

# Equality Analysis Form

## GP Extended Access Service (Walsall)

## Equality Analysis Form

# Project Details

<b>Project Name:</b>	GP Extended Access Service
<b>EA Author:</b>	Abdul Samad Primary Care Manager
<b>Team:</b>	Primary Care Commissioning (Walsall CCG)
<b>Date completed:</b>	26/07/2018
<b>Version:</b>	0.1

### What is the aim of the project/proposal?

#### Background

#### Requirements for Extended access to primary care services

The CCG has given a strategic commitment to move appropriate services from secondary care into primary care; develop the provider market; deliver primary care at scale; increase access to primary care and improve the quality of services available for patients. Allied to this, is a range of system resilience schemes to reduce Accident and Emergency attendances and unscheduled care admissions.

It is a national requirement to put in place plans to have additional, pre-bookable or same day primary care appointments in evenings between 6.30 and 8 pm and weekends. There is funding to support this initiative and it is anticipated that the chosen provider will work at scale to offer these. The additional capacity would also be used to compliment the on-going development of new models of care, particularly practices working at scale to meet the needs & demands of their patient population.

For the winter of 2018-19 there is increasing evidence that the urgent care system will be under tremendous pressure and additional funding has been released to increase access to urgent care in a primary care setting to reduce Accident and Emergency department attendance and unplanned admissions during these periods. The vision for Walsall is to continue providing access to good quality clinical appointments for late evening and weekends within a Primary Care Setting that is responsive to the demands of the local population.

The GP Extended Access Service provides a commitment to improve out of hours access for patients by increasing capacity through a network of locality primary care access hubs working at scale. By September 2018 this will see access to general practice appointments for routine and urgent care 7-days a week with providers embracing new technology, new healthcare roles to manage ever increasing patient demands.

Due to the future direction of extended access in primary care it is the aim of this scheme to test out elements of the national extended access seven core requirements that are required to be met by 1 September 2018 that are detailed below;

- **Timing of appointments** - 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.
- **Capacity** - Commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population.
- **Measurement** - Ensure usage of a nationally commissioned new tool to automatically measure appointment activity by all participating practices, both in-hours and in extended hours
- **Advertising and ease of access** - Ensure services are advertised to patients, including

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notification on practice websites, notices in local urgent care services and publicity that into the community, so that it is clear to patients how they can access these appointments and associated service; 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 from the right professional, including access from and to other primary care and general practice services such as urgent care services.

### Local model

- Extended access service to be in line with the national criteria across Walsall by 1 September 2018
- The service is currently delivered by 3 hubs, with the view to have a 4<sup>th</sup> Hub in the East Area by Autumn 2018
- Provision of pre-bookable and same day consultations from 6.30-8.30pm weekdays, in addition to weekends 10.00-3.00pm. Also, Bank holidays operate from 11.00am to 1.30pm
- Access to an appointment at a hub is via direct booking with the providers contact number in addition to working towards direct bookings from GP practices
- Service funded through £3.34 per head of weighted population. Additional top up funding has also been received for infrastructure costs including, clinical and booking systems and advertising.
- Patients offered choice of appointments at their registered practice or a local hub

### Hub Information

Hubs have been selected below based on existing GP infrastructure, proximity to practices and ease of access for patients travel requirements. We are working towards implementing a 4<sup>th</sup> Hub within the East area in Autumn 2018.

HUB 1 (NORTH)	HUB 2 (SOUTH)	HUB 3 (WEST)
<b>Pinfold Health Centre</b>	<b>Broadway Medical Centre</b>	<b>Darlaston Health Centre</b>
Field Road, Walsall, WS3 3JP	213 Broadway, Walsall, WS1 3HD	Pinfold Street, Darlaston, WS10 8SY
<b>Weekdays</b> Monday to Friday 18.30pm-21.00pm	<b>Weekdays</b> Monday to Friday 18.30pm-21.00pm	<b>Weekdays</b> Monday to Friday 18.30pm-21.00pm
<b>Weekends</b> Saturday and Sundays 10.00am-3.00pm	<b>Weekends</b> Saturday and Sundays 10.00am-3.00pm	<b>No weekends</b>
<b>Bank Holidays</b> 11.00am-13.30pm	<b>Bank Holidays</b> 11.00am-13.30pm	<b>Bank Holidays</b> 11.00am-13.30pm

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### What is the aim of the project/proposal?

#### Intended outcomes

- Improving access to general practice and timely care through offering longer opening hours on weekdays, weekends and bank holidays for the local population for both routine and acute problems
- An accessible and responsive service that provides patient centered care delivered by a multi-disciplinary workforce
- General Practice working at scale
- A focus on quality and clinical outcomes
- Evidence of robust clinical leadership
- Use of local GPs whose knowledge of local services spans both in and out of hours provision
- Equitable access to the service across the whole of the Borough of Walsall
- Integration with the local health and social care system
- High levels of patient satisfaction with the service
- High levels of staff satisfaction, and improved recruitment and retention of staff
- Co-operation and communication with GP providers within Walsall.
- Reduction in Emergency Department attendances for minor illness and injury at local hospitals

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

The planned primary care extended access service for Walsall will affect:

- All patients across the Walsall Borough
- Clinicians and support staff who work at the current Out of Hours (OOHs) service. This is because extension of primary care is likely to reduce activity at OOHs prior to 8pm and at weekends.
- Staff at NHS 111 - For example the Directory of Services will need to be updated to ensure patients are directed appropriately when the new service is operational.

### Is a full Equality Analysis required for this project?

<b>Yes</b>	<input checked="" type="checkbox"/>	Proceed to the full Equality Analysis form	<b>No</b>	<input type="checkbox"/>	Explain why further analysis is not required.
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*If no, explain below why further equality analysis is not required. 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.)*

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The purpose of carrying out this equality analysis form is to review the pilot service and its effectiveness currently. The pilot service was effective from December 2017 to present. The equality analysis form will establish whether patients are experiencing equitable access to the service. It will see whether there is a need to introduce a 4<sup>th</sup> hub within the East Area of Walsall, which is considered to have an older population who may be disadvantaged.

### 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*

- Walsall census demographics
- Walsall joint strategic needs assessment
- Patient questionnaires (survey monkey and hard copies)
- Consultation responses
- Service activity data

### 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.*

There will continue to be a positive impact for all patients from all ages. They will continue to be able to benefit from the improving access service, where additional appointments are made available for patients registered with a Walsall GP Practice.

All ages are given the advantage of having a choice of GP at the right time and right place close to home. The advantage of having the access service, allows pre-bookable appointments for patients to access, with the aim of reducing the number of visits within Emergency Departments or urgent care.

An ageing population of patients with long term conditions currently increases the pressure on health care services. The advantage of having the access service continues to allow pre-bookable appointments in advance to support these complex patients health needs.

#### 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.*

Learning disability mental health patients can be considered more disadvantaged when accessing health care services due to their long term chronic conditions. Some of the common barriers for these patients when accessing health care services include communication problems, socially deprived, physical/psychological problems, lack of adherence to policies from services and transportation problems.

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### 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.*

By continuing to provide the access service, allows a positive impact to learning disability patients to have access to pre-bookable appointments 7 days a week, to suit a time that can be more timely and convenient around their health needs. The service continues to allow patients to receive care at the right time and place, based on patients having a choice between the three hubs of their choice that are close to their home. By focusing on the strategic transforming care agenda, the service continues to use the right workforce with the right skills to deliver care to patients close to their home.

There may be a negative impact to this particular vulnerable group, where there mobility issues would mean the location and distance to the hub may have an impact on their ability to access the service. So therefore, they may need to be accompanied by another person, which they may or may not have done when accessing their normal GP Practice.

### 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.*

This particular group face complex challenges such as being harassed, socially deprived and lack of understanding or acceptance from others. They have fear of rejection by experiencing isolation, depression, anxiety and mental health issues.

The access service may have a positive impact for this particular group, which currently allows them to have a choice of pre-bookable appointments 7 days a week that suits their needs. The access service allows patients to be seen within their specified time without having to wait for long periods of time. This may eliminate any of the anxieties that this particular group may have during core hours by accessing the service.

### 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.*

The access service may have a positive impact on this particular group. For example it continues to give patients access to GP appointments in the evenings which they may not be able to normally attend during core hours if they had infant caring responsibilities or worked full time hours.

The access service may also give employment opportunities for this particular group,

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as the hours are associated with providing extended access 7 days a week that includes evenings, weekends and bank holidays. It will give a good working life balance for professionals.

### 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.*

The access service continues to be beneficial for this particular group, as currently the data provided by the service shows the biggest age range for this service is patients aged 0-4. From December 2017 to July 2018, this particular age group accessed the service 2031 times.

### 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.*

The population of Walsall CCG shows as being less ethnically diverse than the England population with 80.5% of people in the 2011 Census identifying themselves as White British.

This may present complications for access to interpretation and translation services, which can cause serious risks when making misdiagnosis of conditions. However, to mitigate any of these risks, the extended access service continues to ensure there is a good mix of gender and skill mix of available staff to meet any different cultural beliefs.

### 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.*

There should be little or no impact on religion or belief. The access hubs continue to offer appointments with male and female GPs to meet different cultural needs.

### 2.8 Sex

*Describe any impact and evidence in relation to men and women. This could include access to services and employment.*

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### 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.*

The life expectancy for men and women is below the national average for every area in the Black Country. In Walsall, women are predicted to live on average four years longer than men with a life expectancy of 82 compared to 78. Women are more likely to use the health services routinely when they are ill.

The provider has provided us data showing this is the case, where 6689 female patients and 4835 male patients accessed the service from December 2017-July 2018.

The access service continues to benefit both genders, especially female patients who are considered the frequent users as shown above.

#### 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.*

The LGBT community may experience more negative experiences of healthcare in relation to their sexual orientation. These include being treated as heterosexual, unable to discuss their sexual orientation or have their partner welcomed during a consultation. A challenge of failure from the provider to provide a non-discriminatory policy or having clear policy on confidentiality may occur.

The access service continues to provide additional consultation capacity and extended hours to provide a choice across seven days that continues to benefit this particular 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)*

Carers have caring responsibilities that make it hard for them to access health care services. The access service continues to provide and manage complex health needs of carers by providing flexible pre-bookable appointments over 7 days.

#### 2.11 Other disadvantaged groups DEMENTIA

*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.*



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*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.*

The older population of Walsall within the East Wards are more likely to suffer with a greater prevalence of patients living with dementia. Within the East Area of Walsall, 4 out of the 7 wards are above the borough average of 0.80, with the ward Rushall showing the highest prevalence rate of 1.28.

This may impact this population area as we do not have a Hub within the East Area. However, we are planning on launching a 4<sup>th</sup> Hub within the East Area in Autumn 2018. Where we have carried out a health needs assessment and found Pelsall, Rushall and Brownhills as potential areas for the 4<sup>th</sup> hub to be placed. This is based on ease of travel for patients from these locations and deprivation data where these 3 areas were the highest in terms of vulnerabilities.

### 3. Human rights

*The principles are Fairness, Respect, Equality, Dignity and Autonomy.*

<b>Will the proposal impact on human rights?</b>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<b>Are any actions required to ensure patients' or staff human rights are protected?</b>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

**If so what actions are needed? Please explain below.**

Not applicable

### 4. How will you measure how the proposal impacts health inequalities? The CCG has a legal duty to identify and reduce health inequalities.

*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.*

### 5. Engagement/consultation

What engagement is planned or has already been done to support this project?

<b>Engagement activity</b>	<b>With who?</b> <i>e.g. protected characteristic/group/community</i>	<b>Date</b>
Patient engagement	Older population	August

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What engagement is planned or has already been done to support this project?

Engagement activity	With who? <i>e.g. protected characteristic/group/community</i>	Date
exercise		2018
<i>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)</i>		

### 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.*

n/a

### 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
<i>e.g. Further engagement with disabled service users to identify key concerns around using the service.</i>	2 - Disability	June to July'17	September 2017
Patient Engagement Exercise to identify 4 <sup>th</sup> Hub in the East Area	Patients within the East Area	August-September 18	Pending

### 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*

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Version	Change and Rationale	Version Date
<i>e.g. Version 0.1</i>	<i>The impact on wheelchair users identified additional blue badge spaces are required on site to improve access for this group.</i>	<i>26 September 2017</i>

### 9. Final Sign off

Completed EA forms must be signed off by the completing manager. They will be reviewed as part of the decision making process. Completed forms should also be sent to: [sara.saville@walsall.nhs.uk](mailto:sara.saville@walsall.nhs.uk) so that the CCG can maintain an up to date log of all EAs.

Version approved:

	Name	Date
<b>Signature of responsible officer</b>		
<b>Which committee will be considering the findings and sign off the EA?</b>	<b>Primary Care Commissioning Committee</b>	
<b>Minute number</b> <i>(to be inserted following presentation to committee)</i>		