NHS
Wolverhampton
Clinical Commissioning Group

Equality Analysis Form

Name of Project/Review	**Proposed Merger between Parkfields Medcial centre and Grove Medical Centre (Health and Beyond Partnership)**
Project Reference number	**Parkfields/Health & Beyond Partnership Sept 2019**
Project Lead Name	**Gill Shelley**
Project Lead Title	**Primary Contracts Manager**
Project Lead Contact Details: Number & Email	**Gillian.shelley@nhs.net 01902448334**
Date of Submission	**9/8 2019**
Version	**V0.1**

Is the document:	
A proposal of new service or pathway	**NO**
A strategy, policy or project (or similar)	**YES**
A review of existing service, pathway or project	**YES**

Who holds overall responsibility for the project/policy/ strategy/ service redesign etc
Grove Medical Centre partnership (Health and Beyond Partnership)
Who else has been involved in the development?
Wolverhampton CCG

Section A - Project Details

Preliminary Analysis – *copy the details used in the scoping report*

This Wolverhampton practice known as Grove Medical Centre has a list size of c 22,000 of patients currently operating across six sites as below

- Grove Medical Centre, 175 Steelhouse Lane, Wolverhampton
- All Saints Medical Centre, Cartwright Street, Wolverhampton
- Carleon Surgery, Dover Street, Bilston
- Church Street Surgery, Church Street Bilston
- Bradley Medical Centre, Hall Green Street, Bilston

The GMS Contract is held with the 9 Partners of Grove Medical Centre.

Parkfields Medical Practice has a patient list size of c13500 and operates across 2 sites

- Parkfields Medical Centre, Parkfileds Road, Wolvrehampton (main site
- Woodcross Health Centre, Woodcross, Wolverhampton

The resulting contract will be with Grove Medical Centre with Parkfields and Woodcross both becoming branch sites of this practice.

Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.

- Patients
- Staff at Parkfields Medical Centre (both sites)
- CCG
- Other local practices may be affected

Section B – Screening Analysis

Equality Analysis Screening
It is vital that the CCG ensures that it demonstrates that it is meeting its legal duty, as the responsible manager you will need to identify whether a Full Equality Analysis is required. A full EA will only not be required if none of the following aspects are identified and you are confident there is no impact. *E.g. 'This report is for information only' or 'The decision has not been made by the CCG' or 'The decision will not have any impact on patients or staff'. (Very few decisions affect all groups equally and this is not a rationale for not completing an EA.)*

Screening Questions	YES or NO
Is the CCG making a decision where the outcome will affect patients or staff? *For example will the project result in you making decisions about individuals in ways which may have a significant impact on them? e.g. service planning, commissioning of new services.*	YES
If the CCG is enacting a decision taken by others, e.g. NHS England or Local Authority - does it have discretion to change, modify or mitigate the decision?	NO
Is the board/committee being asked to make a decision on the basis that this proposal will have a consequential effect on any change? e.g. Financial changes	YES
Will this decision impact on how a **provider** delivers its services to patients, directly or indirectly?	YES
Will this decision impact on any third parties financial position (i.e. Provider, Local Authority, GP Practices)? *For example are you removing funding from theirs or any contract?*	YES
If you have answered **NO** to **ALL** the above questions, please provide supporting narrative to explain why none of the above apply. (*Advice and guidance can be sought from the equality team if required).*	

If the answer to ALL the questions in the screening questions is "NO", please complete the below section only and do not complete a full assessment.

Please forward the form with any supporting documentation to Blackcountry.Equality@ardengemcsu.nhs.uk

These initial assessments will be saved and retained as part of the CCG's audit trail. These will also be periodically audited as part of the CCG's Quality Assurance process and the findings reported to the Chief Nurse, PMO Lead and the CCG's Governance team.

Please ensure you are happy with the conclusion you have made, advice and guidance can be sought from: David.king17@nhs.net or equality@ardengemcsu.nhs.uk

Sign Off / Approval (Section A and B)

Title	Name	Date
Project Lead		
Equality and Inclusion Officer		
Equality and Inclusion Comments		
Programme Board Review		
Programme Board Chair		

If any of the screening questions have been answered "YES" then please forward your initial assessment to David.king17@nhs.net or equality@ardengemcsu.nhs.uk

And complete the next section of the Equality Form Assessment, once you are ready to request approval of the change from the appropriate approval board.

If you required any support to complete the FULL Equality form, please contact the Equality Manager.

The Completed EA will then require a final sign off as per section 10.

Section C - Full Equality Analysis Section

If at an initial stage further information is needed to complete a section this should be recorded and updated in subsequent versions of the EA. An Equality Analysis is a developing document, if you need further information for any section then this should be recorded in the relevant section in the form and dated.

1. Evidence used *What evidence have you identified and considered in determining the impact of this decision e.g. census demographics, service activity data, consultation responses*
Both parties are existing providers of services for patients for some years in close proximity to areas that form part of the South East locality of Wolverhampton Patients have been consulted by the practice as outlined in the business case with responses such as ‘ we are surprised this hasn’t happened sooner’ or ’its about time’

Corporate Assurance Impact	
State overarching, strategy, policy, legislation this review or service change is compliant with	To review the current contract provision to ensure the best outcome for patients and best financial value.
Will this review or service change fit with the CCGs Boards Assurance Framework Aim and Objectives? If yes, please indicate which ones *(see notes page for guidance)*	Aims & Objectives 1 & 2
What is the intended benefit from this review or service change?	The intended benefit is to provide continuing resilience to Parkfields Practice. Over a number of years the practice has lost partners and has experienced difficulty in recruiting GP’s as partners. Two of the current t partners are older GPs who could potentially retire in the near future.
Who is intended to benefit from the implementation of this review or service change?	Patients Practice
What are the key outcomes/ benefits for the groups identified above?	• Greater choice of GP male and female GP’s • Greater choice of where to be seen. • Increased availability of appointments • Use of email for advice and support • Local phlebotomy appointments • Resilience for the current Parkfields practice and staff.

1. Evidence used *What evidence have you identified and considered in determining the impact of this decision e.g. census demographics, service activity data, consultation responses*	
Will the review or service change meet any statutory requirements, outcomes or targets?	Yes

2. Impact of decision *In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.*
2.1 Age *Describe age-related impact and evidence. This can include safeguarding, consent and welfare issues.*
2.1 Age Older people preferred to see their named GP coupled with a regular Nurse and Health Care Assistant, which is dealt with within our workforce planning and recruitment, in the case of locums, we will be using affiliated GP's to the practice, and of course the current partners to ensure continuity of care, which is key to this proportion of the population. In the case of the merger then all clinicians will be available across the locality thus meeting the patient's wishes, and supporting a allaying their anxiety.
2.2 Disability *Describe disability-related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/learning disabilities, cognitive impairments.*
Disability: Carers and people with disabilities were concerned primarily about journey times, the difficulties of getting on and off buses, ample disabled parking facility and access within practices including vulnerable groups. Carers of people with LD were concerned about a lack of understanding of the impact of intellectual disabilities that relate to their charges and their on-going illness e.g. pain control. They preferred to request a visit from their own GP due to issues with access. People with mental health problems were described as finding busy practice environment as an issue. We have protected supervised area for patients to discuss or sit and wait if they had severe and enduring mental illness which needed urgent medical appointment and plan to develop inclusive, supportive values and competencies across this sector . This has been considered when looking at the merger and having 7 sites within the South East locality of Wolverhampton CCG and each site have close proximity to at least one other. There is a mixture sites facilities both which match the needs identified in this analysis and in fact the merger gives improved access by public transport and has improved general parking and disabled parking across the 7 sites.
2.3 Gender reassignment (including transgender) *Describe any impact and evidence in relation to transgender people. This can include issues such as privacy of data and harassment.*
Numbers are limited in allowing an analysis current across the group, all requests are dealt with in line with the equality act 2010 in relation to gender dysphoria an plan to develop inclusive, supportive values and competencies across and currently

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sit with one GP at a single site, who has two patients looking to pursue GR.
2.4 Marriage and civil partnership *Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part time working and caring responsibilities.*
No negative impact identified at this stage, will be reconsidered following Primary Care Commissioning Committee Options Appraisal decision.
2.5 Pregnancy and maternity *Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part time working and caring responsibilities.*
Pregnancy and maternity: pregnant and expectant mothers prefer to see midwife's in practices, therefore avoiding unnecessary drawn out hospital journeys. There is also preference to see a female GP who has special interest in women's health. The merger will enhance this with great access across the locality and the increase in female doctors and a viable appoint scheduled to match patient's needs, which will include a request for a great depth of information and consistency which many younger mothers feel is missing and increasing concerns around Pre-eclampsia . The merger of Parkfields and Woodcross will increase the female population by 6946
2.6 Race *Describe race-related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures and language barriers.*
We found very little to differentiate minority ethnic experiences within our local practices from those of the white British population. There was a sense from some professionals that people from ethnic minorities had language and cultural barriers to access and needed longer appointment times creating a wait in the waiting room, there is very little if any evidence to support this statement. When auditing the clinical system there was no differential between timings, the main difference was around presenting conditions. Our population demographics by race shows that 68% of the population is white, with 64.5% of this number being White British and the remaining being Eastern European. Over 17% of the population is South Asian and are mainly Indian Punjabi , almost 6.75% is Black, 2.5% are Chinese or other Asian, while just over 5% are mixed race.
2.7 Religion or belief *Describe any impact and evidence in relation to religion, belief or no belief on service delivery or patient experience. This can include dietary needs, consent and end of life issues.*
Religion or belief: The South Asian population is mainly split between Sikhism, Muslim or Hindu, Christian was the highest and the remainder between , then low numbers of that worshiping Judaism, the Mormon Faith and Jehovah Witness's, and the complex needs that this collection of faiths present to patients healthcare needs, there are 20% that are registered as having no religious beliefs.
2.8 Sex *Describe any impact and evidence in relation to men and women. This could include access to services and employment.*
There is little differentiation between the reported experience of men and women, with the exception of females preferring female GP's. The closure of the site

2. Impact of decision *In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.*
increase the opportunity for females to see female GPs by two fold
2.9 Sexual orientation *Describe any impact and evidence in relation to heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers.*
No specific issues have been acknowledged for this group
2.10 Carers *Describe any impact and evidence in relation to part-time working, shift-patterns, general caring responsibilities. (Not a legal requirement but a CCG priority and best practice)*
Access to Services (opening times), is a topic that always divides young, old and carers and those that work and those that do not, to bridge this gap against normal opening times within our practices that are in close proximity to areas that form part of this merger, we have extended hours that cover five nights to 8pm, Saturday and Sunday 8am to 12.30pm and that gives additional appointments beyond the national average set against patient lists. We have ensured that we have the right clinical skills in our practice's to meet the diverse needs of our patients, including those with protected characteristics, such as dermatology, diabetes, respiratory disease-asthma and COPD, child health surveillance, minor surgery , orthopaedics, rheumatology, mental health, dementia, obstetrics, gynaecology and cardiology. We also have strong values around safeguarding both in adult and children areas. Our entire clinical workforce will interchange within our sites to maximise and provide such skills locally, whilst promoting community healthcare, and providing familiar faces with admin staff, doctors across South East locality of Wolverhampton CCG and the South East PCN. The rationalisation will also offers a larger range of services to patients that was previous the case with prior to the newly proposed merger.
2.11 Other disadvantaged groups *Describe any impact and evidence in relation to groups experiencing disadvantage and barriers to access and outcomes. This can include socio-economic status, resident status (migrants, asylum seekers), homeless people, looked after children, single parent households, victims of domestic abuse, victims of drug/alcohol abuse. This list is not finite. This supports the CCG in meeting its legal duties to identify and reduce health inequalities.*
The practice will identify those patients they consider to be vulnerable and at risk of the change and will ensure they are aware of and understand the reasons for the site closure.
The merger of these practices should not have a negative impact on health inequalities. Patients will have an improved range of services provided in suitable premises within over 7 sites as patients can choose to be seen at any f the practice sites,

3. Human rights *The principles are Fairness, Respect, Equality, Dignity and Autonomy.*				
Will the proposal impact on human rights?	Yes	☐	No	☑
Are any actions required to ensure patients' or staff human rights are protected?	Yes	☐	No	☑
If so what actions are needed? *Please explain below.*				
In line with the agreed approach and the Equality Analysis Form being reconsidered following Primary Care Commissioning Committee Options Appraisal decision, there should be no negative impact on human rights.				

4. How will you measure how the proposal impacts health inequalities? **<u>The CCG has a legal duty to identify and reduce health inequalities.</u>** *e.g. patients with a learning disability were accessing cancer screening in substantially smaller numbers than other patients. By revising the pathway the CCG is able to show increased take up from this group, this a positive impact on this health inequality.*
The merger of the 2 practices should not have a negative impact on health inequalities. The practice has ensured that they have the right clinical skills in their practice's to meet the diverse needs of their patients, including those with protected characteristics, such as dermatology, diabetes, respiratory disease-asthma and COPD, child health surveillance, minor surgery , orthopaedics, rheumatology, mental health, dementia, obstetrics, gynaecology and cardiology. They also have strong values around safeguarding both in adult and children areas. Their entire workforce will interchange within their sites to maximise and provide such skills locally, whilst promoting community healthcare. .

5. Engagement/consultation What engagement is planned or has already been done to support this project?		
Engagement activity	**With who?** *e.g. protected characteristic/group/community*	**Date**
Engagement with Practice staff and patient has commenced. – Practice events, letters to patients, posters and leaflets. Information on practice website	patient groups Staff	July 2019
Please summarise below the key finding / feedback from your engagement activity and how this will shape the policy/service decisions e.g. patient told us, so we will… (If a supporting document is available, please provide it or a link to the document)		

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Engagement activity	**With who?** *e.g. protected characteristic/group/community*	**Date**
Commenced July 2019 Practice events, letters to patients, posters and leaflets. Information on practice website Engagement with PPG		

6. Mitigations and changes *If you have identified mitigations or changes, summarise them below. E.g. restricting prescribing over the counter medication. It was identified that some patient groups require high volumes of regular prescribing of paracetamol, this needs to remain under medical supervision for patient safety, therefore an exception is provided for this group which has resolved the issue.*
No issues identified

7. Is further work required to complete this EA? *Please state below what work is required and to what section e.g. additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g. disability)*			
Work needed	**Section**	**When**	**Date completed**
The practice will continue to engage with patients via their PPG group and notices in reception areas and on website		*Throughout July, August and September*	*September 2019*

8. Development of the Equality Analysis *If the EA has been updated from a previous version please summarise the changes made and the rationale for the change, e.g. Additional information may have been received – examples can include consultation feedback, service Activity data*		
Version	**Change and Rationale**	**Version Date**

9. Preparation for Sign off	
	Please Tick
1) Send the completed Equality Analysis with your documentation to David.king17@nhs.net or equality@ardengemcsu.nhs.uk for feedback prior to Executive Director (ED) sign-off.	**X**
2) Make arrangements to have the EA put on the appropriate programme board agenda	**x**
3) Use the Action / version section to record the changes you are intending to make to the document and the timescales for completion.	**x**

10. Final Sign off The Completed EA forms must be signed off by the completing manager. They will be reviewed as part of the decision making process. The completed form should also be sent to PMO so that the CCG can maintain an up to date log of all EAs.	
Version approved:	
Designated People	
Project officer Gill Shelley, Primary care contracts Manager Name: Gill Shelley Date:	
Equality & Inclusion Review and Quality Assurance Name: David King Date:	
Executive Director Review: Name: Date:	
Name of **Approval Board** Primary Care Commissioning Committee at which the EA was agreed at: Approval Board: Approval Board Ref Number: Chair: Date: Comments: Actions from the Approval Board to complete:	
Review date for action plan (section 7):	