MIDLANDS AND LANCASHIRE
COMMISSIONING SUPPORT UNIT

NHS

Equality Impact and Risk Assessment Stage 2 for Services

Title of Service / Proposal:

G.P Access

Equality & Inclusion Team, Corporate Affairs
For enquiries, support or further information contact
Email: equality.inclusion@nhs.net

EQUALITY IMPACT AND RISK ASSESSMENT TOOL FOR SERVICES STAGE 2
ALL SECTIONS – MUST BE COMPLETED Refer to guidance documents for completing all sections
SECTION 1 - DETAILS OF PROJECT
Organisation: NHS Blackburn with Darwen CCG
Assessment Lead: Peter Sellars
Directorate/Team responsible for the assessment: Primary Care
Responsible Director/CCG Board Member for the assessment: Malcolm Ridgway
Who else will be involved in undertaking the assessment? Hannah Sellers
Date of commencing the assessment: 13th September 2017
Date for completing the assessment:

SECTION 2 - EQUALITY IMPACT ASSESSMENT			
Please tick which group(s) this service / project will or may impact upon?	**Yes**	**No**	**Indirectly**
Patients, service users	√		
Carers or family	√		
General Public	√		
Staff	√		
Partner organisations			√

Background of the service / project being assessed:

The CCG is looking at access to Primary Care in its entirety with a focus on the newer extended hours service, provided by the local federation (who originally provided the service through the Prime Ministers Challenge Fund pilot).

The CCG is currently building on its partnerships with the local authority and other partner organisations in order to promote this agenda.

The areas to be looked at as part of the Access agenda are:

- Ease of access
- Utilisation of appointments

- Accessibility for vulnerable groups
- Awareness of services available

What are the aims and objectives of the service / project being assessed?

To enable all patients to be able to access General Practice services when they need them.

Services currently provided in relation to the project:

General Practice Services

Extended Hours service (provided by Local Primary Care (LPC), GP federation)

- These appointments are pre-bookable by the patient's own practice and available at 4 "spokes" on weekday evenings and one "spoke" at weekends. The service will not necessarily be delivered from the patient's own practice.

Which equality protected groups (age, disability, sex, sexual orientation, gender reassignment, race, religion and belief, pregnancy and maternity, marriage and civil partnership) and other employees/staff networks do you intend to involve in the equality impact assessment?

Please bring forward any issues highlighted in the Stage 1 screening

The aim of the project is to improve access for all patients, including the homeless and asylum seekers, through the provision of well promoted in hours and extended hours care, which is a positive.

Stage 1 identified that patients in rural areas, with low incomes, mobility issues or disability may not be able to access the spokes as easily as it may be further from home, whilst working people with access to a car may find it more convenient.

How will you involve people from equality/protected groups in the decision making related to the project?

The project takes into the account the consultation carried out by Blackburn with Darwen Healthwatch around GP access.

Previous engagement work has been carried out as part of the 2015 Prime Ministers Challenge Fund Project.

Does the project comply with the NHS Accessible Information Standard? (providing any documents, leaflets, resources in alternative formats if requested to meet differing communication needs of patients and carers) YES

EVIDENCE USED FOR ASSESSMENT

What evidence have you considered as part of the Equality Impact Assessment?

- **All research evidence base references including NICE guidance and publication– please give full reference**
- **Bring over comments from Stage 1 and prior learning (please append any documents to support this)**

National Access Survey highlights that certain vulnerable groups are less able to access GP services.
Draft Health Needs Assessment of asylum seekers. (final version due November 2017)
Blackburn with Darwen Healthwatch reports – 2016 report on experiences of G.P's, Homelessness 2017.

http://www.healthwatchblackburnwithdarwen.co.uk/sites/default/files/hwbwd_great_practice_report_0.pdf

Local Population

Approximately 173,000 patients registered with a GP
26 practices in Blackburn with Darwen
CCG covers approximately 137km squared
Population rising
28% of residents under 20
14% of residents are 65 and over

The 2015 Index of Multiple Deprivation ranks the borough as the 15th most deprived authority in England, 31% of the borough's Lower Super Output Areas fall within the 10% most-deprived in England. Data from the 2011 Census shows that 30.8% of the borough's population were from Black and Minority Ethnic groups.

Blackburn with Darwen has approximately 360 people claiming asylum. Research shows that this group have significant health needs.

Blackburn with Darwen has approximately 1283 people seeking housing assistance with 239 homelessness applications in 2016/17. (source Health Watch) . There are significantly high number of Houses of multiple occupancy (HMO's) which supply 569 beds in the borough. Research shows that this group have significant health and social needs.

Age: It has been well documented over recent years that people are living longer and that the older age-groups will record some dramatic increases over future years, with associated financial implications and demand for health and social care services. The population aged 65 or over in Blackburn with Darwen is projected to increase to 30,600 by 2039.

Carers: Carers provide support to family members or friends. Nationally, 15% of households include

carers. This represents around 3 million households in England[1]. (source: http://www.lancashire.gov.uk/lancashire-insight/health-and-care/social-care/carers.aspx)

Health

Life expectancy in the borough in 2011-2013 had risen to 76.8 years for males and 81.2 years for females but still leaves Blackburn with Darwen in the bottom 10% of English local authorities. Life expectancy in the most deprived 10% of the borough is 12.4 years lower for men and 7.1 years lower for women compared to the least deprived 10% of Blackburn with Darwen. Over the last 10 years, all-cause mortality rates have fallen, along with early deaths from cancer, heart disease and stroke, but still remain worse than the England average.
Data source: Blackburn with Darwen Clinical Commissioning Group General Practice Forward View Operational Plan 2017-2019

Information on health needs of LGBT groups: https://www.stonewall.org.uk/sites/default/files/stonewall-guide-for-the-nhs-web.pdf

ENSURING LEGAL COMPLIANCE		
Think about what you are planning to change; and what impact that will have upon 'your' compliance with the Public Sector Equality Duty (refer to the Guidance Sheet complete with examples where necessary)		
In what way does your current service delivery help to:	How might your proposal affect your capacity to:	How will your mitigate any adverse effects? (You will need to review how effective these measures have been)
End Unlawful Discrimination?	**End Unlawful Discrimination?**	**End Unlawful Discrimination?**
GP access does not currently discriminate.	Although the current access arrangements does not discriminate – GP access will be improved.	Access will be improved. Patients will need to be informed of the wider availability.
Promote Equality of Opportunity?	**Promote Equality of Opportunity?**	**Promote Equality of Opportunity?**
Engagement work through Health Watch has highlighted that some people struggle to get an appointment with the G.P.	All groups within the community will have wider access to a G.P outside of traditional practice hours. This may particularly be positive for people that work full time or carers. It may benefit children	The availability weekend provision is being delivered from Barbara Castle way. This may be further to travel for some patients in rural areas. The wider changes within the 111 service will be

	and young people as they will have appointment times available outside of school hours.	able to address those with urgent health needs requiring an urgent appointment / access to primary care.
Foster Good Relations Between People	**Foster Good Relations Between People**	**Foster Good Relations Between People**
No issues currently identified with community relations.	Increased access to primary care will be a positive impact for all the community.	Communications around access will need to be matched to the communication needs of the community. Wider work is ongoing in the CCG for addressing issues for Homelessness and Asylum Seekers.

WHAT OUTCOMES ARE EXPECTED/DESIRED FROM THIS PROJECT?

What are the benefits to patients and staff?

- Vulnerable patients will have access to a GP
- Patients are aware of a wider range of appointments
- Patients will be able to access earlier appointments, leading to earlier diagnosis and less A&E attendances
- The staffing of the spokes will not impact on GP employee's current terms and conditions of employment.

How will any outcomes of the project be monitored, reviewed, evaluated and promoted where necessary?

"think about how you can evaluate equality of access to, outcomes of and satisfaction with services by different groups"

Activity data (although this may not show data disaggregated into protected groups)
Monitoring will be developed following the implementation of a full project plan

EQUALITY IMPACT AND RISK ASSESSMENT

Does the 'project' have the potential to:

- Have a ***positive*** **impact (benefit)** on any of the equality groups?
- Have a ***negative impact / exclude*** **/ discriminate** against any person or equality group?
- **Explain** how this was **identified? Evidence/Consultation?**

- Who is most likely to be **affected** by the proposal and **how** (think about barriers, access, effects, outcomes etc.)
- Please include all evidence you have considered as part of your assessment e.g. Population statistics, service user data broken down by equality group/protected group

Please see Equality Groups and their issues guidance document, this document may help and support your thinking around barriers for the equality groups

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect	Please explain - MUST BE COMPLETED
Age	√		√	Working age patients have previously voiced that they would welcome extended hours appointments as this enables them to access Primary Care outside of work hours. School age children also benefit from extended hours as appointments will not impact on their education. Older people / all aged people with long term conditions may benefit as if they need a carer/relative to attend the appointment it could be more convenient to attend an appointment outside of working hours. There are no anticipated negative impacts on any particular age groups as the appointments are accessible for all ages and in addition to core hours appointments. This assessment acknowledges that certain age groups may prefer daytime appointments as they may not like to venture out in the dark.
Disability	√		√	People with long term conditions are more likely to require regular contact with their GP compared to people with no long term condition. Increased access to Primary Care should be positive as they will have greater access to appointments. Weekend provision is in a central location for ease of access via public transport and the

				building is disability compliant. The information that will be provided around access issues will be available in a range of different formats which comply with NHS Accessible Information Standard.
Gender Reassignment			√	Lancashire LGBT involved with providing advice regarding this assessment – patients tend to like the same GP when undergoing gender reassignment so the offer of extended services which may not be with their own GP might not be favoured. These patients may wish to wait for an appointment with their own assigned G.P.
Pregnancy and Maternity			√	We have considered that this group should not be impact negatively. It is likely that a pregnant patient would contact their community midwife.
Race	√			Some ethnic groups may access their GP more regularly than others due to higher health risks such as hypertension, diabetes, heart disease. These are associated with South East Asian populations. Therefore improved access is a positive. The information that will be provided around access issues will be available in a range of different formats which comply with NHS Contracts Service Conditions 13.
Religion or Belief			√	No foreseen impact, however the CCG acknowledges that beliefs can affect the way that people view their care. All the existing policies will still support patient wishes, such as requests for chaperones.
Sex (Gender)			√	There should be no impact as improved access will benefit everyone and existing policies such as chaperoning still apply.

Sexual Orientation			√	There should be no impact as improved access will benefit everyone. Research from Lancashire LGBT highlights that patients from LGBT (carried out across the Fylde) do not always have a positive experience from G.P services. Research on LGB groups indicates that this group may have greater health care needs as they are more likely to smoke and have higher risk life style behaviours. They are also less likely to engage with national screening programmes. Source: https://www.stonewall.org.uk/sites/default/files/stonewall-guide-for-the-nhs-web.pdf GP practices are subject for all staff to undertake mandated equality and inclusion training.
Marriage and Civil Partnership **N.B.** Marriage & Civil Partnership is only a protected characteristic in terms of work-related activities and NOT service provision			√	There should be no impact as improved access will benefit everyone.
Carers	√			The CCG consider that the impact on carers will be positive as there will be improved access and it could be more convenient to attend an appointment outside of working hours.
Deprived Communities	√			The CCG is aware that patients from deprived areas will have increased health inequalities and therefore may have higher need of Primary Care services. An improvement in access to Primary Care will be a positive for these groups. However we do recognise that patients in rural deprived areas may find it harder to access the weekend provision due to costs of transport. It is hoped that the self-care help available from 111 can alleviate some of these issues.

Vulnerable Groups e.g. Asylum Seekers, Homeless, Sex Workers, Military Veterans **Rural areas**	√			Part of the CCG's agenda in terms of access to Primary Care services is to assess the current barriers to GP services, alongside relevant partner organisations. Improving access and providing a wider range of appointments should positively impact all of these groups. The CCG has analysed the findings from several reports including asylum seekers (inc needs assessment) and homelessness.

SECTION 3 - COMMUNITY COHESION & FUNDING IMPLICATIONS

Does the 'project' raise any issues for Community Cohesion (how it will affect people's perceptions within neighbourhoods)?

No – people from different areas will be able to have increased access. Weekend provision is being delivered from Barbara Castle Way which may be more inconvenient for people living furthest away.

What effect will this have on the relationship between these groups? Please state how relationships will be managed?

There should be a positive impact for all groups. Ongoing issues arising from access will be evaluated by an Access Group being set up by the CCG involving the G.P Federation.

Does the proposal / service link to QIPP (Quality, Innovation, Productivity and Prevention Programme)? No

Does the proposal / service link to CQUIN (Commissioning for Quality and Innovation)?
No

What is the overall cost of implementing the 'project'?
Please state: Cost & Source(s) of funding:
n/a

This is the end of the Equality Impact section, please use the checklist in Appendix 2 to ensure and reflect that you have included all the relevant information.

SECTION 4 - HUMAN RIGHTS ASSESSMENT

If the Stage 1 Equality Impact and Risk Assessment highlighted that you are required to complete a Stage 2 Human Rights assessment (please request a stage 2 Human Rights Assessment from the Equality and Inclusion Team), please bring the issues over from the screening into this section and expand further using the Human Rights full assessment toolkit then email to equality and inclusion team.
No human rights issues identified.

SECTION 5 – RISK ASSESSMENT

See guidance document for step by step guidance for this section

Risk Matrix. Use this table to work out the risk score

RISK MATRIX					
	Risk level				
Consequence level	**RARE 1**	**UNLIKELY 2**	**POSSIBLE 3**	**LIKELY 4**	**VERY LIKELY 5**
1. Negligible	**1**	**2**	**3**	**4**	**5**
2. Minor	**2**	**4**	**6**	**8**	**10**
3. Moderate	**3**	**6**	**9**	**12**	**15**
4. Major	**4**	**8**	**12**	**16**	**20**
5. Catastrophic	**5**	**10**	**15**	**20**	**25**

Consequence Score: **Likelihood Score:** **Risk score = consequence x likelihood**	**Enter risk score here**
Example: *risk of not consulting patients leading to legal challenge: Consequence score of 5 and Likelihood score of 4*	*20*
Any comments / records of different risk scores over time (e.g. reason for any change in scores over time):	**4**

Important: If you have a risk score of 9 and above you should escalate to the organisations risk management procedures.

EQUALITY IMPACT AND RISK ASSESSMENT AND ACTION PLAN

Risk identified	Actions required to reduce / eliminate negative impact	Resources required (this may include financial)	Who will lead on the action?	Target date
Partnership working	Working effectively with		Focus	

	partner organisations to ensure equitable care for all.		Groups / Access group	
Changes in services/information	Ensuring effective communication between all services.		Focus Groups/ Access group	

SECTION 6 – EQUALITY DELIVERY SYSTEM 2 (EDS2)
Please go to Appendix 1 of the EIRA and tick the box appropriate EDS2 outcome(s) which this project relates to. This will support your organisation with evidence for the Equality and Inclusion annual equality progress plan and provide supporting evidence for the annual Equality Delivery System 2 Grading
SECTION 7 – ONGOING MONITORING AND REVIEW OF EQUALITY IMPACT RISK ASSESSMENT AND ACTION PLAN
Please describe briefly, how the equality action plans will be monitored through internal CCG governance processes? Any equality issues arising from primary care access will be filtered via a new Access group being set up by the CCG. **Date of the next review of the Equality Impact Risk Assessment section and action plan? (Please note: if this is a project or pilot, reviews need to be built in to the project/pilot plan)**
Which CCG Committee / person will be responsible for monitoring the action plan progress? Peter Sellars
FINAL SECTION **SECTION 8**
Review date linked to Commissioning Cycle: 12 month review
Acknowledgement that EIRA will form evidence for NHS Standard Contract Schedule 13: Yes
Date sent to Equality & Inclusion (E&I) Team for quality check: 29/09/2017
Date quality checked by Equality and Inclusion Business Partner: 04/10/2017

Date of final quality check by Equality and Inclusion Business Partner: 04/10/2017
Signature Equality and Inclusion Business Partner: ***Jennifer Mulloy***
CCG Committee Name and sign off date:

This is the end of the Equality Impact and Risk Assessment process: By now you should be able to clearly demonstrate and evidence your thinking and decision(s).
To meet publishing requirements this document SHOULD NOW BE PUBLISHED ON YOUR ORGANISATIONS WEBSITE.

- Save this document for your own records. Send this documents and copy of Human Rights Screening to equality.inclusion@nhs.net

Supplementary information to support CCG compliance to equality legislation:

Appendix 1: Equality Delivery System:

APPENDIX 1: The Goals and Outcomes of the Equality Delivery System			Tick box(s) below
Objective	**Narrative**	**Outcome**	
		1.2 Individual people's health needs are assessed and met in appropriate and effective ways	**x**
		1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	**x**
		1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	**x**
		1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	**x**
1. Improved patient access and experience	The NHS should improve accessibility and	**2.1** People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	**x**

	information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	**2.2** People are informed and supported to be as involved as they wish to be in decisions about their care	**x**
		2.3 People report positive experiences of the NHS	**x**
		2.4 People's complaints about services are handled respectfully and efficiently	
2. A representative and supported workforce	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	**3.1** Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	
		3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	
		3.3 Training and development opportunities are taken up and positively evaluated by all staff	
		3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	
		3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	
		3.6 Staff report positive experiences of their membership of the workforce	
3. Inclusive leadership	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders	**4.1** Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	**x**
		4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are managed	**x**
		4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work	

	and champions	environment free from discrimination	

Appendix 2: Checklist for ensuring you have considered public sector equality duty and included all relevant information as part of the EIRA.

Equality Impact and Risk Assessment Checklist	
Scope	**Yes/No**
Have I made the reader aware of the full scope of the proposal and do I understand the current situation and what changes may occur?	y
Legal	
Have I made the reader aware of our organisations legal duties with regard to Equality & Diversity and are they documented?	y
Has the relevance of these duties pertaining to this item been outlined explicitly and documented?	y
Have I explained how in this area we currently meet our Public Sector Equality Duties and how any change may affect this?	y
Information	
Have I seen sufficient research and consultation to consider the issues for equality groups? (This may be national and local; demographic, numbers of users, numbers affected, community needs, comparative costs etc.)	y
Have I carried out specific consultation with affected groups prior to a final decision being made?	Done
Has consultation been carried out over a reasonable period of time i.e. no less than six weeks leading up to this item?	y
Have I provided evidence that a range of options or alternatives have been explored?	Y driven by national intitiaves
Impact	
Do I understand the positive and negative impact this decision may have on all equality groups?	y
Am I confident that we have done all we can to mitigate or at least minimise negative impact for all equality groups?	y
Am I confident that where applicable we considered treating disabled people more favourably in order to avoid negative impact (Disability Equality Duty)?	y
Am I confident that where applicable we allowed an exception to permit different treatment (i.e. a criteria or condition) to support positive action	na

Have I considered the balance between; proposals that have a moderate impact on a large number of people against any severe impact on a smaller group.	y
***Wider Budgetary Impact (where applicable)**	
Within the wider context of budgetary decisions did I consider whether an alternative would have less direct impact on equality groups?	na
Within the wider context of budgetary decisions did I consider whether particular groups would be unduly affected by cumulative effects/impact?	na
Transparency of decisions	
Will there be an accurate dated record of the considerations and decisions made and what arrangements have been made to publish them?	na
Due regard	
Did I consider all of the above before I made a recommendation/decision?	y