conditions may benefit from continuity of care through increased capacity with their regular GP.

Other identified groups

Consider and detail (including the source of any evidence) the impact on any other identified groups. E.g.

- Poverty
- Resident status (migrants and asylum seekers).
- Low income
- Areas of deprivation

Appointments will be offered equally to all patients who are registered with a Southampton City CCG GP Practices.

Surveys have been created to gather feedback from a variety of different sources and groups. We have developed a Easy Read survey to gather feedback on this service from people with Learning Disabilities.

Involvement and consultation

For each engagement activity, briefly outline who was involved, how and when they were engaged, and the key outputs

How have you involved stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

In spring 2018 and as part of the commissioning process for EUPCs, the CCG undertook an initial survey of patients to understand what they'd like from this service. This included feedback from People's Panel (558 responses) Sure Start Centres (17 responses) and a survey of patients using the hubs (33 respondents). It was recognised that we had not targeted specific hard to reach, BME communities or students during this initial survey so we have been working with Consult and Challenge* and Let's Loop Southampton to further develop the survey questions. In response to feedback we have created an Easy Read version of the survey to gather feedback from people with Learning disabilities. This was created in conjunction with Consult and Challenge and Busy People.

Both surveys are available in hard copy (available below) and on SurveyMonkey - <https://www.surveymonkey.co.uk/r/MWHS7NM>



Enhanced and
Urgent Primary Care :



49897 - Easy Read
Survey FINAL v5.pdf

In developing the specification for the EUPCs service, the CCG also attended the re-fresher's fayre for Solent University, engaged with Itchen to Bridge the Gap Community Solutions group, Pensioners Forum, Comms and Engagement Group, written to all GPs in the city and shared the SurveyMonkey link with them to disseminate to their patients.

*Consult and Challenge is a CCG forum made up of a group of patients who represent the 9 protected characteristics.

How have you involved/ will you involve stakeholders in testing the policy, project or proposals?

Feedback from survey will be used to inform the new provider. Ongoing feedback from patient groups will be ongoing through mobilisation period and the new service starting.

Equality statement

Considering the evidence and engagement activity you listed above, please summarise the findings of the impact of your policy, project or proposal. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups.

The new service will improve access to primary care with an aim to reduce inequalities associated with accessing a GP surgery and increase choice of when and where to see a healthcare professional.

The service/s will take a holistic and multi-disciplinary approach to care by engaging with other organisations. The service/s will underpin the Better Care Fund initiative to provide local care specific to the needs of the patient and providing patients with access to the right help at the right time and in the right place, whilst avoiding unnecessary admissions and long stays in hospital.

Positive impacts

Where there is evidence, provide a summary of the positive impact the policy, project or proposal will have for each protected characteristic, and any other relevant group or policy consideration. This should include outlining how equal opportunities will be advanced and good relations fostered between different groups.

Increased capacity within primary care in the city will reduce inequalities felt by certain groups. Engagement and good working relations between this service and community groups within the city will be key to ensure the service is being used appropriately and patients are being seen at the right time, at the right place and by the right person, first time.

Negative impacts

Where there is evidence, provide a summary for each protected characteristic and any other relevant group or policy consideration. If the evidence shows that the policy, project or proposal will or may result in discrimination, harassment or victimisation this **must be** outlined.

It is not anticipated there will be any significant negative impacts from the change to the new EUPCS service. There will be a change of provider for the face-to-face urgent appointment element of the service – prior to 1st June 2019 this will have been delivered by a different provider – Partnering for Health Limited (PHL). PHL will hand over responsibility for the delivery of these elements to SPCL from the 1st June 2019. This element of the service will continue to be delivered from the same venue (Royal South Hants Hospital) plus depending on the time of day there will also be options for patients to be seen at other hub venues – increasing choice for patients to be seen closer to home. The impact of the change in provider, including patient experience, will be monitored through regular Contract Quality Review Meetings.

Health inequalities

Please outline any health inequalities highlighted by the evidence (for example, differential access to services or worse health outcomes for particular groups or localities).

N/A



Southampton City
Clinical Commissioning Group

Action planning for improvement, and to address health inequalities and discrimination

Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

Action	Person responsible	By date	Progress/ review (Add new actions if required)
Update following evaluation of SQ	Phil Aubrey-Harris	23 rd March 2018	Achieved
Update following evaluation of ITT	Phil Aubrey-Harris	3 rd October 2018	Achieved
Develop and implement communications and engagement plans as part of mobilisation of new service	Phil Aubrey-Harris SPCL	1 st June 2019	
Re-engage with patient groups (including but not limited to Consult and Challenge) regarding mobilisation of service	Phil Aubrey-Harris SPCL	1 st June 2019	
Engage local stakeholders in health and social care on mobilisation of service	Phil Aubrey-Harris SPCL	1 st June 2019	
Mobilisation of ongoing arrangements for monitoring patient experience of service and in particular in relation to equity of access	Phil Aubrey-Harris SPCL	1 st June 2019 and for duration of service contract	
Regular quality and performance management arrangements via CRM and CQRM processes	Phil Aubrey-Harris SPCL	1 st June 2019 and for duration of service contract	
Promotion of survey on social media	Kayleigh Moore	Ongoing (focus on winter)	Achieved as part of winter plan

For your records

Name(s) of person who carried out this assessment: Originally Jess Yorke / updated Feb 2019 Phil Aubrey-Harris

Date assessment originally completed: 9th February 2018

Date to review actions: next review by end June 2019

Name of responsible Director: Peter Horne

Date assessment was originally approved: Feb 2018