

Equality Impact Analysis Form

Service, Policy or Function	Delivery of the Improving Access to General Practice Services (IAGPS) Programme for Dorset.
Version Number of EIA	001

Assessor's Name	Rob Munro				
Job Title of Assessor	Senior Programme Lead				
Date of Analysis	26 February 2019				
Sponsoring Director/Lead	Sally Sandcraft				
What are the main aims and objectives of the Service, Policy or Function being assessed?	<p>The General Practice Forward View (2016) outlines the aim to implement a programme of improvement to enable practices to deliver extra capacity by making better use of existing NHS resources, integrating GP Out Of Hours (OOH) and the urgent care network. In improving efficiencies in this way urgent care will be provided closer to patients' homes and in an appropriate setting for a patient's level of need. Building on the lessons learnt NHS England can support CCG's to commission additional capacity more consistently.</p> <p>2017 – 2019 NHS Operational Planning Guidance confirms the continuation of the Government's commitment to improving primary care access, stimulating the development of 'at scale' providers and sustaining the additional investment in these services. Over the next 3 years all CCGs will be required to start access improvement across general practice with funding initially allocated at £3.34 per head in 2018/19. In 2019/20 this funding will increase to at least £6 per head recurrently for 100% coverage.</p> <p>In enabling CCGs to commission and fund extra capacity across England to ensure that everyone has access to GP services, including sufficient appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services, there are 7 core requirements that CCGs will need to meet:</p> <table border="1" data-bbox="422 1664 1423 2020"> <thead> <tr> <th>Priority/area</th> <th>Anticipated Outcome</th> </tr> </thead> <tbody> <tr> <td>Timing of appointments</td> <td> <p>Commission weekday provision of access to pre-bookable and same day appointments to General Practice services in evenings (after 6.30 pm) – to provide additional 1.5 hours a day.</p> <p>Commission weekend provision of access to pre-bookable and same day appointments on both Saturday and Sunday to meet local population needs.</p> <p>Provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week.</p> </td> </tr> </tbody> </table>	Priority/area	Anticipated Outcome	Timing of appointments	<p>Commission weekday provision of access to pre-bookable and same day appointments to General Practice services in evenings (after 6.30 pm) – to provide additional 1.5 hours a day.</p> <p>Commission weekend provision of access to pre-bookable and same day appointments on both Saturday and Sunday to meet local population needs.</p> <p>Provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week.</p>
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	Appointments can be provided on a hub basis with practices working at scale.
Capacity	Commission a minimum additional 30 minutes consultation capacity per 1,000 population, rising to 45 minutes per 1000 population.
Measurement	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 high demand.
Advertising and Ease of Access	Ensure services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity that reaches into the community, so that it is clear to patients how they can access these appointments and associated services. 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.
Digital	Use of digital approaches to support new models of care in General Practice
Inequalities	Issues of inequalities in patients' experience of accessing General Practice identified by local evidence and actions to resolve in place.
Effective Access to Wider Whole System Services	Effective connection to other system services enabling patients to receive the right care, the right professional, including access from and to other primary care and general practice services such as urgent care.

In addition to the delivery of these national requirements for IAGPS, NHS England will be seeking more joined-up services, for instance, hubs hosting GP out of hours bases, community nursing teams and greater access to diagnostic services. Dorset CCG will consider how to utilise this additional capacity to target key patient groups as part of its overall aim of reducing avoidable use of emergency services and hospital admission. Vulnerable groups may include:

- Children with minor illness
- People with long term conditions
- Those recently discharged from hospital
- Frail older patients
- Residential and nursing homes
- Those with mental health problems
- Frequent attendees of A&E

The Primary Care Team will work in conjunction with internal and external care networks to prevent duplication and ensure the development of seamless pathways of care into, and out of, IAGPS.

The project will be closely aligned to the Integrated Urgent Care (IUC) Service to develop a single point of access to the IAGPS Service via the reformed 111 service

and suitable Urgent Care hubs. Integration of IAGPS with out of hours and urgent care services will be key to supporting access to the right care, in the right place at the right time.

It is believed that in providing this the IUC and IAGPS will become patients' preferred way to access non-life threatening urgent care; reducing inappropriate A&E attendances, inappropriate ambulance conveyances and avoidable admissions is a key component of the STP and NHS Dorset CCG's Clinical Services Review.

In order to identify when additional appointments (whether virtual or face to face) can be best deployed, current core and extended hours will be mapped against OOH to identify gaps in provision. In addition, engagement will take place to establish when patients and clinicians feel pre-bookable and same day appointments would be best used. Consideration will be given to the level of flexibility in the system and whether increased capacity will be put in place to tackle peaks in demand e.g. during the winter, bank holidays and public holidays.

INITIAL SCREENING

What evidence is available to suggest that the proposed service/policy/function could have an impact on people from the protected characteristics or staff?

The below scoring matrix was used/ will be used to assess the potential impact.

Perceived Positive Impact	Perceived Neutral Impact	Perceived Disproportionate Impact
+	N	-
Positive impact on a large proportion of protected characteristic groups. Significant positive impact on a small proportion of protected characteristic groups.	No change/ no assessed significant impact of protected characteristic groups.	Disproportionate impact on a large proportion of protected characteristic groups. Significant disproportionate impact on a small proportion of protected characteristic groups.

If the all elements of the service/policy/function are analysed as **Neutral Impact or Positive**, please proceed to page 4 for sign off.

If any element of the service/policy/function is assessed as **Perceived Disproportionate Impact**, continue with the Full Equality Impact Assessment

Protected Characteristic	Analysis	Reason for Impact Analysis
Age	+	In planning for this procurement, Dorset CCG recognises that overall the population of Dorset enjoys relatively good health with a higher life expectancy than the England average. The IAGPS will reflect the needs of the elderly as well as the young in the appropriateness of its services, accessibility issues and ensuring that communication and interaction systems are of maximum benefit. It is the vision that the introduction of the IAGPS will mean there is less confusion over where to go for urgent care needs for all ages.

Disability	+	Overall it is anticipated that the introduction of the IAGPS will impact in a positive way to what is currently and often confusing healthcare system.
Gender Reassignment	N	It is not thought that the IAGPS will have any significant impact on marriage and civil partnership either negatively or positively.
Marriage and Civil Partnership	N	It is not thought that the IAGPS will have any significant impact on marriage and civil partnership either negatively or positively.
Pregnancy/Maternity	N	It is not thought that the IAGPS will have any significant impact on marriage and civil partnership either negatively or positively.
Race/Ethnicity/Nationality	N	Improving outcomes for all patients should be of benefit to this group, so at this stage we do not anticipate any adverse impact. Ongoing consultations and engagement events will yield more insight into how we can work to minimise the impact around language barriers and multicultural issues.
Religion or Beliefs/Spirituality	N	It is not thought that the IAGPS will have any significant impact on religion or belief either negatively or positively, however awareness about places of worship within any proposed clinical hub will still need acknowledgement.
Gender Men, Women	N	This protected characteristic should not have any adverse impact to the new model of the IUC Service in Dorset. Procurement of these models of care will recognise and acknowledge the needs of male and female patients and will continue to be built into any design.
Sexual Orientation	N	It is not thought that the IAGPS will have any significant impact on the Lesbian, Gay, Bisexual community either negatively or positively.
Staff		?
Any Other Group <i>Rural Isolation, Military, Homeless</i>		?

FULL EQUALITY IMPACT ASSESSMENT

Engagement

Please list previous consultation which has taken place, or is planned, relating to the proposed service/policy/function with each element from the protected characteristics and staff

Protected Characteristic	Analysis	Reason for Impact Analysis	Suggested Mitigation
Age			
Disability			
Gender Reassignment			
Marriage and Civil Partnership			
Pregnancy/Maternity			
Race/Ethnicity/Nationality			
Religion or Beliefs/Spirituality			
Gender Men, Women			
Sexual Orientation			
Staff			
Any Other Group Rural Isolation, Military, Homeless			

Engagement and Involvement

Have you engaged stakeholders in the gathering or testing the evidence available? If not what do you intend to do?

A patient survey focussing specifically on IAGPS was carried out in August 2017. This was conducted primarily online but had paper copies available to enable a thorough participation from those who requested hard copies directly from their practice. The results of this survey were shared across the PPG network through two events, held in the East and West respectively to maximise attendance.

The IAGPS team has worked alongside the IUC team to ensure both services are aligned and patient views have been used as much as possible to inform both specifications.

Two workshops have been held more recently, with providers from each cluster attending. Each provider was encouraged to understand their Local Need and design their service model to meet that need.

If you have engaged groups please list below and include who was involved, how they were involved and the key outputs:

Groups Engaged	Date and type of engagement	Outputs from activity
Dorset public	August 2017 Patient Survey focussed on IAGPS	 Improving Access to GP Services - SURVEY
West of Dorset population Patient and Public Groups (PPGs)	9 October 2017	<ul style="list-style-type: none"> • Feedback received on the patient survey • Strong desire to further engage with their respective practices, particularly on the Routine element of IAGPS
East of Dorset population PPGs	10 October 2017	<ul style="list-style-type: none"> • Feedback received on the patient survey • Strong desire to further engage with their respective practices, particularly on the Routine element of IAGPS
IAGPS providers	8 December 2017	<ul style="list-style-type: none"> • Emphasis on meeting the Local Need from the service
IAGPS providers	25 January 2018	<ul style="list-style-type: none"> • Emphasis on communications and engagement with other providers and especially patient groups

Summary of Analysis of overall Impact: *Considering the evidence and engagement activity you have listed, please summarise the impact of your proposals. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in service or expand their participation in public life.*

IAGPS is intended to have a **positive effect** on care access and choice for patients. Modelling criteria and the service specification for this will have been adopted based on an understanding of local need to ensure new models of integrated urgent care and IAGPS have a positive impact on health outcomes.

Engagement with local clinicians, providers and the public will inform new models of care to address concerns raised about accessibility and responsiveness to need.

IAGPS will address the needs of diverse populations through offering choice of how services can be accessed and care personalised to meet individual needs of patients and carers.

GP extended access will need to ensure they address the needs of a diverse population, many living with long term health conditions and social care needs. Models of access, advice, assessment and treatment

services will consider the needs of patients with the most complex needs to ensure there is appropriate access to care and flexibility of service provision to meet personalised care needs.

- Simpler, more accessible and joined up services
- Based around primary care and natural geographies and communities
- Provided by teams working better together
- Flexible and responsive to people's needs
- Including social care, mental health and other services, and the voluntary sector
- Supporting people to look after themselves better, preventing ill health
- Providing help and support available when people need it

New models of care will consider how evidence of public health outcomes can inform the design of services to better meet the needs of at risk populations addressing the current gaps in services that exist and providing a better response to health inequalities.

The Accessible Information Standard will be implemented on 31 July 2016 and aims to provide people who have a disability, impairment or sensory loss with information that they can easily read or understand. This will ensure that all care providers:

- Ask people if they have any information or communication needs, and find out how to meet their needs. Record those needs clearly and in a set way.
- Highlight or 'flag' the person's file or notes so it is clear that they have information or communication needs and how those needs should be met.
- Share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
- Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

Review of Analysis

I am satisfied that this service/policy/function has been successfully equality impact analysed

Signed by Sponsoring Director/Lead

Sally Sandcraft
Sally Sandcraft

Job Title of Director/Lead

Director, Primary and Community Care

Date signed

26 February 2019