

GMCSU Equality Analysis Form

The following questions will document the effect of your activity on equality, and demonstrate that you have paid due regard to the Public Sector Equality Duty. The Equality Analysis (EA) guidance should be used read before completing this form.

To be completed at the earliest stages of the activity and before any decision making and returned via email to GMCSU Equality Diversity Human Rights Team for Quality Assurance:

Samina Arfan: samina.arfan@nhs.net

Hilda Bertie: h.bertie@nhs.net

Rosie

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Section 1: Responsibility

EDHR Reference :

Your ref:

04/01/16

1 Name & role of person completing the EA:

Anne Richardson : Programme Manager - Service Improvement

2 Service/ Corporate Area

Service Improvement Team (Primary Care) Salford CCG

3 Head of Service or Director (as appropriate):

Harry Golby

4 Who is the EA for? Select from the drop down box.

Salford CCG

4.1 Name of Other organisation if appropriate

n/a

Section 2: Aims & Outcomes

5 What is being proposed? Please give a brief description of the activity. 

The vision for extended access is to provide a complimentary but seamless service to what is currently seen as “in-hours” primary care. For the purposes of this project primary care is defined as “general medical services”. Current provision and access to out of hours care is variable across the city. There is a need to extend primary care services to provide relief to primary care services during the day and provide additional support / alternatives to attending A&E.

The pilot service will:

- provide predominantly pre-bookable appointments available 7 days a week
- provide clinical governance leadership to wider admission avoidance services available locally
- provide ring-fenced appointments for divert schemes (from 111, pathfinder ED, others) working alongside existing OOHs (for urgent care) and any other available urgent care services. Urgent/same day appointments could be provided within this service and/or via out-of hours and will be locally determined.
- provide care delivered via federated / hub arrangements - numbers to be determined locally dependent upon local need and financial circumstances.
- complement core general medical services and whilst offering additional capacity, will allow GP practices to manage their demand more effectively

6 Why is it needed? Please give a brief description of the activity.

A number of policy decisions / announcements have been made over the last couple of years on extended access (7 Day Access) to general practice. In 2013 the Prime Minister introduced the Prime Ministers Challenge Fund (PMCF) for practices / CCG's to apply for a share in £50m funding to drive up improvements in access to general medical services during evenings and weekends. There has been a significant amount of political and public interest around 7 Day Access which is seen as being part of the gateway to changing the landscape of the NHS. The ultimate aim being to improve the quality of care provided, improve health outcomes and ensuring an equitable service - no matter what day or time of the week that patient care and treatment is needed.

We know that there is a 20-25% shortage of GPs in Salford and therefore to support primary care in delivery of our strategy, the CCG will provide significant new investment to modernize and increase the scope of primary care medical provision, ensuring development of a federated model which is fit for the future and guarantees stability.

This new model / framework will ensure that General Practices are supported by another provider who will be commissioned via a procurement process.

7 What are the intended outcomes of the activity?

To develop a model of Extended Access on a Salford Wide Approach that will.

- Offer extended access to primary care which is delivered as a minimum:
 - o 6.30 pm – 8.00 pm Monday to Friday (must include Bank Holidays)
 - o Saturday & Sundays minimum 4-6 hours
- Delivered within a Hub(s) Model which is close to patients homes
- Be responsive to local divert schemes, including Out Of Hours and NHS111
- Target those patients with the greatest health need and / or determined by local consultation
- Be developed in consultation with patients and member practices
- Provide a seamless service with integrated care pathways with:
 - o Primary Care In-hours provision
 - o Primary Care Out of hours provision
 - o Accident & Emergency (specifically around admission avoidance)
- Co-ordinated and delivers continuity of care / consistent service provision across the city and integrates with other providers.
- Simple in design that is easily accessible and addresses need without generating inappropriate demand.

8 Date of completion of analysis (and date of implementation if different). Please explain any difference

The Salford Wide Extended Access pilot will be developed by April 2016 and implemented in September 2016.

9 Who does it affect? Select from the drop down box. If more than one group is affected, use the drop down box more than once.

Service Users/Patients

Establishing Relevance to Equality & Human Rights

10 What is the relevance of the activity to the Public Sector Equality Duty? Select from the drop down box and provide a reason.

General Public Sector Equality Duties	Relevance (Yes/No)	Reason for Relevance
To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by Equality Act 2010	Yes	Vulnerable protected characteristic groups need to be enabled to gain fair access to services, information and premise through equitable decision making process, which have been scrutinised for "due regard" re any prohibited discrimination or adverse impacts.
To advance equality of opportunity between people who share a protected characteristic and those who do not.	Yes	CCG needs to consult with patient and carers representatives who use the service. Their feedback should enable the commissioner to shape the Salford Wide Extended Access pilot.

To foster good relations between people who share a protected characteristic and those who do not	Yes	CCG are keen to receive local feedback from the vulnerable patient voice to help shape service provision. Fair access for our all our local communities to equality diversity and human right aware services helps to improve patient experience for improved healthcare and service outcomes
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10.1 Use the drop down box and advise whether the activity has a positive or negative effect on any of the groups of people with protected equality characteristics and on Human Right

Protected Equality Characteristic	Positive (Yes/No)	Negative (Yes/No)	Explanation
Age	Yes	No	<p>Providers will adhere to the standards within the Salford Standard and make every effort to ensure that all vulnerable groups have access to primary care services, putting reasonable adjustments and other assistance in where necessary for those with, for example:</p> <ul style="list-style-type: none"> - Mental health and learning disabilities - sensory disabilities - the homeless - asylum seekers <p>During phase 1 of the pilot the practice will book the patients appt with the extended access provider.</p> <p>It is envisaged that as the pilot rolls out the patient will be able to book their own appt via telephone, internet or in person</p> <p>Translation services will be available during appts where required</p>
Disability	Yes	No	
Gender	Yes	No	
Pregnancy or maternity	Yes	No	
Race	Yes	No	
Religion and belief	Yes	No	
Sexual Orientation	Yes	No	
Other vulnerable group	Yes	No	
Marriage or Civil Partnership	Yes	No	
Gender Reassignment	Yes	No	

Human Rights	Yes	No	
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If you have answered No to all the questions above and in question 10, explain below why you feel your activity has no relevance to Equality and Human Rights.

Section 4: Equality Information and Engagement

11 What equality information or engagement with protected groups has been used or undertaken to inform the activity. Please provide details.

Details of Equality Information or Engagement with protected groups	Internet link if published & date last published
Survey responses from stakeholders who form the Citizens Panel and via Healthwatch	TBC

11.1 Are there any information gaps, and if so how do you plan to address them	No gaps identified at present
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Section 5: Outcomes of Equality Analysis

12 Complete the questions below to conclude the EA.

What will the likely overall effect of your activity be on equality?	<ol style="list-style-type: none"> 1. Improve access and experience of care for protected groups 2. Reduce unwarranted variation in quality of care for protected groups 3. Reduce the number of avoidable hospital admissions for protected groups
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What recommendations are in place to mitigate any negative effects identified in 10.1?	TBC
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What opportunities have been identified for the activity to add value by advancing equality and/or foster good relations?	To improve the future provision of GP services to the population of Salford. Patients will be consulted on development of the Salford Wide Extended Access pilot via patient surveys, meetings and other forums where appropriate
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What steps are to be taken now in relation to the implementation of the activity?	Patient and carer experience surveys will be measured annually. Review will look at the information provided and ensure existing KPI is ammended to support activity to add value by enhancing quality and/or fostering good relations.
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Section 6: Monitoring and Review

13 If it is intended to proceed with the activity, please detail what equality monitoring arrangements (if appropriate) will be in place to monitor ongoing effects? Also state when the activity will be reviewed.

Review will seek to put in place a reporting mechanism and structure, with appropriate, relevant and measurable KPIs. Equality monitoring to make sure we are reaching the right people eg age, gender, disability, language. When individual standards are implemented, equality monitoring and reasonable adjustments need to be reviewed and amended as necessary