

Equality impact assessment for 7 day working September 2017

The CCG is required to develop and publish an equality impact assessment together with an action plan as part of the commissioning of 7 day services.

Service Description

The 7 day service will provide access to routine primary care services between 6.30 and 8pm every weekday, and on Saturdays, Sundays and bank holidays according to local demand. It is intended that the service will provide access to a range of different health professionals including GPs and practice nurses, HCAs and other staff such as physiotherapists. It should be integrated with services such as 111 and offer a range of appointment types, including face to face telephone and electronic consultations. Locally, the CCG intend to offer a number of clinics including those for sexual health and for chronic disease management during these hours.

The service has been commissioned as a pilot for 2 years with ongoing review and evaluation in order to determine local demand prior to a procurement process which will see the final service specification commissioned over a longer period of time.

Evidence Relied on

In order to develop this equality impact assessment and action plan, the CCG has taken into account the following information:

- Evidence from public consultations undertaken as part of My Life a Full Life
- Evidence from consultation undertaken as part of the development of the primary care strategy
- Evidence from attendance at Patient Participation Groups hosted by GP practices
- Evidence from Healthwatch in relation to concerns and complements received about primary care.
- Published evidence nationally available from a range of policy and pressure groups
- Quantitative evidence from the annual MORI survey into GP access
- The privacy and quality impact assessments developed to support this service

Impact assessment and action plan

This impact assessment is presented against the 9 protected characteristics required under the Equality Act 2010 with further considerations outlined at the end.

1) Age

Through the development of the primary care strategy, the CCG heard largely from older people and those representing older people. There were concerns that the 7 day service would force patients to

use digital platforms where they were unable to use them, or that those unable to use a digital platform would be disadvantaged in terms of gaining access to services.

ACTIONS REQUIRED: In developing the service, we have ensured that the GP practice receptionists will offer appointments in the 7 day service as part of the routine of negotiating an appointment. This will be largely done in person or through the telephone.

In due course we intend to offer online appointments and the opportunity to have a consultation electronically, however this is currently technically impossible and remains work in progress.

As part of the development of the service we will ensure that there is no deliberate bias between different methods of seeking appointments.

We also heard from working age people in relation to their ability to make appointments at a convenient time. In particular we have heard that sexual health services in primary care could be offered outside working hours. We have also considered the extent to which chronic disease management services could be provided in the evenings or at weekends.

ACTIONS REQUIRED: The CCG is in negotiations in with practices to explore how sexual health services could be provided particularly on a Saturday on an appointment basis to cater for this group. It is hoped that this will be up and running by Christmas 2017.

We have heard less from younger people on the Island, however we know that the use of apps and online services are particularly popular in this age group. As described above we cannot yet implement an online platform, however this remains an ambition of the project in the next 18 months.

In commissioning this service, there is a national expectation that existing in-hours services will continue unaffected, as will the existing practice-delivered extended hours service. As part of the equality impact assessment we have considered the impact of the new service on those working age staff. In consultation with primary care providers, we have evidence to suggest that unless extra staff can be found to support this service, it will require those already working on the Island to work longer hours. We have identified that there are limited staff available in primary care, particularly GPs

There are no actions arising for this particular protected characteristic

2) Disability

We know from work undertaken by Healthwatch that some groups of people who experience disability struggle to access primary care. A recent report highlighted the difficulty that some people who are deaf or who have hearing impairments in accessing primary care. This service will offer additional appointment options and will have access to all existing signing services. As the appointments are pre-bookable, this will allow people with particular needs or their carers to make appropriate arrangements offering greater choice of both location and time of appointment.

Actions required: The CCG will ensure that publicity about the service reaches the relevant stakeholder groups and is widely distributed to particular groups to ensure they are aware of the new service.

The CCG will ensure that the standard operating procedures (SOP) for booking appointments takes into account the particular needs of the patient and is communicated to the service provider effectively.

Where translation services such as signing are required, the SOP will lay out the responsibility and mechanism for arranging the relevant support.

As part of the evaluation of the pilot, the CCG will ensure that the views of representatives of this protected characteristic are particularly sought and considered.

3) Gender reassignment

We have limited information about the experience of individuals who have or are in the process of gender reassignment. From comments and complaints we have received, we know that there is variation in primary care in the way in which this group is supported, and some have been unhappy with the service received.

The new 7 day service offers the potential of greater choice in that the service offers the potential to access a wider range of professional that may offer a different experience of primary care, however the corollary of this is that the 7 day service offers little in the way of continuity of care. It may not, therefore, be the choice of those for whom continuity of professional is important.

There are no actions arising from review of this protected characteristic.

4) Marriage and civil partnership

This service will be offered to all regardless of marital status, therefore there will be no impact on this protected group.

There are no actions arising from this particular characteristic.

5) Pregnancy and maternity

There is no evidence that there are inequalities of access to primary care for people who are pregnant on the Island. Currently most prenatal services are delivered from primary care settings by community midwives with access to GPs as necessary. Post-natal care including baby checks are provided by all GP practices on the Island and the CCG has no evidence that there are problems with access to this service.

The new service enables the full clinical notes of the patient to be viewed by the consulting clinician. This will ensure that any person receiving care is able to achieve a higher level of continuity regardless of the person who is seeing them.

There are no actions arising from this particular characteristic.

6) Race

While there is considerable national evidence that people from some minority ethnic backgrounds experience difficulties in access to primary care, there is little evidence for this on the Isle of Wight. The CCG already participates in the Syrian Refugee programme and provides additional support to those individuals in relation to access to primary care services. There are no known communities who are or are believed to be disadvantaged by the current primary care system.

Where individuals have sought to register with a particular doctor who is from a similar background – for instance South Asian - this has generally been accommodated by the GP community unless there is a compelling clinical reason for asking a person to register more locally.

There are no actions arising from this particular characteristic.

7) Religion or belief

According to the 2010 Census, the Isle of Wight population is overwhelmingly Christian or of no faith, however there is a minority of residents from other religions, most notably from the Jewish, Moslem and Hindu faiths.

There are national studies that demonstrate inequalities in access for some groups – such as moslem and hindu women, however there is no local evidence that would indicate it is a problem in the island context.

There are no actions arising from this particular characteristic.

1) Sex

There is no local evidence that there is a differential between males and females in relation to access to primary care, however it is reasonable to assume from nationally published papers that males often access primary care services in a different way to females, in particular that younger men tend to access services in a more immediate way than women preferring to secure an appointment very shortly after deciding to see one.

The service will offer routine pre-bookable appointments that will be available to book up to 6.30 pm on Friday. Once it is possible to book an appointment online, the delay between booking an appointment and having a consultation could reduce to less than two hours.

ACTIONS REQUIRED: In evaluating the service, the CCG will seek to capture demographic data to understand how the different genders are accessing the service, particularly with a view to considering the extent to which the service is meeting younger men's needs.

8) Sexual orientation

While there is no evidence locally that people from the LGBT community have a different experience of access to primary care than any other person, there is national evidence - for instance from Stonewall - that access to primary care for people from the LGBT community can be difficult, both in

terms of accessing the right primary care services and in some cases in relation to the attitude from professionals when they present. We have no local evidence that people within this protected characteristic do experience this difficulty in access, however the does offer greater choice for people should they wish to use it.

There are no actions arising from this particular characteristic.

Other Considerations

The annual MORI survey of access to primary care which has been running since 2007 gives further context in relation to patient experience of access to primary care. Demographic breakdown of the results is unavailable , however the last results published in July 2017 indicate that:

- Existing access to primary care is good and above the national average standing at 87% locally against 85% nationally.
- 72% patients report that it is easy to get through on the phone against a national average of 68%.
- Awareness of and use of online services is low with the Island some 15% below the national average in in terms of patient awareness of what can be done online
- 86% patients report that it is easy to get an appointment, 2% higher than the national average
- 94% report that the appointments they receive are convenient, again 2% higher than the national average
- 79% report satisfaction with opening hours, 3% higher than the national average

These results are worsening over time, as is the England average with on average a 1% fall in satisfaction year on year, and the CCG figures mask a variation between practices whereby some people experience excellent access and others find it more of a challenge. This experience tends to mirror the practices that we know are more challenged.

Previous surveys have also asked questions about when the population would like additional opening hours. The data does not change significantly from survey to survey and shows that of the c,.20% of the surveyed population who indicate they would like additional opening times :

- 34% would like early morning opening (i.e. before 8am)
- 10% would like lunchtime opening
- 66% would like opening after 6.30pm
- 71% would like Saturday opening
- 30% would like Sunday opening

Under the national requirements for this service, evening opening is mandatory. The CCG has determined that a Saturday service is likely to be well used with less demand on a Sunday, but still a requirement to trial a service. Under the national ask, early morning is not counted, although there is clearly a greater demand for that time than for a Sunday.

ACTIONS REQUIRED: In order to understand demand more fully, the CCG has commissioned Healthwatch to carry out an initial survey into demand together with follow up work once the service is in place. This will be used to determine how precisely the service is meeting the potential unmet demand on the Island.