

Integrated Impact Assessment (IIA)

Please read the following notes and supporting guidance before completing.

The IIA process is designed to determine whether all appropriate equality, quality and privacy considerations, including due regard to relevant legislation and best available evidence, are being addressed during the planning and implementation of your activity (eg service procurement/re-commissioning, policy update, etc).

It is also designed to prevent equality, quality and privacy risks from being considered in isolation.

Please complete all sections and highlight where the activity has (or could potentially have) a positive or negative impact, either directly or indirectly. Remember to consider proportionality and relevance throughout the assessment.

The following guidance supports completion of specific sections of the IIA:

Guidance notes for completion	
1. Title and description:	Title and details of the activity being assessed.
2. Assessment Lead:	Name of person with overall responsibility for ensuring that the IIA is completed.
3. Start Date:	Date IIA started.
4. Research and Other Evidence:	<p>Review of current research and other evidence:</p> <p>A review of the latest evidence should be undertaken to inform commissioning plans in relation to new or changed activity. This includes evidence from research, evaluation or clinical audit.</p> <p>The Knowledge Resources Centre can support you to access the latest evidence. It offers an enquiry service, providing evidence-based information to inform decision making.</p> <p>http://www.knowledgeresources.nottinghamcity.nhs.uk</p> <p>The CCG's Head of Research and Evaluation can advise on whether the findings from any local research studies or service evaluations are available to inform commissioning decisions.</p>

Guidance notes for completion	
	The CCG's Quality Governance Officer can advise on whether there are any relevant reports from the National Clinical Audit and Patient Outcomes Programme (NCAPOP).
5. Details of supporting documents/ evidence	<p>The nature and extent of this will vary, depending on the activity. Supporting documents could include, for example, a business plan or draft specification. Ensure that the documents can be easily accessed by, for example:</p> <ul style="list-style-type: none"> • including references or hyperlinks to electronic documents • embedding electronic documents • explaining the location of evidence that is only available in hard copy • referring to any relevant previous impact assessment.
6. Equality 6.1	As well as the protected characteristics, the IIA addresses 'Inclusion Health' groups, which identify issues where people may experience disadvantage and barriers when trying to access or work in NHS services, including people experiencing socio-economic deprivation.
6.4	<p>Human rights legislation covers a range of issues, including:</p> <ul style="list-style-type: none"> • a person's right to life • deprivation of liberty • threats to individual security • preventing an individual from exercising their beliefs • Interfering with a person's private and family life • actions resulting in a person being treated in a degrading or inhuman manner <p>Examples of human rights considerations in healthcare include:</p> <ul style="list-style-type: none"> • ensuring equality • affording patients dignity and respect • delivering patient choice • providing more personalised services and ensuring that people have a stronger voice • protecting vulnerable people
7. Quality	Consideration should be given to the three dimensions of quality: patient safety, patient experience and clinical

Guidance notes for completion	
	<p>effectiveness.</p> <p>The focus should be on any potential risk to patient safety and patient outcomes which may be brought about by the activity.</p>
7.1	<p><u>Patient Safety:</u></p> <p>The first dimension of quality must be that we do no harm to patients. This means ensuring the environment is safe and clean e.g. reducing avoidable harm such as excessive drug errors or rates of healthcare associated infections.</p>
7.2	<p><u>Patient experience:</u></p> <p>Quality of care includes quality of caring. This means how personal care is – the compassion, dignity and respect with which patients are treated. It can only be improved by analysing and understanding patient satisfaction with their experiences.</p>
7.3	<p><u>Clinical Effectiveness:</u></p> <p>The extent to which specific clinical interventions, when deployed in the field for a particular patient or population, do what they are intended to do – i.e. maintain and improve health and secure the greatest possible health gain from the available resources.</p> <p>Source: Promoting Clinical Effectiveness - NHS Executive - January 1996</p>
8. Privacy	
8.1	<p>Consideration should be given to whether the project will involve the processing of personal confidential data, the collection of new data or data which individuals are compelled to provide.</p>
8.2	<p>Multiple organisations could include, for example, joined-up government initiatives, outsourced service providers or other independent sector business partners.</p>
8.3	<p>Focus should be on any potential risk or threat to data security which may be brought about by the review or change in activity.</p>
9. Any further comments	<p>Include any further information specifically relevant to the activity you are assessing.</p>

If you require any further guidance, please contact Trish Gamble, Equality, Diversity & Inclusion Co-ordinator.

Integrated Impact Assessment

1. Title and a description of the activity being assessed

Platform One APMS Re-Procurement

A collaborative procurement process with NHS England North Midlands Primary Care Hub for a provider for medical GP services to circa 10488 patients registered at the Platform One Practice, Nottingham, through an Alternative Provider Medical Services (APMS) contract. The current contract expires 31st March 2018. The new contract is scheduled to commence from the 1st April 2018 for a period of 10 years with the option to extend for a further 5 years.

The current APMS (Alternative Provider Medical Services) contract includes the obligation to provide all Essential and Additional Services and a wide range of Enhanced Services. This requirement will continue within the new APMS contract.

The practice is located in the City Centre area of Nottingham City on Station Street. The service commissioned was specifically to provide primary care services to Nottingham City patients, but to also be in a location that would offer access to services to both patients from Clifton and The Meadows. The incumbent provider, NEMS Services Limited, own the property that the practice is based in, NEMS have already stated that the building would not be available to a new provider. Due to this the new provider will need to arrange alternative premises within 0.5 miles of the current practice. The practice is open 8am until 6.30pm Monday, 7.30am until 7pm Tuesday, 8am until 7pm Wednesday & Thursday, 7.30am until 6.30pm Friday and 9am until 1pm Saturday.

The practice boundary for patient registration is the Nottingham City Boundary.

The practice has 10488 patients (as at 01/04/17). NEMS are the owners of the premises where Platform One is located.

In the latest patient survey, 79% of patients describe their overall experience of this surgery as good (national average is 85%, CCG average is 84%) and 66% of patients would recommend this surgery to someone new to the area (national average 78%, CCG average 76%).

As Platform One was commissioned to provide Primary Care service to the whole city but also to offer access to patients from Clifton and The Meadows, details of the patient profiles are given in the Care Delivery Group (CDG) Health Profiles for Nottingham City and CDG 8 for Clifton and the Meadows.

Procuring through an APMS contract offers better opportunities for the structuring of services to offer greater patient choice, improved access and greater responsiveness to the specific needs of the community, through the delivery of high quality and continuing healthcare service to patients, whilst undertaking a full and comprehensive compliant procurement process.

2. Assessment Lead

Primary Care Manager

3. Start Date		
18 th September 2017		
4. Use of research and other evidence	y, n or n/a	Comments, including details of any specific negative or positive impacts identified
<p>Has a review of the latest evidence been undertaken including research, evaluation and clinical audit evidence?</p> <p>How has this informed the development of the new or changed activity?</p>	N/A	The existing service specification has been reviewed by both the NHSE Primary Care Hub and CCG

5. Details of supporting evidence
Care Delivery Group (CDG) Health Profiles CDG8 at http://www.nottinghaminsight.org.uk/Libraries/Document-Library/139191

6. Equality impact questions	y, n or n/a	Comments, including details of any specific negative or positive impacts identified
6.1 Discrimination, harassment and victimisation Could the stated aims of the activity disadvantage people who share one or more of the following protected characteristics as defined in the Equality Act 2010:	N	This is a re-procurement of existing primary medical services provided at this primary care location. The services required to be delivered are to be provided to all patients registered at that practice. There may be a change to provider and location if the procurement is not awarded to the incumbent provider.
<ul style="list-style-type: none"> Age 	Y	Service available to all patients registered at this centre. If the procurement is not awarded to the incumbent provider there may be a change in location which could be a barrier to access for frail elderly patients.
<ul style="list-style-type: none"> Disability 	Y	Service available to all patients registered at this centre. If the procurement is not awarded to the incumbent provider there may be a change in location which could be a barrier to access for patients with disability.

6. Equality impact questions	y, n or n/a	Comments, including details of any specific negative or positive impacts identified
<ul style="list-style-type: none"> Gender reassignment 	Y	Service available to all patients registered at this centre. If the procurement is not awarded to the incumbent provider there may be a change in staffing which may adversely affect the engagement of this group.
<ul style="list-style-type: none"> Marriage and civil partnership 	N	Service available to all patients registered at this centre
<ul style="list-style-type: none"> Pregnancy and maternity 	N	Service available to all patients registered at this centre
<ul style="list-style-type: none"> Race 	N	Service available to all patients registered at this centre
<ul style="list-style-type: none"> Religion or belief 	N	Service available to all patients registered at this centre
<ul style="list-style-type: none"> Sex 	N	Service available to all patients registered at this centre
<ul style="list-style-type: none"> Sexual orientation 	N	Service available to all patients registered at this centre
<p>Could the activity disadvantage other groups of people who may, as a result of such factors as resident status, socio-economic and other issues, experience barriers when trying to access or work in NHS services? The Inclusion Health and other groups to be considered include:</p>	N	There are no changes to the existing services provided within the current contract.
<ul style="list-style-type: none"> Carers 	Y	Service available to all patients registered at this centre. If the procurement is not awarded to the incumbent provider there may be a change in staffing which may adversely affect the engagement of this group.
<ul style="list-style-type: none"> People experiencing economic and social deprivation 	N	Service available to all patients registered at this centre
<ul style="list-style-type: none"> Vulnerable migrants 	N	Service available to all patients registered at this centre. The CCG will continue to separately commission primary care services for asylum seekers via an enhanced service, outside of this APMS contract.
<ul style="list-style-type: none"> Homeless people 	N	Service available to all patients registered at this centre. The CCG will continue to separately commission primary care services for homeless patients via an enhanced service, outside of this APMS contract.

6. Equality impact questions	y, n or n/a	Comments, including details of any specific negative or positive impacts identified
• People who misuse drugs and alcohol	N	Service available to all patients registered at this centre
• People who are long-term unemployed	N	Service available to all patients registered at this centre
• Sex workers	Y	Service available to all patients registered at this centre. If the procurement is not awarded to the incumbent provider there may be a change in staffing which may adversely affect the engagement of this group.
• Gypsies and travellers	Y	Service available to all patients registered at this centre. If the procurement is not awarded to the incumbent provider there may be a change in staffing which may adversely affect the engagement of this group.
• People who have limited family or social networks	N	Service available to all patients registered at this centre
• People who are geographically isolated	N	Service available to all patients registered at this centre.
Could the activity have any other adverse impact on the needs, experiences or attitudes of individuals in any one or more of the above groups?	N	
Could the activity impact adversely on the CCG's duty to:		
• eliminate discrimination		
• eliminate harassment		
• eliminate victimisation?		

6. Equality impact questions	y, n or n/a	Comments, including details of any specific negative or positive impacts identified
6.2 Equality of opportunity Could the activity impact adversely on the CCG's duty to advance equality of opportunity between people who share a <i>relevant*</i> protected characteristic and those who don't? <i>*Marriage & Civil Partnership is not a relevant characteristic</i>		
Could any aspects of the activity, including how it is delivered or accessed, have an adverse impact on reducing health inequalities?		
6.3 Fostering good relations Could the activity impact adversely on the CCG's duty to foster good relations between people who share a <i>relevant*</i> protected characteristic and those who don't? <i>*Marriage & Civil Partnership is not a relevant characteristic</i>		
6.4 Human rights Could the activity impact adversely on the CCG's duty under the Human Rights Act 1998 to put into practice the human rights principles of fairness, respect, equality, dignity and autonomy?		

7. Quality impact questions	y, n, n/a	Comments, including details of any specific negative or positive impacts identified
7.1 Duty to improve quality Could the activity impact adversely on any of the following:		

7. Quality impact questions	y, n, n/a	Comments, including details of any specific negative or positive impacts identified
<ul style="list-style-type: none"> delivering the rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, as identified in the NHS Constitution 	N	No changes to be made to existing services delivered at this centre, however they may be delivered from a different provider and location. NHS England standard APMS contract to be used and commissioned in line with the national APMS regulations.
<ul style="list-style-type: none"> strategic partnerships 	N	Incumbent provider is 'not for profit' company; procurement is open to any eligible provider. The use of an APMS contract enables any eligible provider to bid to deliver these services i.e. it is not just restricted to individual medical practitioners or individual health care professionals to provide.
<ul style="list-style-type: none"> safeguarding children or adults 	N	The NHS England standard APMS contract to be used and commissioned in line with the national APMS regulations.
<ul style="list-style-type: none"> clinical leadership and engagement? 	Y	No changes to be made to existing services delivered at this centre, however they may be delivered from a different provider and location which may result in a change in staffing. NHS England standard APMS contract to be used and commissioned in line with the national APMS regulations.
7.2 Patient experience Could the activity impact adversely on any of the following:		
<ul style="list-style-type: none"> patients' satisfaction with services 	Y	No changes to be made to existing services delivered at this centre, however they may be delivered from a different provider and location which may reduce some patients satisfaction with the service. The current incumbent provider provides services that are performing average to below average the CCG and national average in many of the questions within the national GP Patient Survey (latest results July 2017). The new provider will be expected to deliver good quality standards of services.
<ul style="list-style-type: none"> patient choice 	N	

7. Quality impact questions	y, n, n/a	Comments, including details of any specific negative or positive impacts identified
<ul style="list-style-type: none"> access 	N	<p>The surgery performs below average in the national GP patient survey questions around access:</p> <ul style="list-style-type: none"> - 62% patients find it easy to get through to surgery by phone (CCG avg. 67%, national avg. 67%) - 89% patients say the last appointment they got was convenient (CCG & national 92%) - 62% patients describe their experience of making an appointment as good (CCG 71%, national 73%) - 43% feel they don't normally have to wait too long to be seen (CCG 54%, national 58%) - 78% of patients who were able to get an appointment to see or speak to someone last time they tried (CCG avg. 82% and national avg. 84%) - 79% of patients are satisfied with surgery opening hours which is above the CCG and national average of 76%. <p>We would expect these standards to continue to increase with the new provider.</p>
<ul style="list-style-type: none"> personalised and compassionate care? 	N	<p>The surgery performs relatively well in this area the latest results from the national GP Patient Survey.</p> <ul style="list-style-type: none"> - 87% patients say the last GP they spoke to was good at listening to them (CCG avg 85%, national 87%). 85% for nurse (averages 78% - 79%) - 75% patients say GP was good at explaining tests and treatment (CCG avg 79%, national 81%) and 75% good at involving them in decisions about their care (CCG avg 75%, national 74%) - 80% say the last GP saw/spoke to was good at treating them with care and concern (81% CCG and 83% national average) 82% for nurse (averages 76% - 78%)
Has patient engagement taken place?	Y	No, advice from CCG Head of Communications and Engagement – due to there being no change in the service specification no engagement required. Service performs reasonably well in GP Patient Survey.
7.3 Patient safety Could the activity impact adversely on systems in place for treating and caring for people in a safe environment and protecting them from avoidable harm – eg infection prevention and control, falls, pressure ulcers?	N	No changes to the requirements of the existing service specification. The new provider will be expected to deliver services at the same standard as the existing contract.
7.4 Clinical outcomes/effectiveness Could the activity impact adversely on:		

7. Quality impact questions	y, n, n/a	Comments, including details of any specific negative or positive impacts identified
• providing the best possible clinical and cost-effective care for patients	N	Same service specification to be delivered, the cost of the existing contract has been reviewed to ensure it is in line with other practice contracts.
• evidence-based practice (eg NICE),	N	
• ensuring compliance with quality standards?	N	Quality standards from the national APMS contract and existing service specification expected to be adhered to.
Are clinical outcomes measures clearly identified?	Y	As per standard service specification
Are KPIs focused on outcomes rather than processes?	Y	As per standard service specification
7.5 Prevention Could the activity impact adversely on:		
• the promotion of self-care	N	
• reducing health inequalities?	N	
7.6 Integration and improvements Could the activity impact adversely on existing pathways that have led to improvements in care integration and/or resource efficiencies?	N	New provider will be expected to adhere to locally developed pathways

8. Privacy impact questions	y, n or n/a	Comments, including details of any specific negative or positive impacts identified
8.1 Identity Does the project involve the collection, recording, storing or transferring of personal confidential data?	Y	Core GP medical records for all registered patients. Head of IG is involved with the procurement
Will the project involve the collection of new information about individuals?	Y	Any new medical information recorded by the provider about their registered patients will be expected to be included within the patient medical record. Head of IG is involved with the procurement
Will the project compel individuals to provide information about themselves?	Y	As part of existing arrangements for the provision and delivery of core primary medical services.

8. Privacy impact questions	y, n or n/a	Comments, including details of any specific negative or positive impacts identified
8.2 Multiple organisations Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?	Y	Only the new provider will have access to the GP medical records which is required for delivery of the new service.
8.3 Data handling Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	N	
Does the project involve using new technology which might be perceived as being privacy intruding for example biometrics or facial recognition?	N	
Will the project result in you making decisions or taking action against individuals in ways which could have a significant impact on them?	N	
Is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For example health records, criminal records, or other information that people are likely to consider as private?	Y	Project will require the transfer of medical records from existing provider to new provider, depending upon outcome of the procurement. Head of IG is involved in the procurement
Will the project require you to contact individuals in ways which they may find intrusive?	N	

9. Any further comments, including risks that may need to be addressed immediately

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Please forward the completed IIA and supporting information to the Assessment Reviewers: ????@nottinghamcity.nhs.uk, linda.shipman@nottinghamcity.nhs.uk and trish.gamble@nottinghamcity.nhs.uk.

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