



MIDLANDS AND LANCASHIRE  
COMMISSIONING SUPPORT UNIT

# Equality Impact and Risk Assessment Stage 2



## Equality Impact and Risk Assessment

Title

**Equality & Inclusion Team, Corporate Affairs**

For enquiries, support or further information contact

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**EQUALITY IMPACT AND RISK ASSESSMENT TOOL****STAGE 2****ALL SECTIONS – MUST BE COMPLETED****SECTION 1 - DETAILS OF PROJECT****Organisation:** NHS South Cheshire Clinical Commissioning Group**Assessment Lead:** Caroline Harley**Directorate/Team responsible for the assessment:** Primary Care part of the Finance Directorate**Responsible Director/CCG Board Member for the assessment** Lynda Risk?**Who else will be involved in undertaking the assessment?****Date of commencing the assessment:** 23 March 2017**Date for completing the assessment:** 30 March 2017**SECTION 2 - EQUALITY IMPACT ASSESSMENT**

<b>Please tick which group(s) this project will or may impact upon?</b>	<b>Yes</b>	<b>No</b>	<b>Indirectly</b>
<b>Patients, service users</b>	Y		
<b>Carers or family</b>	Y		
<b>General Public</b>		N	
<b>Staff</b>		N	
<b>Partner organisations</b>		N	

**Background of the project being assessed:**

Greenmoss Surgery is a new name for what was an existing practice in Scholar Green known as Scholar Green Surgery. Greenmoss Surgery has a practice population of @4800. Scholar Green Surgery was originally located in Cinderhill Lane, Scholar Green. The original practice has been existence for over 25 years and was housed in a 3 storey detached house. The surgery rooms were located on the ground floor and part of the first floor with one of the partners and his family located on the first floor and the top floor. The GP Partner did relocate and the practice was able to use the remaining space for office space and storage. There was limited parking on this site. At some stage Rode Heath, the branch surgery, was set up. @2010-11 it became quite clear that the Scholar Green surgery site was not suitable for the delivery of general practice services. It was agreed with Central & Eastern Cheshire PCT (former body to the CCG) that a new purpose built medical centre would be constructed in Scholar Green. The intention was for the building to be future proofed i.e. to have enough space for new housing expansion in the local area and if possible for the practice to potentially consolidate on one site. Eventually a suitable site was found and the practice currently has its main surgery site housed in a purpose built surgery building occupied in 2013. The surgery then changed its name to Greenmoss Medical Centre. The new building has 9-10 consulting rooms, 4-5 Nurse rooms, a well-equipped dispensary and a significant amount of office space. The site has plenty of parking spaces. The practice therefore still has a branch surgery currently housed in a detached

chalet style house on a small housing estate in a village 2.5 miles from the main surgery. There is limited parking on site at the branch surgery with parking roadside on the housing estate. The practice is applying to close the branch surgery which currently provides GP consultations on the ground floor and Nurse consultations on the first floor. There is no lift to the first floor so patients who are unable to access the first floor are accommodated for their nurse appointments on the main site. The size of the rooms does limit the amount of medical equipment for patient examination and clinical interventions. All the remaining allied health care services are therefore provided at the main surgery site in rooms that are suitable for all patients. By moving all patients onto one site every patient will have access to full services at all times during core opening times. This will allow the surgery to provide a safe and effective service to all patients. The main surgery has the capacity to absorb all of the branch surgery staff as well as increasing services provided. The majority of the branch surgery patients are using the main surgery to access specific services not provided at the branch surgery. However there is a need to ascertain if there are patients who currently use the branch surgery only and may have difficulty accessing the main surgery site (i.e. transport etc). The practice will need to establish the number of patients who may solely use the branch surgery and the reasons for this e.g. in walking distance. Both sites currently dispense but should the branch surgery application close be successful there would be no disruption to dispensing as this will continue from the main surgery. The main surgery site has a comprehensive dispensary. Both sites have recently been CQC inspected. Unfortunately the branch surgery CQC report which has just been published notes that it requires improvement in relation to building. The building will need re-wiring fully in order to achieve a new electricity safety certificate.

#### **What are the aims and objectives of the project being assessed?**

Should Greenmoss Medical Centre, after patient consultation, put a formal application to close their branch surgery this will be submitted to NHS South Cheshire CCG. The CCG will hear the formal application at the Primary Care (General Practice) Commissioning Committee the body for making decisions regarding primary care provision. The Committee will need a full picture of what may or may not be an impact of the ultimate decision. Any impact on Patients ability to access services will need to have been considered and where possible migrating solutions identified where possible. The Committee can only make a decision with all relevant factors having been researched.

#### **Services currently provided in relation to the project:**

General Medical Services at the Rode Heath Branch Surgery. Currently there is a restricted provision of services at present due to the physical constraints of the building. The building is not DDA compliant. It is a house, in the middle of a housing estate, that has been converted to be used for the provision of services and is therefore not a purpose build medical building.

#### **Which equality protected groups (age, disability, sex, sexual orientation, gender reassignment, race, religion and belief, pregnancy and maternity, marriage and civil partnership) and other employees/staff networks do you intend to involve in the equality impact assessment?**

#### **Please bring forward any issues highlighted in the Stage 1 screening**

The practice in discussion with their Patient Participation Group (PPG) have agreed to survey patients that are registered with the practice irrespective of which surgery they attend to ascertain their view of the proposed closure. This ensures that every patient has the opportunity of expressing their thoughts and opinions and ensures that no important group is omitted. The survey identifies which premises they use. Patients who have a disability will have the opportunity to make any further

comment on the survey with respect to difficulties they experience with the branch surgery as it is not DDA compliant and the nurse, due to space shortage, can only consult on the first floor and there is no space to install a lift and the current stairway will not be able to take a stannah lift. Some patients with a physical disability may not be able to be seen on the first floor of the branch surgery. The main site at Greenmoss Medical Centre is fully DDA compliant and all services are provided on the ground floor. There are dedicated disabled parking car spaces on this site also.

### **How will you involve people from equality/protected groups in the decision making related to the project?**

Yes these patients, as all patients will be able to complete a survey as part of the patient consultation process and on line. After the patient consultation process has been completed (24 April 2017) there will be a patient meeting held in public with the practice to receive the outcome and findings. As part of the NHS South Cheshire's 13Q Duty to public involvement the proposed closure of the branch surgery will be presented at the CEC Overview & Scrutiny Committee.

## **EVIDENCE USED FOR ASSESSMENT**

### **What evidence have you considered as part of the Equality Impact Assessment?**

- **All research evidence base references including NICE guidance and publication – please give full reference**
- **Bring over comments from Stage 1 and prior learning (please embed any documents to support this)**
- **Recent CQC report**

This CQC report highlighted that a member of the PPG had set up a patient and carers group that was run every Friday in a room at the Greenmoss Medical Centre. This room is on the ground floor within a fully compliant DDA building with a car park that has dedicated disabled car parking spaces. Patients were able to drop-in for a cup of tea and advice and support around health and social issues. The group had assisted patients to make healthcare appointments, attend hospital visits and access social services. The Patient and Carers group also provided support to socially isolated patients. The group has close links with the Police Community Support Officer who visits the group to provide information on local matter which had been of concern to patients. The group had established a patient transport service due to limited availability of public transport and the rural nature of the community. This was funded by donations and subscriptions and provided transport to the Patient & Carers Group, GP & Hospital appointments. This transport can be utilised by patients at either site. However the group does not have the capacity to run two meetings so patients do have to come to the Greenmoss Medical Centre site. By patients being located on one site all patients will have access to this unique service.

The main surgery, Greenmoss Medical Centre, has 9-10 consulting rooms and 4-5 Practice nurse rooms. There is a fully equipped dispensary on site. The surgery is a purpose built medical centre with expansion capacity, car park, full disabled access, office space and rooms on the first floor that can be accessed by a lift. In comparison the branch surgery has only a small waiting room, toilets including one which is accessible, a small dispensary area & a nurse's room on the first floor not accessible for disabled. There is no car parking provision on site it is all roadside on the housing estate. The entrance to the branch surgery is virtually on the flat and the entrance hall can

accommodate the width of a wheelchair but manoeuvring into the consulting room on the ground floor is not ideal. In conclusion the branch surgery is not DDA compliant and it would be at considerable cost to bring the premise compliant.

The CQC report also highlighted that the branch surgery premises was rated as requires improvement for providing safe services as an up to date electrical wiring inspection had not been carried out and a legionella risk assessment had not been undertaken.

The Senior Partner who works full time is retiring at the end of March 2017 and despite the practice's best endeavours they have not been able to recruit a replacement GP even a part time one. This will mean that in the future the practice will already have to reduce GP services at the branch surgery as the main surgery site

Although the closure means that Rode Heath surgery users will need to travel to Greenmoss Surgery the surgery has reviewed the appointments for the past 12 months. This demonstrated that 65% (1000 appts) of those who needed an appointment from the Rode Heath area managed to travel to Greenmoss Surgery. The survey also demonstrated that 45% (1503 appointments) were utilised by Greenmoss patients as these were the only ones available meaning they had to travel to Rode Heath.

## ENSURING LEGAL COMPLIANCE

Think about what you are planning to change; and what impact that will have upon 'your' compliance with the Public Sector Equality Duty (refer to the Guidance Sheet complete with examples where necessary)

In what way does your current service delivery help to:	How might your proposal affect your capacity to:	How will your mitigate any adverse effects? ( You will need to review how effective these measures have been)
<b>End Unlawful Discrimination?</b>	<b>End Unlawful Discrimination?</b>	<b>End Unlawful Discrimination?</b>
Enter text here	Enter text here	Enter text here
<b>Promote Equality of Opportunity?</b>	<b>Promote Equality of Opportunity?</b>	<b>Promote Equality of Opportunity?</b>
Enter text here		Enter text here
<b>Foster Good Relations Between People</b>	<b>Foster Good Relations Between People</b>	<b>Foster Good Relations Between People</b>
Enter text here	Enter text here	Enter text here

## WHAT OUTCOMES ARE EXPECTED/DESIRED FROM THIS PROJECT?

### **What are the benefits to patients and staff?**

By being located on one site all staff (clinical and non-clinical) will be in one place ensuring maximum usage of the staff hours. By consolidating on one site there will be more usable hours as currently clinical and non-clinical staff spend time going to two sites. This should enable the practice to increase the overall number of appointments. This should reduce the current waiting time for patient appointments.

All patients will also have access to the services that are currently only provided on the Greenmoss Medial Centre site – antenatal, childhood immunisations, dietician, minor surgery, mental health services and the newly introduced physiotherapy. The rooms at Rode Head are not suitable for the provision of these services. As a result of the consolidation the practice hopes to be in a position to grow and expand services.

The main site is a purpose built health centre with full disabled access. The premise is completely DDA compliant. There are ground floor consulting and treatment rooms and a waiting room area. There are separate surgery and dispensary reception areas with increased privacy and private interview rooms are available should a patient require a private conversation. There is a large car park with disabled parking bays.

With administration staff being located on one site the practice will be able to improve their current appointment booking and administrative services.

Dispensing services will continue and the opening hours increase when on one site.

Any patient who is vulnerable and housebound who is unable to get to the surgery will still be entitled to a home visit.

There is a Community Mini bus that is available for a minimum donation for booking that can take patients to the surgery, shopping etc and back. This is already available for patients to use.

### **How will any outcomes of the project be monitored, reviewed, evaluated and promoted where necessary?**

Patients will be able to complete a Patient survey as part of the patient consultation process once the deadline of the 24 April has been reached these will be available for collating to establish the outcome. For those who prefer to complete an on-line survey this is an option. After the patient consultation process has been completed there will be a patient meeting held in public with the practice to receive the outcome and findings. This ensures an open and transparent process and the option for further dialogue should there still be any outstanding queries. As part of the NHS South Cheshire's 13Q Duty to public involvement the proposed closure of the branch surgery will be presented at the CEC Overview & Scrutiny Committee. For those patients who may not be able to attend the meeting there is the option on the questionnaire for them to request the outcome of the engagement process to be sent to them by email or their home address.

**“think about how you can evaluate equality of access to, outcomes of and satisfaction with services by different groups”**

The consolidation of services on one site will provide the opportunity to for patients to access all services available. Currently this is not possible at the branch surgery as there is lack of space, the premises are not fully DDA compliant, and the rooms are equipped with standard equipment only as there is no space for additional equipment.

The survey includes an option for patients to make any further comments that they feel are important. These will be included in the collation of responses

## EQUALITY IMPACT AND RISK ASSESSMENT

Does the 'project' have the potential to:

- Have a **positive impact (benefit)** on any of the equality groups?
- Have a **negative impact / exclude / discriminate** against any person or equality group?
- **Explain** how this was **identified? Evidence/Consultation?**
- Who is most likely to be **affected** by the proposal and **how** (think about barriers, access, effects, outcomes etc.)
- Please include all evidence you have considered as part of your assessment e.g. Population statistics, service user data broken down by equality group/protected group

Please request guidance on Equality Groups/Protected Groups and their issues, this document may help and support your thinking around barriers for the equality groups

Equality Group / Protected Group	Positive effect	Negative effect	Neutral effect	Please explain - MUST BE COMPLETED
Age		√		Some patients may not have transport and may have to rely on friends, family or carers to take them to their appointment. However the current premises do not offer the full range of services due to the limitation of the building. All patients still reserve the right to have a home visit if they are too ill to attend the surgery. Patients can also have a flag on their record that advises that the patient may need assistance to get to the surgery and are reliant on a carer or family member. This would alert the receptionist to look at the range of appointments available which could accommodate the carer or family member.  To note : There is also the use of the community bus
Disability		√		As above
Gender	√			

<b>Reassignment</b>				
<b>Pregnancy and Maternity</b>	√			
<b>Race</b>	√			
<b>Religion or Belief</b>	√			
<b>Sex (Gender)</b>	√			
<b>Sexual Orientation</b>	√			
<b>Marriage and Civil Partnership N.B.</b> Marriage & Civil Partnership is only a protected characteristic in terms of work-related activities and NOT service provision	√			
<b>Carers</b>		√		Some carers may have to travel further.
<b>Deprived Communities</b>		√		Some patients may not have their own transport and bus routes may not be close by.  To note : However there is the community mini bus available with a minimum donation. (mini bus)
<b>Vulnerable Groups e.g. Homeless, Sex Workers, Military Veterans</b>		√		Some patients may not have their own transport and bus routes may not be close by.  To note : However there is the community mini bus available with a minimum donation. (mini bus)

### SECTION 3 - COMMUNITY COHESION & FUNDING IMPLICATIONS

#### Does the 'project' raise any issues for Community Cohesion?

No – as all patients will automatically to the Greenmoss Medical Centre irrespective of their background. Patients will still retain the choice to register at another practice if they wish. The area resides in the boundary of two practices in Alsager which the patients are entitled to register with if they chose to.



**What effect will this have on the relationship between these groups? Please state how will you manage this relationship?**

None that can be anticipated.

**What is the overall cost of implementing the 'project'?**

None

**Please state: Cost & Source(s) of funding:**

None

**This is the end of the Equality Impact section, please use the embedded checklist to ensure and reflect that you have included all the relevant information**



Stage 1 EIA  
SCREENING TOOL V3

## SECTION 4 - HUMAN RIGHTS ASSESSMENT

**If the Stage 1 Equality Impact and Risk Assessment highlighted that you are required to complete a Stage 2 Human Rights assessment (please request a stage 2 Human Rights Assessment from the Equality and Inclusion Team), please bring the issues over from the screening into this section and expand further using the Human Rights full assessment toolkit then embed into this section.**

## SECTION 5 - PRIVACY IMPACT ASSESSMENT

**If the Stage 1 Equality Impact and Risk Assessment highlighted that you are required to complete a Stage 2 Privacy Impact Assessment, please request a stage 2 Privacy Impact Assessment either from the Equality and Inclusion Team or the Information Governance Team, email your completed stage 2 to your Information Governance Support Officer either at the CCG or CSU.**

## SECTION 6 – RISK ASSESSMENT

**Please identify any possible risk for patients and / or the Clinical Commissioning Group if the project is implemented without amendment. All risks will be monitored for trends and provided to the project author when the project is due to be reviewed**

### IMPLEMENTATION RISK: CONSEQUENCE SCORE

DOMAIN	INSIGNIFICANT	MINOR	MODERATE	MAJOR	CATASTROPHIC
<b>Impact on the safety of patients, staff or public (physical / psychological harm)</b>	Minimal injury requiring no / minimal intervention or treatment	Minor injury or illness, requiring minor intervention	Moderate injury requiring professional intervention RIDDOR / agency reportable incident, an event which impacts on a small number of patients	Major injury leading to long-term incapacity / disability. Mismanagement of patient care with	Incident leading to death.  An event which impacts on a large number of patients

				long-term effects	
<b>Complaints / Audit</b>	Informal complaint / inquiry	Formal complaint (Stage 1) Local resolution Single failure to meet internal standards Reduced performance rating if unresolved	Formal complaint (Stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards	Multiple complaints / independent review Low performance rating Critical report	Inquest / Ombudsman inquiry Gross failure to meet national standards Severely critical report
<b>Statutory Duty / Inspections</b>	No or minimal impact or breach of guidance / statutory duty  For example: Unsatisfactory patient experience which is not directly related to patient care.  No action required	Breach of statutory legislation. Reduced performance rating if unresolved. For example: a minor impact on people with a protected characteristic has been identified that was agreed to be accepted within the scope of the project.  No action required.	Single breach in statutory duty. Challenging external recommendations / improvement notice.  For example: a moderate impact on people with a protected characteristic has been identified.  This can be resolved by making amendments to the project or providing an objective justification for not amending the project (This must be published with the EIA)	Multiple breaches in statutory duty. Enforcement action Low performance rating report  For example: a major impact on people with a protected characteristic has been identified. Consideration should be given to and review the project immediately. Q. Can we make amendments to the project	Multiple breaches in statutory duty. Prosecution Zero performance rating Severely critical report.  For example: a catastrophic impact on people with a protected characteristic has been identified that may lead to litigation or impact on patient safety.  The project should be stopped immediately

				or provide objective justifications? If yes, this must be published the EIA.	
<b>Adverse Publicity / Reputation</b>	Rumours Potential for public concern	Local media coverage short-term reduction in public confidence. Elements of public expectation not being met	Local media coverage. Long-term reduction in public confidence	National media coverage <3 days service well below reasonable public expectation	National media coverage > 3 days MP concerned (questions in the House) Total loss of public confidence
<b>Business Objectives / Projects</b>	Insignificant cost increase No impact on objectives	<5 per cent over project budget Minor impact on delivery of objectives	5 – 10 per cent over project budget	Non-compliance with national 10 – 25 per cent over budget Major impact on delivery of strategic objectives	Incident leading > 25 per cent over project budget Failure of strategic objectives impacting on delivery of business plan
<b>Finance Including Claims</b>	Small loss risk of claim remote	Loss of 0.1 – 0.25 per cent of budget Claim less than £10,000	Loss of 0.25 – 0.5 per cent of budget Claims (s) between £10,000 and £100,000	Loss of 0.5 – 1.0 per cent of budget Claim(s) between £100,000 and £1 million	Loss of >1 per cent of budget Claim(s) > £1 million
<b>IMPLEMENTATION RISK: LIKELIHOOD SCORE</b>					
<b>Frequency: How often might it / does it happen?</b>	Not expected to occur for years	Expected to occur annually	Expected to occur monthly	Expected to occur weekly	Expected to occur daily
<b>Probability</b>	<1%	1.5%	6-20%	21-50%	>50%
	Will only occur in exceptional circumstances	Unlikely to occur	Reasonable chance of occurring	Likely to occur	More likely to occur than not occur
<b>RISK MATRIX</b>					
	<b>RARE</b>	<b>UNLIKELY</b>	<b>POSSIBLE</b>	<b>LIKELY</b>	<b>ALMOST CERTAIN</b>
<b>Insignificant</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Minor	2	4	6	8	10
Moderate	3	6	9	12	15
Major	4	8	12	16	20
Catastrophic	5	10	15	20	25
RISK SCORE ON DRAFT PROJECT				RISK SCORE ON FINALISED PROJECT	
12 – After completing the document it was envisage the risk score was 9-12 but 12 was chosen as there is no information yet available from the consultation process.					
WHAT ARE THE KEY REASONS FOR THE CHANGE IN THE RISK SCORE?					
EQUALITY IMPACT AND RISK ASSESSMENT AND ACTION PLAN					
Risk identified	Actions required to reduce / eliminate the negative impact	Resources required* (see guidance below)	Who will lead on the action?	Target completion date	
Adverse publicity	Full patient Consultation survey. Patient frequently asked questions (FAQ) fact sheet, PPG available on a Friday morning at main surgery site for patients to raise any issues. Practice happy to receive all comments. CCG Communications team will assist the practice with any media enquiries.	CCG Communication engagement and Primary Care teams are available to assist the practice. Comms team supporting practice with administering the survey and the FAQ sheet.	Practice with support of CCG	24 April 2017 survey	
	After survey there will be a patient meeting held in public with the practice, NHS South Cheshire CCG and the Parish Council to receive the outcome and findings.	As above – support will continue post survey	As above	Post survey result	
‘Resources required’ is asking for a summary of the costs that are needed to implement the changes to mitigate the negative impacts identified					
SECTION 7 – ONGOING MONITORING AND REVIEW OF EQUALITY IMPACT ASSESSMENTS AND					

## ACTION PLANS

**Please describe briefly, how the equality action plans will be monitored through internal CCG governance processes?**

The Equality Action plans will be provided to the Primary Care Medical Operational Group to ensure the group that the correct underpinning assurances are being undertaken. The final application, should the practice continue to proceed with the closure of the Branch Surgery, will be heard in the Primary Care (General Practice) Commissioning Committee Part A (open to public) meeting for decision. The papers for this meeting are available to the public on the CCG website. CEC & CWAC are standing invitees to the meeting.

If the surgery proceeds with the application to close the Branch Surgery this proposal will also be presented to the CEC Overview & Scrutiny Committee.

Date of the next review of the Equality Impact Assessment section and action plan? (Please note: if this is a project or pilot reviews need to be built in to the project/pilot plan)

**Date: June 2017**

**Which CCG Committee will be responsible for monitoring the action plan progress?**

Primary Care (General Practice) Commissioning Committee.  
Primary Care Operational Group will monitor in the interim

**Who will be the responsible person in the organisation to ensure the action plan is monitored?**

Chris Leese CCG Service Delivery Manager – Primary Care Operations & Caroline Harley, CCG Primary Care Contracts Manager.

## FINAL SECTION SECTION 8

**Date sent to Equality & Inclusion (E&I) Team for quality check:**

**12-04-2017**

**Date quality checked by Equality and Inclusion Business Partner:**

**13-04-2017**

**Date of final sign off by Equality and Inclusion Business Partner:13-04-2017**

**Signature Equality and Inclusion Business Partner:**

**Q Hussain**

**CCG Committee Name and sign off date:**



This is the end of the Equality Impact and Risk Assessment process: By now you should be able to clearly demonstrate and evidence your thinking and decision(s).

To meet publishing requirements this document SHOULD NOW BE PUBLISHED ON YOUR ORGANISATIONS WEBSITE.

- Save this document for your own records

- Send this document and copies of your completed Privacy Impact Assessment and Human Rights Screening to [equality.inclusion@nhs.net](mailto:equality.inclusion@nhs.net)