

FULL Equality Analysis Form

Step 1 Document Ownership	
Name of Project/Review	Improving Access Specification
Project Reference number	
Project Lead Name	Jo Reynolds
Project Lead Title	Primary Care Development Manager
Project Lead Contact Number & Email	01902 442579 Jo.reynolds2@nhs.net
Date of Submission	02/01/2018
Is the document:	
A proposal of new service or pathway	YES/NO
A strategy, policy or project (or similar)	YES/NO
A review of existing service, pathway or project	YES/NO
Has a Preliminary Appraisal already been completed	YES/NO
<p style="text-align: center;">If the Preliminary Appraisal confirmed that a full EA was <u>NOT</u> required, please only complete step's one and two.</p>	

Step 2 Establishing Relevance

Public Sector Equality Duties

To ensure compliance with the Equality Act 2010, all strategies or policies or projects, 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 characteristics and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not.

Protected Characteristics

You need to analyse the effect on equality for all protected characteristics – namely: Age, Disability, Sex, Race, Gender reassignment, Sexual Orientation, Religion and Belief; Pregnancy and Maternity, Marriage and Civil Partnership. Please also consider other groups who are currently outside the scope of the Act, but who may have a significant relationship with NHS services (for example Carers, homeless people, travelling communities, sex-workers and migrant groups).

With reference to the Public Sector Equality Duties and the Protected Characteristics is an Equality Analysis required? YES/NO

Please summarise your conclusion if an equality analysis is not required (please refer to the Preliminary EA for the reason why)

If a full EA is **not** required, please attach step's 1 &2 from the FULL EA; the Preliminary EA and the Business Case and email these to the Equality and Inclusion Business Partner for reference and audit Juliet.herbert1@nhs.net and equality@ardengemcsu.nhs.uk

If you have now concluded that the project/document **is relevant**, and a FULL EA is required please contact the Equality lead to complete the FULL equality analysis together.

Juliet Herbert - Equality and Inclusion Business Partner, Arden & Greater East Midlands CSU

Email: juliet.herbert1@nhs.net

Mobile: 07780 33 82 82

Or

equality@ardengemcsu.nhs.uk

Step 3 Responsibility, Development, Aims and Purpose

Who holds overall responsibility for the project/policy/ strategy/ service redesign etc	Sarah Southall, Head of Primary Care
Who else has been involved in the development?	Jo Reynolds, Primary Care Development Manager

Purpose and aims: (briefly describe the overall purpose and aims of the service – for a new service – describe the rationale and need for the proposal, referring to evidence sources. For a change in service or pathway – specify exactly what will change and the rationale/ evidence, including which CCG priority this will contribute to):

Improving access to general practice and other primary care services is a priority for reforming the NHS. The national driver of seeking accessible Primary Care services 8am to 8pm, seven days a week is one of the main drivers in the transformation of how primary care is delivered.

The extension in hours would seek to enable practices to offer more or longer GP sessions which in effect offers an improving primary care service to improve overall patient access to primary medical services. The additional capacity would also be used to compliment the ongoing development of new models of care, particularly practices working at scale to meet the needs & demands of their patient population.

This is a nationally mandated requirement as part of the GP Five Year Forward View.

State overarching, strategy, policy, legislation this review is compliant with	General Practice Forward View
Does this fit with the CCGs Aims?	Yes
What is the intended benefit from this review?	<ol style="list-style-type: none"> 1. Better health outcomes 2. Improved patient access and experience
Who is intended to benefit from the implementation of this piece of work?	Patients registered with the GP Practices across Wolverhampton.
What are the key outcomes/ benefits for the groups identified above?	<ul style="list-style-type: none"> • Reduced demand on appointments within core hours • Increase flexibility for patients to obtain an appointment around other commitments • Patients will have improved access to care • It will prevent some patients from attending the Urgent Care Centre.

<p>Does it meet any statutory requirements, outcomes or targets?</p>	<p>Improving access is part of the GPFV programme of work, which is a national response to the challenges facing General Practice. the implementation of the improved access we will want to secure transformation in general practice, including a step change in our use of digital technologies, support for urgent care and changes in general practice services that lay the foundations for general practice providers to move to a model of more integrated services through delivery of new models of care as we describe in the General Practice Forward View and Five Year Forward View.</p>
<p>Does it contribute to the Equality Delivery System Goals? (specify goals and related outcomes)*</p>	<ol style="list-style-type: none"> 1. Better health outcomes 2. Improved patient access and experience

*Equality Delivery System goals are fully explained in the Equality analysis guidance notes

Step 4 Protected Characteristics – analysis of impact	
<p>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 e.g. women only services. Any gaps in evidence should be accounted for and included in your Action Plan.</p>	

Age	
Impact and evidence: Consider and detail impact and evidence across all age groups.	
Is this group affected by this Appraisal	YES/NO
Positive Impact	<p>The improving access opening will mean that additional appointments will be available to all age ranges as patients registered with a Wolverhampton GP practice.</p> <p>People of working age and children will be able to access wrap around care, at times that are beneficial</p>
Negative Impact	
Impact Rating H = High M = Medium L = Low	L

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.	
Is this group affected by this Appraisal	YES/NO
Positive Impact	The increase in appointments will help those with long term chronic conditions, access care in a more timely manner, as patients registered with a Wolverhampton GP practice.
Negative Impact	The additional appointments will be hub based, so there may be an impact if individuals have mobility issues. The location/ distance to the hub may have an impact on their ability to access the provision.
Impact Rating H = High M = Medium L = Low	M

Sex	
Impact and evidence: Consider and detail impact and evidence on both males and females	
Is this group affected by this Appraisal	YES/NO
Positive Impact	The additional appointments provided by improving access will be available to both male and female patients as patients registered with a Wolverhampton GP practice.
Negative Impact	
Impact Rating H = High M = Medium L = Low	L

Race	
Impact and evidence: Consider and detail impact and evidence on ethnic groups	
Is this group affected by this Appraisal	YES/NO
Positive Impact	The service will be available to patients registered with a Wolverhampton GP practice from all races and will not be to the disadvantage to any person of a specific race. Any issues relating to language and communication will be considered by the practice, as with routine appointments, and measures put in place. There is no specific impact identified around race, and communication needs will still be met.
Negative Impact	
Impact Rating H = High M = Medium L = Low	L

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)	
Is this group affected by this Appraisal	YES/NO
Positive Impact	The improving access provision will be available to people from all religions and beliefs, as patients registered with a Wolverhampton GP practice.
Negative Impact	
Impact Rating H = High M = Medium L = Low	L

Sexual Orientation	
Impact and evidence: Consider and detail impact and evidence on people of different sexual orientations	
Is this group affected by this Appraisal	YES/NO
Positive Impact	The improving access provision will be available to people from all sexual orientations, as patients registered with a Wolverhampton GP practice.
Negative Impact	
Impact Rating H = High M = Medium L = Low	L

Gender Reassignment/ Transgender	
Impact and evidence: Consider and detail impact and evidence on transgender people	
Is this group affected by this Appraisal	YES/NO
Positive Impact	The improving access provision will be available to people who have undergone gender reassignment or identify as being transgender, as patients registered with a Wolverhampton GP practice.
Negative Impact	
Impact Rating H = High M = Medium L = Low	L

Pregnancy and Maternity	
Impact and evidence: Consider and detail impact and evidence on work arrangements, breastfeeding etc.	
Is this group affected by this Appraisal	YES/NO
Positive Impact	The improving access provision will be available to any woman who requires treatment in a primary care setting during and after her pregnancy, as patients registered with a Wolverhampton GP practice.
Negative Impact	Travel across city to the hub may be an issue for this group
Impact Rating H = High M = Medium L = Low	L

Marriage and Civil Partnership	
Impact and evidence: Consider and detail impact and evidence on employees who are married or in a civil partnership	
Is this group affected by this Appraisal	YES/NO
Positive Impact	The improving access provision will be available for all persons with regardless of their marital status, as patients registered with a Wolverhampton GP practice.
Negative Impact	
Impact Rating H = High M = Medium L = Low	L

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, and homeless people.	
Is this group affected by this Appraisal	YES/NO
Positive Impact	The appointments provided by improving access will be outside of core hours, therefore will increase opportunities for accessing appointments for those with other commitments such as carers.
Negative Impact	Patients will be required to be registered with a Wolverhampton GP practice in order to access appointments. If a patient needed to travel to access an appointment, this may have an economic impact on the individual
Impact Rating H = High M = Medium L = Low	

Public Sector Equality Duty (PSED)	
Please provide details on how the proposal contributes to:	
Eliminating unlawful discrimination, harassment and victimisation;	This service provides equal access for all – it is available on a population basis to everyone registered with the participating GP Practices. As registered patients are from across the protected characteristics, this will support advancing equality of opportunity on an individual basis as well as between people who share a protected characteristic, and this equally applies to fostering good relations.
Advancing equality of opportunity between people who share a protected characteristic and those who do not;	
Fostering good relations between people who share a protected characteristic and those who do not.	

Provide detail of 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.)
There are no implications for this development, or any other known developments that would have an impact on the Public Sector Equality Duty.

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
a.	Could this result in a person being treated in an inhuman or degrading way?	No	There are no provisions within the improving access provision that will result in any person using the service, or other person to be treated in an inhuman or degrading way.
b.	Does the proposal respect a patient’s dignity, confidentiality, and the requirement for their consent?	No	There are no provisions within the improving access provision that will result in any patient’s dignity, confidentiality being compromised.

c.	Do patients have the opportunity to be involved in discussions and decisions about their own healthcare arising from this proposal?	Yes	Appointments provided for patients as part of improving access will have the same opportunities and processes in place as standard appointments held within core hours
d.	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?	No	Appointments provided for patients as part of improving access will have the same opportunities and processes in place as standard appointments held within core hours
e.	Will the person's right to respect for private and family life be interfered with?	No	The service will not share any details of the individual with any third party.
f.	Will it affect a person's right to life?	No	The service will not compromise an individual's right to life
g.	Will this affect a person's right not to be discriminated against?	No	Accessing the improving access appointments will not result in a patient being discriminated against.
h.	Will this affect a person's right to freedom of thought, conscience and religion?	No	Accessing improving access provision will not restrict a person's right to freedom of thought, conscience and religion

Step 6	Engagement and Involvement (Duty to involve – s242 NHS Act 2006) Francis Recommendations 135
<p>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)).</p> <p>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 (e.g. user groups, forums, workshops, focus groups, open days etc.).</p> <p>How have you used this information to inform the proposal?</p>	
<p>No, any involvement with any users or carers has not been undertaken by the CCG. The proposal has been developed in collaboration with group leads, and GP leads from practice groups.</p> <p>The role of the group lead is to work closely with the practice groups, and support the development of services based on patient need. They work closely with PPG groups and have supported the implementation of the current provision, that the improving access programme of work will build upon.</p>	

This is a nationally mandated requirement as part of the GP Five Year Forward View, which is a national response to the challenges faced in General practice.

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 CCG)

Please give details of any involvement to date or planned:

The Improving Access specification has been discussed in a number of forums where there are representation from other agencies

Step 7 Including people who need to know

Please consider the way in which the proposal will be explained to a wider audience. (Will translation or interpretation materials be required (audio, pictorial, Braille as well as alternative languages); are there any particular approaches required for different cultures using outreach or advocacy support; is some targeted marketing required?)

A Communications plan has been produced to help patients registered with the Wolverhampton GP Practices involved to explain the changes to practice opening times.

Step 8 Monitoring Arrangements

Please identify the monitoring arrangements that will be introduced to ensure that the effect of the proposal does not result in a disproportionate impact on any protected group (e.g. by creating an unintended barrier); For example, including contractual requirements to provide equality monitoring data on those accessing the service or making complaints.

The provider will be required to submit a monitoring report which will include equality monitoring data of all the patients who are accessing the service. This data will be monitored on a regular basis to assure the commissioner that the service is being accessed by all protected groups. Any issues highlighted by this process will be escalated and development plans will be put in place, with support from the group leads to improve performance.

Which committee / Board / group will receive updates on the monitoring?	
Name:	How often reports will be presented.
This Project is overseen by the Primary Care Milestone Review Board who will receive regular updates on the implementation and outcomes delivered by the project.	A six monthly report on the utilisation of the service will enable the committee to monitor the uptake and impact of the project and consider proposals after the duration of the initial pilot.

Step 9 Decision Making	
Taking the equality analysis and the engagement into consideration, and the duties around the Public Sector Equality Duty, you should now identify what your next step will be for the proposal	
Decision steps available	Rationale for your decision
Continue unchanged	Risk is low
Adjust the proposal (please detail the changes you will make in the Action Plan at Step 10)	
Fundamental review of / stop the proposal	

Step 10 Action Plan
Please reference all actions identified above & any additional actions required to ensure that this proposal can be implemented in compliance with Equality legislation, NHS Constitution and Human Rights requirements.

Action	What will it achieve or address?	Lead Person	Timescale
No Actions proposed	N/A	N/A	N/A

Step 11	Preparation for sign off	Please tick
	1) Send the completed Equality Analysis with your documentation to juliet.herbert1@nhs.net or equality@ardengemcsu.nhs.uk for feedback prior to Executive Director (ED) sign-off.	
	2) Make arrangements to have the EA put on the appropriate programme board agenda	
	3) Use the Action Plan to record the changes you are intending to make to the document and the timescales for completion. A review date for the action plan will be recorded by the programme board.	

Step 12	Sign off/ Approval
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Designated People	Date
Project officer* (Senior Officer responsible including action plan) Name: Jo Reynolds Signature: Jo Reynolds	16.04.18
Equality & Inclusion Business Partner: Name: David King	19/4/18
Executive Director: Name: Signature:	
Name of Approval Board, at which the EIA was agreed at: Board: Chair:	
Review date for action plan:	

***as the Project Manager/Senior Responsible Officer you need to be assured that you have sufficient information about the likely effects of the policy in order to ensure proper consideration is given to the statutory equality duties.**

Once all the above approvals have been completed, resend the completed form to the Equality Lead for reference and Audit

After Sign Off

1. Confirm with Equality & Inclusion Business Partner or CSU's Equality Team who will record the Executive Director decision and what meeting it will be recorded at.
2. Confirm with Equality & Inclusion Business Partner or Equality Team who will record the programme board decision and programme board title and date.
3. Arrange for publication of the Equality Analysis on the CCG's website.

Advice, information and support is available from the Equality and Diversity Team

Juliet Herbert - Equality and Inclusion Business Partner
Arden & Greater East Midlands CSU

Email: juliet.herbert1@nhs.net

Mobile: 07780 33 82 82

Or

equality@ardengemcsu.nhs.uk