

Equality Impact and Risk Analysis Form
(CSU Template Draft Feb 2018)

Step 1 Document Ownership

Name of Service being analysed		Primary Care Improved Access (Extended Access Services) Herefordshire and Worcestershire CCGs	
Person completing analysis		Robert Connor	
Date of analysis		01-05-19	
Function Area	Primary Care	Version	Version 1 19.9.17
Revision due	2019	Revised Version	Version 2 18.5.19 Signed off by Steering Group May 2019
Next Revision due	July 2020		

Step 2 Establishing Relevance

Public Sector Equality Duties

To ensure compliance with the Equality Act 2010, all strategies or policies, proposals for a new service or pathway, or changes to an existing service or pathway, should be assessed for their relevance to equality – for patients, the public, and for staff. The general equality duty requires that when exercising its functions that the NHS has due regard to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not.

Step 3 Responsibility, Development, Aims and Purpose

Who holds overall responsibility for the policy/ strategy/ service redesign etc.?	Lynda Dando
Who else has been involved in the development?	Denise Goddard; Steve Connelly; Karen Payton

Briefly explain what is happening or being assessed:

The provision of GP Improved Access services in Worcestershire and Herefordshire. Nationally all practices are required to put plans in place to have additional, pre-bookable or same day routine Primary Care appointments during weekday evenings between 6.30 and 8 pm and at weekends. There is funding to support this initiative and Practices are working at scale to offer these.

In Herefordshire this service has been running since 2015 and is provided by Taurus Healthcare in a central hub, and at weekends across 3 hubs. The contract currently runs until July 2020.

In South Worcestershire this service has been running since 2015 and is provided by Staywell Healthcare via an APMS contract to deliver additional appointments from a number of service hubs. The contract currently runs until March 2020.

Improved Access services in Wyre Forest and Redditch & Bromsgrove commenced in the autumn of 2018. These contracts also run until March 2020.

Across Herefordshire and Worcestershire this is to deliver approximately 375 hours of additional hours of services, approximately 1,500 appointments to be offered by Primary Care Clinicians in addition to those available by the 83 practices in core hours.

This service is in addition to that provided by GP practices across the county in core hours and complements the existing Extended Access Directed Enhanced Services (DES) offering appointments in non-core hours. This EIA will also be applicable to any current/future Extended Access DES service as the requirements for access are almost identical.

The data sharing agreements and consent arrangements also allow sharing of patient records and either telephone or face to face appointments for all patients irrespective of their GP.

No.	Equality Impact	Yes or No	Please provide Narrative
1	Does this project, plan to withdraw or reduce a service, activity or presence?	No	
2	Will the project or proposal plan to introduce or increase a charge for Service?	No	
3	Does this project or proposal plan to change to a commissioned service?	No	
4	Does this project or proposal plan to introduce, review or change a policy, strategy or procedure?	No	
5	Does this project or proposal plan		

	to introduce a new service or activity?	No	
6	Is this project or proposal about improving access to, or delivery of a service?	Yes	<p>The service across Worcestershire combines a pre-existing GP/Primary Care Improved Access service in South Worcestershire, which has been operational since 2015 and two GP/Primary Care Improved Access services for Wyre Forest and Redditch & Bromsgrove, which became operational in autumn 2018. GP Improved Access services offer additional routine primary care appointments to patients from hub sites, rather than individual Practices.</p> <p>The service in Herefordshire operates along similar lines and has been in place since 2015.</p>
7	Will this project or proposal have an impact on employees?	Yes	GP employees may need to work from sites other than their own Practice. In addition, Improved Access providers may need to recruit additional workforce to meet the service requirement.
8	Does this project or proposal affect service users?	Yes	Service users will be able to access additional routine Primary Care appointments outside usual GP hours of operation, which in turn may reduce waiting times for service users to see a clinician. In addition, service users will be offered these additional appointments at sites other than their own registered Practice

NB: Answers to Yes above will require further advice and guidance from Equality and Inclusion Business Partner.

Step 4	Protected Characteristics – analysis of impact
---------------	---

Please provide analysis of both the positive and negative impacts of the proposal against each of the protected characteristics providing details on the evidence (both qualitative and quantitative) used. If the work is targeted towards a particular group (s) – provide justification eg women only services. Any gaps in evidence should be accounted for and included in your Action Plan.

Age

Impact and evidence: Consider and detail impact and evidence across all age groups.

Routine Primary Care services are offered and available to all age groups. Accordingly, an increase in the availability of routine Primary Care services will enable service users from all age groups to access routine Primary Care with less of a wait and with greater choice of appointments ie appointments in the evenings and at weekends.

In addition, Improved Access providers are contractually required to promote equality and diversity, including race equality, equality of opportunity for disabled people, gender equality, and equality relating to religion and belief, sexual orientation, age, marriage and civil partnership, pregnancy and maternity, and gender assignment in the provision of the Services.

Disability

Impact and evidence: Consider and detail impact and evidence on disability (this includes physical, sensory, learning, long-term conditions and mental health) and if any **reasonable adjustments** may be required to avoid a disabled patient, or member of staff, from being disadvantaged by the proposal. Also consider the **Accessible Information Standard** in your assessment and analysis where relevant.

As the service represents an increase in availability of routine Primary Care appointments for all service users, including those living with disabilities, and because these appointments are available at sites already meeting the needs of the abovementioned cohort, the impact on people with disabilities is perceived as positive and beneficial ie an increase in available routine appointments. The **Accessible Information Standard** is adopted by all Primary Care providers, including those providing GP Improved Access services.

Additional telephone appointments are part of the offer, and therefore for some groups of patients whose physical condition may make travel difficult this is an additional option. For those who would benefit more from face-to-face appointments this is also this choice.

In addition, Improved Access providers are contractually required to promote equality and diversity, including race equality, equality of opportunity for disabled people, gender equality, and equality relating to religion and belief, sexual orientation, age, marriage and civil partnership, pregnancy and maternity, and gender assignment in the provision of the Services.

Sex

Impact and evidence: Consider and detail impact and evidence on both males and females

As the service represents an increase in availability of routine Primary Care appointments

for all service users identifying as male, female or non-binary and because these appointments are available at sites already meeting the needs of all service users, the impact on service users identifying as male, female and non-binary as perceived as positive and beneficial ie an increase in available routine appointments. The service is delivered by local clinicians parallel to their routine practice work, and therefore these same (both male and female) GPs are available for consultations. Patients can request either a male or female GP if they so wish.

In addition, Improved Access services can also offer services targeted at specific gender eg Well Woman clinics or Mens' Health clinics. This may be a desired service specification based on the Joint Health Needs Assessments carried out, which may target specific patient groups. These services are currently in place in certain areas, eg Family Planning sessions, or are being developed and if required additional Equality Impact and Risk analysis will be undertaken as part of those developments.

In addition, Improved Access providers are contractually required to promote equality and diversity, including race equality, equality of opportunity for disabled people, gender equality, and equality relating to religion and belief, sexual orientation, age, marriage and civil partnership, pregnancy and maternity, and gender assignment in the provision of the Services.

Race

Impact and evidence: Consider and detail impact and evidence on ethnic groups

As the service represents an increase in availability of routine Primary Care appointments for all service users, regardless of ethnicity or ethnic identity and because these appointments are available at sites already meeting the needs of all service users, the impact on service users from all ethnic groups is perceived as positive and beneficial ie an increase in available routine appointments. In addition, measures in place at Practice level to support service users who do not have English as a first language, or where cultures require specific interactions e.g. female patients only seeing female clinicians; patients requiring chaperones, are also in place within GP Improved Access settings.

In addition, Improved Access providers are contractually required to promote equality and diversity, including race equality, equality of opportunity for disabled people, gender equality, and equality relating to religion and belief, sexual orientation, age, marriage and civil partnership, pregnancy and maternity, and gender assignment in the provision of the Services.

Religion or Belief

Impact and evidence: Consider and detail impact and evidence on people of different religions, beliefs (and those who may have no religion)

As the service represents an increase in availability of routine Primary Care appointments for all service users, regardless of religion or belief system and because these appointments are available at sites already meeting the needs of all service users, the impact on service users with different religions or belief systems is perceived as positive and beneficial ie an increase in available routine appointments. In addition, measures in place at Practice level to support service users of religions or belief systems requiring specific interactions eg

female patients only seeing female clinicians; patients requiring chaperones, are also in place within GP Improved Access settings.

In addition, Improved Access providers are contractually required to promote equality and diversity, including race equality, equality of opportunity for disabled people, gender equality, and equality relating to religion and belief, sexual orientation, age, marriage and civil partnership, pregnancy and maternity, and gender assignment in the provision of the Services.

Sexual Orientation

Impact and evidence: Consider and detail impact and evidence on people of different sexual orientations

As the service represents an increase in availability of routine Primary Care appointments for all service users, regardless of sexual identify and because these appointments are available at sites already meeting the needs of all service users, the impact on service users with different sexual identifies is perceived as positive and beneficial i.e. an increase in available routine appointments. In addition, Improved Access providers are contractually required to promote equality and diversity, including race equality, equality of opportunity for disabled people, gender equality, and equality relating to religion and belief, sexual orientation, age, marriage and civil partnership, pregnancy and maternity, and gender assignment in the provision of the Services.

Gender Reassignment/ Transgender

Impact and evidence: Consider and detail impact and evidence on transgender people

Improved/Extended access appointments utilise the patient's medical record with consent. Therefore any clinician providing primary medical care services to an individual would be aware of their specific needs which may be as a result of their gender.

As the service represents an increase in availability of routine Primary Care appointments for all service users, regardless of gender identify and because these appointments are available at sites already meeting the needs of all service users, the impact on transgendered service users is perceived as positive and beneficial ie an increase in available routine appointments. In addition, Improved Access providers are contractually required to promote equality and diversity, including race equality, equality of opportunity for disabled people, gender equality, and equality relating to religion and belief, sexual orientation, age, marriage and civil partnership, pregnancy and maternity, and gender assignment in the provision of the Services.

Pregnancy and Maternity

Impact and evidence: Consider and detail impact and evidence on work arrangements, breastfeeding etc.

For service providers there will be the requirement to meet any national/legal standards for supporting employees and patients who are pregnant (including maternity leave for employees) and supporting employees and service users who are breastfeeding are in place for all IA providers, if required.

The service offers additional capacity to allow any pregnant or perinatal woman access to GP/Primary care services should they choose or need to see a clinician. Patients' medical records are accessible and therefore these will be able to be offered similar services to their routine general practice should they need it. These appointments to not replace their

routine maternity appointments which are offered separately.

Marriage and Civil Partnership

Impact and evidence: Consider and detail impact and evidence on employees who are married or in a civil partnership

No impact - providers maintain non-discriminatory policies in the work place as per national/legal requirements.

Other Excluded Groups/ Multiple and social deprivation

Impact and evidence: Consider and detail impact and evidence on groups that do not readily fall under the protected characteristics such as carers, transient communities, ex-offenders, asylum seekers, sex-workers, homeless people.

Appointments are offered to all the population. It may be that certain communities/individuals may prefer this type of service. However, currently there is the only option to book appointments via a patient's GP practice, or potentially a small number of patients via NHS 111. This may prevent a small number of individuals accessing this service if they are not registered with a GP. However, these patients still have the ability to book routine primary care appointments in any practice as a temporary resident.

Based upon the Worcestershire Public Health Joint Strategic Needs Assessment, published in 2017, Worcestershire's GP Improved Access providers have developed and implemented area-specific plans for reducing inequalities within their service models. See Appendix 1 for the plans for Redditch & Bromsgrove, Wyre Forest and South Worcestershire. As reducing inequalities is a core criteria for Improved Access services, the service commissioner includes this as part of its overarching monitoring of contractual and service performance.

Cumulative impact of this and other proposals? (Please consider whether this proposal, when combined with other decisions made by the CCG, might have a contributory positive or negative impact on the Public-Sector Equality Duty.)

The commissioning and provision of GP Improved Access services enables an increase in available routine Primary Care appointments to population. In addition, by offering these appointments during weekday evenings and at weekends, access to routine Primary Care is enhanced and especially for people who find it difficult or inconvenient to access routine appointments during weekdays. Accordingly, the cumulative impact on Improved Access services is seen as wholly positive for service users who might otherwise have to endure longer waiting times for a routine appointment.

This is a national service, and therefore NHS England will have ensured that during the development phase and on an ongoing basis Public Sector Equality Duty would have been addressed.

Step 5

NHS Constitution and Human Rights

Checklist – how does this proposal affect the rights of patients set out in the NHS Constitution or their Human Rights?

	Constitutional Rights	Yes/No	Please explain
9	Could this result in a person being treated in an inhuman or degrading way?	No	
10	Does the proposal respect a patient's dignity, confidentiality, and the requirement for their consent?	Yes	Standards for the provision of Primary Care services at Practice are equally applicable to provision of Primary Care services at Improved Access hub locations. As a patient may see a clinician who does not work at their own Practice, consent to view the patient's record is always sought from the patient prior to each consultation. Ratified information sharing protocols are in place. Data protection impact assessments have been put in place.
11	Do patients have the opportunity to be involved in discussions and decisions about their own healthcare arising from this proposal?	Yes	The clinical consultation at Improved Access level mirrors that at Practice level, whereby patients are encouraged to discuss their healthcare and make choices about treatments and next steps. Any discussions and decisions are noted in the patient's medical record as per any routine clinical consultation.
12	Do patients and their families have an opportunity to be involved (directly or through representatives) in decisions made about the planning of healthcare services arising from this proposal?	Yes	Nationally NHSE proposed and devised the service criteria. There would have been a degree of consultation from patients/patient groups at the initiation stage. Patients and families were invited to offer opinions and views during the planning phase of Improved Access services via Patient Participation Groups and questionnaires. In addition, all service users are invited to offer qualitative feedback on their experiences of Improved Access services, which form part of contract and service performance monitoring. In South Worcestershire a

			detailed patient feedback exercise was carried out by The University of Worcestershire on commencement of the service to direct future service delivery.
	Human Rights	Yes/No	Please explain
13	Will the policy/decision or refusal to treat result in the death of a person?	No	
14	Will the policy/decision lead to degrading or inhuman treatment?	No	
15	Will the policy/decision limit a person's liberty?	No	
16	Will the policy/decision interfere with a person's right to respect for private and family life?	No	
17	Will the policy/decision result in unlawful discrimination?	No	
18	Will the policy/decision limit a person's right to security?	No	
19	Will the policy/decision breach the positive obligation to protect human rights?	No	
20	Will the policy/decision limit a person's right to a fair trial (assessment, interview or investigation)?	No	
21	Will the policy/decision interfere with a person's right to participate in life?	No	

Step 6 Engagement and Involvement (Duty to involve – s242 NHS Act 2006) Francis Recommendation 135
--

How have you involved users, carers and community groups in developing this proposal?

(Please give details of any research/consultation drawn on (desk reviews – including complaints, PALS, incidents, patient and community feedback, surveys etc).

The GP Improved Access initiative is a nationally mandated service that has been developed by NHS England on a national scale involving users, carers and community groups. At local level, as the service has been implemented, so users, carers and patient participation groups have been advised of the service utilising a range of measures including promotional information materials at Practice sites and other health care settings eg secondary care, community care settings, social media sites and local news media. In addition, the service development and implementation has been closely monitored by a local steering group, comprising CCG personnel, clinical personnel and Healthwatch personnel. The steering

group continues to monitor performance of the service and receive/make recommendations for service enhancement.

Also give details of any specific discussions or consultations you have carried out to develop this proposal – with users, carers, protected characteristic groups and/or their representatives, other communities of interest (eg user groups, forums, workshops, focus groups, open days etc).

The GP Improved Access initiative is a nationally mandated service that has been developed by NHS England on a national scale involving users, carers and community groups. At local level, as the service has been implemented, so users, carers and patient participation groups have been advised of the service utilising a range of measures including promotional information materials at Practice sites and other health care settings eg secondary care, community care settings, social media sites and local news media. In addition, the service development and implementation has been closely monitored by a local steering group, comprising CCG personnel, clinical personnel and Healthwatch personnel. The steering group continues to monitor performance of the service and receive/make recommendations for service enhancement.

How have you used this information to inform the proposal?

The GP Improved Access initiative is a nationally mandated service that has been developed by NHS England on a national scale involving users, carers and community groups. At local level, as the service has been implemented, so users, carers and patient participation groups have been advised of the service utilising a range of measures including promotional information materials at Practice sites and other health care settings eg secondary care, community care settings, social media sites and local news media. In addition, the service development and implementation has been closely monitored by a local steering group, comprising CCG personnel, clinical personnel and Healthwatch personnel. The steering group continues to monitor performance of the service and receive/make recommendations for service enhancement.

Have you involved any other partner agencies (such as Local Authorities, Health and Well-being boards, Health Scrutiny Committees, Local Healthwatch, Public Health, CSU or CCGs) **please give details of any involvement to date or planned:**

The GP Improved Access initiative is a nationally mandated service that has been developed by NHS England on a national scale involving users, carers and community groups. At local level, as the service has been implemented, so users, carers and patient participation groups have been advised of the service utilising a range of measures including promotional information materials at Practice sites and other health care settings eg secondary care, community care settings, social media sites and local news media. In addition, the service development and implementation has been closely monitored by a local steering group, comprising CCG personnel, clinical personnel and Healthwatch personnel. The steering

group continues to monitor performance of the service and receive/make recommendations for service enhancement.

Furthermore, the service commissioner and providers are now working with NHS 111 as a provider partner to enable direct booking into Improved Access services via the 111 assessment and service access function.

Step 11

Sign Off

Can you please read and agree to the following Equality Statement, and add your Project/proposal in yellow highlighted area:

1. Equality Statement

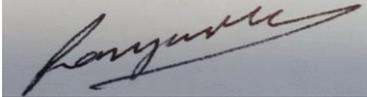
1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on race equality. This obligation has been increased to include equality and human rights with regard to disability, age, gender, sexual orientation, gender reassignment and religion.

1.2. Worcestershire, Redditch and Bromsgrove and Wyre Forrest CCGs endeavors to challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide care in a manner which respects the individuality of patients and their Carer's and as such treat them and members of the workforce respectfully, regardless of age, gender, race, ethnicity, religion/belief, disability and sexual orientation.

1.4. Providers and Commissioners are expected to use the appropriate interpreting, translating or preferred method of communication for those who have language and/or other communication needs. Practitioners will need to assess that the provision of GP Improved Access services is fair and equitable for all groups covered under the Equality Act 2010 and that they are implementing the Accessible Information Standard.

1.5. Any change to a service will require a conscious effort from the author(s) of that change to actively consider the impact that this will have on any Protected group(s) and act due diligently. Where an impact on any of the Equality groups is realised after the implementation of the Project/Service, the commissioners and or Providers, who are implementing the said Project and or service will seek to minimise such an impact and simultaneously carry out a full review.

Signature of person completing EIRA	
Date signed	7.5.19
Comments:	Revision of previous EIA. Service criteria are nationally defined in that the service is available to all (criterion 1) and Issues of inequalities in patients experience of accessing general practice identified by local evidence and actions to resolve in place (criterion 2) NHSE reviews have confirmed the provider meets these requirements Existing service. Re-procurement will not re-occur until 2020/21 under the direction of PCNs. General patient feedback is obtained on a regular basis as part of contract monitoring.
Signature of person approving EIRA	 Mohammed Ramzan
Date signed	7 May 2019
Comments – Is Stage 2 Required?	Advised that equality considerations will need to be built into the service spec & procurement process to ensure accessibility of service for all groups. Also appropriate consultation with groups. Stage2 not required at this stage

- 1) Send the completed EIRA with your VERTO document to Mohammed Ramzan, mohammedramzan@nhs.net
- 2) Once approved make arrangements to have the EA put on the VERTO System
- 3) Use the Action Plan to record the changes you are intending to make to the document and the review date.

Advice, information and support is available from the Equality and Inclusion Team as follows:

Mohammed Ramzan, Equality and Inclusion Business Partner
mohammedramzan@nhs.net