

Equality Impact Assessment (EIA)

1. Topic of assessment

EIA title	Improved Access to General Practice: Delivery Plan
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EIA author	Jon Fox – Head of Primary Care
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2. Approval

	Name	Date approved
Approved by	Rob Morgan	

3. Quality control

Version number	1.0	EIA completed	02.07.2018
Date saved	02.07.2018	EIA published	

4. EIA team

Name	Job title	Organisation	Team role
Jon Fox	Head of Primary Care	Surrey Heath CCG	Lead

5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p><u>Improved GP Access</u></p> <p>The GP Forward View (GPFV) published by NHS England in April 2016 set out the requirement to improve access to Primary Care services for patients outside of core contract hours (currently 08:00 – 18:30 hrs, Monday to Friday).</p> <p>The CCG is required to introduce a new Improved GP Access service model by April 2019.</p> <p>Surrey Heath CCG will work with the GP Federation and all Member Practices, to develop a robust and sustainable model to ensure the improved access delivery targets are achieved across all practices and delivered on a ‘population wide’ basis, thereby, improving access for all.</p>
<p>What proposals are you assessing?</p>	<p>The GPFV sets out the following National seven core requirements:</p> <ol style="list-style-type: none"> 1. Timing of appointments <ul style="list-style-type: none"> • Commission weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) – to provide an additional 1.5 hours a day. • Commission weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs. • Provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week. • Appointments can be provided on a hub basis with practices working at scale. 2. Capacity <ul style="list-style-type: none"> • Commission a minimum additional 30 minutes consultation capacity per 1000 population per week, rising to 45 minutes per 1000 population 3. Measurement <ul style="list-style-type: none"> • Ensure usage of a nationally commissioned new tool to be introduced during 2017/18 to automatically measure appointment activity by all participating practices, both in-hours and in extended hours. This will enable improvements in matching capacity to times of higher demand 4. Advertising and Ease of Access <ul style="list-style-type: none"> • Ensure services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity into the community, so that it is clear to patients how they can

access these appointments and associated service,

- Ensure ease of access for patients including:
- All practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services.
- Patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments

5. Digital

- Use of digital approaches to support new models of care in general practice.
- Practice level information (e.g. hyperlink/screenshot) showing digital offer and hub level information showing digital offer. CCG to collate the information per practice and hub.

6. Inequalities

- Issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place.

7. Effective Access to wider, whole systems offer

- Effective connection to other system services enabling patients to receive the right care from the right professional, including access from and to other primary care and general practice services such as urgent care services.
- Direct booking pathway from urgent care (e.g. 111) to improved access offer pre-bookable and same day)

Who is affected by the proposals outlined above?

- All Surrey Heath General Practice registered patients.
- The GP Federation
- Member Practice staff, including; GPs, Nurses, Reception and Administration.
- Other stakeholders including; Community Services, Out of Hours providers.

6. Sources of information

Engagement carried out

- Review of current '8-8' Extended Access Local Commissioned Service will be used to inform the service specification and delivery models of any new Improved GP Access Service model. The review includes a Gap Analysis against the seven core national requirements of Improved Access. Nov – Dec 2017.
- The findings of the 8-8 review will be shared with the Governing Body and GP Steering Group.
- Feedback from Member Practices / GP Steering Group
- Patient Community Representatives
- Public Engagement Events

Data used

- Collection and analysis of CCG data including usage of; A&E, emergency admissions, NHS111 and Out of Hours services.
- Quarterly Practice appointment activity returns April 2015 – June 2017.
- National Friends and Family Test information.
- National GP Survey Data (July 2017)
- Extended Access Patient survey returns conducted by Member Practices.
- Healthwatch Surrey Online Services Reports (see below)



Adobe Acrobat
Document



Adobe Acrobat
Document

7. Impact of the new/amended policy, service or function

The Improved GP Access service will not be introduced before 1st Oct 2018

7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence / Comment
Age	<ul style="list-style-type: none"> Improved access aims to provide further appointment capacity outside primary care core contract hours. Patients of working age will have greater choice of appointments, including at weekends. Appointments will be offered equally to all patient types regardless of age. 	<ul style="list-style-type: none"> Introduction of digital technologies to improve access – aware that some age groups – particularly over age 65 may not use technology on an equal basis. 	<ul style="list-style-type: none"> Improved access does not affect core contract hours or provision of services during core hours, therefore, there will be no negative impact on any age groups. Joint PHE/NHSE/CCG project looking at use of online services. Stage 1 report published Nov 2017.
Disability	<ul style="list-style-type: none"> Greater choice of appointments, including at weekends. Appointments will be offered equally to all patient types regardless of disability 	<ul style="list-style-type: none"> Where extended hours are being delivered from a hub or buddy practice, patients with disabilities may have to make alternative travel arrangements. Patients with Learning Difficulties or Mental Health problems may need to be provided with appropriate communication materials explaining Improved Access models. 	<ul style="list-style-type: none"> Delivery model <ul style="list-style-type: none"> Mon – Fri from current sites (practices) Sat – rotating hub – each practice will host the service 1 in 7 Sun – By NHUC out of Hours Provider from Frimley Park (as per current out of hours service)
Gender reassignment	<ul style="list-style-type: none"> Greater choice of appointments, including at weekends. Appointments will be offered equally to all patient types regardless of gender 	<ul style="list-style-type: none"> No negative impact 	<ul style="list-style-type: none"> Improved Access does not affect core contract hours and provision of Primary Care Services, therefore, there will not be a negative impact on any patients. Appointments will be offered equally to all patients.

	reassignment		
Pregnancy and maternity	<ul style="list-style-type: none"> • Appointments will be offered equally to all patient types regardless of pregnancy or maternity • Greater choice of appointments, including at weekends. 	<ul style="list-style-type: none"> • All patients (male and female) are entitled to a choice of male or female clinician. All patients are entitled to request a chaperone. 	<ul style="list-style-type: none"> • Improved Access does not affect core contract hours and provision of Primary Care Services, therefore, there will not be a negative impact on any patients. Appointments will be offered equally to all patients.
Race	<ul style="list-style-type: none"> • Appointments will be offered equally to all patient types regardless of race • Greater choice of appointments, including at weekends. 	<ul style="list-style-type: none"> • No negative impact 	<ul style="list-style-type: none"> • Improved Access does not affect core contract hours and provision of Primary Care Services, therefore, there will not be a negative impact on any patients. Appointments will be offered equally to all patients. • The CCG Improved Access work stream / communications team will assess if additional advertising and promotion of the service is needed in formats required for particular practice population needs. • May mean translation into languages prevalent in the local community, or ensuring posters or leaflets are displayed within communities where they will be easily accessible to ensure that everyone, despite their race or culture, is made fully aware of the service and has equal access to these additional appointments.
Religion and belief	<ul style="list-style-type: none"> • Appointments will be offered equally to all patient types regardless of religion or belief • Greater choice of appointments, including at weekends. 	<ul style="list-style-type: none"> • All patients (male and female) are entitled to a choice of male or female clinician. All patients are entitled to request a chaperone. 	<ul style="list-style-type: none"> • Improved Access does not affect core contract hours and provision of Primary Care Services, therefore, there will not be a negative impact on any patients. Appointments will be offered equally to all patients.
Sex	<ul style="list-style-type: none"> • Appointments will be offered equally to all patient types regardless of sex • Greater choice of appointments. Including at weekends. 	<ul style="list-style-type: none"> • All patients (male and female) are entitled to a choice of male or female clinician. All patients are entitled to request a chaperone. 	<ul style="list-style-type: none"> • Improved Access does not affect core contract hours and provision of Primary Care Services, therefore, there will not be a negative impact on any patients. Appointments will be offered equally to all patients.

<p>Sexual orientation</p>	<ul style="list-style-type: none"> • Appointments will be offered equally to all patient types regardless of sexual orientation • Greater choice of appointments, including at weekends. 	<ul style="list-style-type: none"> • No negative impact 	<ul style="list-style-type: none"> • Improved Access does not affect core contract hours and provision of Primary Care Services, therefore, there will not be a negative impact on any patients. Appointments will be offered equally to all patients.
<p>Marriage and civil partnerships</p>	<ul style="list-style-type: none"> • Appointments will be offered equally to all patient types regardless of marriage or civil partnerships • Greater choice of appointments, inc at WE. 	<ul style="list-style-type: none"> • No negative impact 	<ul style="list-style-type: none"> • Improved Access does not affect core contract hours and provision of Primary Care Services, therefore, there will not be a negative impact on any patients. Appointments will be offered equally to all patients.
<p>Carers (protected by association)</p>	<ul style="list-style-type: none"> • Appointments will be offered equally to all patient types regardless of whether patient is a carer • Greater choice of appointments, including at weekends. 	<ul style="list-style-type: none"> • No negative impact 	<ul style="list-style-type: none"> • Improved Access does not affect core contract hours and provision of Primary Care Services, therefore, there will not be a negative impact on any patients. Appointments will be offered equally to all patients.

7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence / Comment
<p>Age</p>	<ul style="list-style-type: none"> • Extending the working day, may provide opportunities for staff to work more flexible working arrangements. 	<p>(none identified)</p>	<ul style="list-style-type: none"> • Detailed proposals for the delivery of Improved Access are still to be determined and therefore at the current time the full impact of proposals on staff are not finalised.
<p>Disability</p>	<ul style="list-style-type: none"> • Extending the working day, may provide opportunities for staff to work more flexible working arrangements. 	<p>(none identified)</p>	<ul style="list-style-type: none"> • Detailed proposals for the delivery of Improved Access are still to be determined and therefore at the current time the full impact of proposals on staff are not finalised.

Gender reassignment	<ul style="list-style-type: none"> Extending the working day, may provide opportunities for staff to work more flexible working arrangements. 	(none identified)	<ul style="list-style-type: none"> Detailed proposals for the delivery of Improved Access are still to be determined and therefore at the current time the full impact of proposals on staff are not finalised.
Pregnancy and maternity	<ul style="list-style-type: none"> Extending the working day, may provide opportunities for staff to work more flexible working arrangements. 	(none identified)	<ul style="list-style-type: none"> Detailed proposals for the delivery of Improved Access are still to be determined and therefore at the current time the full impact of proposals on staff are not finalised.
Race	<ul style="list-style-type: none"> Extending the working day, may provide opportunities for staff to work more flexible working arrangements. 	(none identified)	<ul style="list-style-type: none"> Detailed proposals for the delivery of Improved Access are still to be determined and therefore at the current time the full impact of proposals on staff are not finalised.
Religion and belief	<ul style="list-style-type: none"> Extending the working day, may provide opportunities for staff to work more flexible working arrangements. 	<ul style="list-style-type: none"> Some staff may wish to observe religious practices affected by potentially being required to work outside core hours e.g. attending church on a Sunday / evening mass. 	<ul style="list-style-type: none"> Detailed proposals for the delivery of Improved Access are still to be determined and therefore at the current time the full impact of proposals on staff are not finalised.
Sex	<ul style="list-style-type: none"> Extending the working day, may provide opportunities for staff to work more flexible working arrangements. 	(none identified)	<ul style="list-style-type: none"> Detailed proposals for the delivery of Improved Access are still to be determined and therefore at the current time the full impact of proposals on staff are not finalised.
Sexual orientation	<ul style="list-style-type: none"> Extending the working day, may provide opportunities for staff to work more flexible working arrangements. 	(none identified)	<ul style="list-style-type: none"> Detailed proposals for the delivery of Improved Access are still to be determined and therefore at the current time the full impact of proposals on staff are not finalised.
Marriage and civil partnerships	<ul style="list-style-type: none"> Extending the working day, may provide opportunities for staff to work more flexible working arrangements. 	(none identified)	<ul style="list-style-type: none"> Detailed proposals for the delivery of Improved Access are still to be determined and therefore at the current time the full impact of proposals on staff are not finalised.
Carers (protected by association)	<ul style="list-style-type: none"> Extending the working day, may provide opportunities for staff to work more flexible working arrangements. 	<ul style="list-style-type: none"> Staff members with caring responsibilities may be affected if required to work amended hours. 	<ul style="list-style-type: none"> Detailed proposals for the delivery of Improved Access are still to be determined and therefore at the current time the full impact of proposals on staff are not finalised.

8. Amendments to the proposals

Change	Reason for change
None	

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Staff members with caring responsibilities may be negatively impacted if required to work amended hours.	Practices will be asked to identify any staff members with caring responsibilities and make reasonable adjustments	1.10.18	Practices
Some staff may wish to observe religious practices affected by potentially being required to work outside core hours e.g. attending church on a Sunday / evening mass.	Practices will be asked to identify any staff members who wish to observe religious practices and make reasonable adjustments	1.10.18	Practices

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
Use of hubs on Saturday and Sunday, may require patients to travel to another practice	Age, disability

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	<p>Extensive engagement was undertaken prior to the initiation of 8-8 working and again during the review of this. Further engagement will be undertaken as part of satisfaction surveys following implementation</p>
Key impacts (positive and/or negative) on people with protected characteristics	<ul style="list-style-type: none"> ✓ Greater choice of appointment times (inc at weekends) ✓ Improved access for working age population. ✓ Improved appointment capacity for all. ❖ Some patients with disabilities may have to travel to a hub / buddy site. ❖ Staff with Carer responsibilities – change of hours may have a negative impact. ❖ Staff with religious beliefs who may wish to attend prayers / church congregations at the weekend. ❖ Patients with LD or MH problems – may not understand new access model – particularly if delivered from a hub model.
Changes you have made to the proposal as a result of the EIA	<p>None</p>
Key mitigating actions planned to address any outstanding negative impacts	<ul style="list-style-type: none"> • Communications and advertising materials to be designed to meet needs of patients with Learning Difficulties and Mental Health problems.
Potential negative impacts that cannot be mitigated	<p>Patients may have to travel further to access primary care when hub model in use.</p>