EQuality Impact Assessment (EQIA) Template

Introduction

The EQIA template has been introduced to bring together equality and quality impact considerations into a single systematic assessment process.

An EQIA should be completed whenever the initial screening process on each scheme in the Financial Recovery Plan indicates that one is required.

The EQIA Panel will oversee the development and quality assurance of EQIAs.

To support understanding and completion of the EQIA process, this document is hyperlinked to a glossary of key terms.

Purpose

The EQIA is designed to:

- Enable details of supporting evidence to be recorded
- Assess the impact of proposed changes in line with the CCGs' duty to reduce health inequalities in access to health services and in health outcomes achieved
- Assess the impact of proposed changes to services in line with the CCGs' duty to maintain and improve the three elements of quality (patient safety, patient experience and clinical effectiveness)
- Assess whether proposed changes could have a positive, negative or neutral impact, depending on people's different protected characteristics defined by the Equality Act 2010
- Identify any unlawful discrimination or negative effect on equality for patients/service users, carers and the general public
- Consider the impacts on people from relevant inclusion health groups (e.g. carers, homeless people, people experiencing economic or social deprivation)
- Identify where any information to inform the assessment is not available, which may indicate that patient engagement is required
- Provide a streamlined process and prevent equality and quality risks from being considered in isolation
- Determine whether a scheme can proceed, proceed with identified action, or not be progressed.

Decisions on whether schemes will be implemented, amended or stopped will be based on a combination of EQIAs, engagement findings and consultation outcomes.

EQIAs are 'live' documents, and as such, are required to be revisited at key stages of scheme development and implementation, particularly following the conclusion of any engagement and consultation activities to inform decision-making.

Scheme title: Re-procurement of APMS contract for primary medical services at Platform One Practice

Assessor name: Primary Care Manager

Date of assessment: November 2019 updated January 2020

Summary description of scheme being assessed:

A collaborative procurement process with NHS England North Midlands Primary Care Hub for a provider of primary medical services to circa 10,900 patients.

Contract

The current contract expires 31 March 2021. The new contract is scheduled to commence from the 1 April 2021 for a period of 10 years with the option to extend for a further 5 years.

NEMS have been the provider of this service since 25th January 2010 (contract awarded December 2008) when the practice was established with a zero list size. The practice was established as a City Centre GP Practice in response to Lord Darzi's 2007 Next Stage Review interim report which recommended 100 new GP practices in the 25% of PCTs with the greatest need, Nottingham City PCT was one of these. The practice was established to increase choice and access to primary care for an inner city population, including unregistered patients working and/or living near the practice or within the boundary and the disadvantaged/seldom engaged groups* living near the practice.

*the commissioners of the original APMS contract referred to the disadvantaged/seldom engaged groups as '*hard to reach groups*' however this term was not defined by the commissioners within the contract. Within NEMS' tender response for the APMS contract they believed that '*hard to reach*' populations included:

- Adolescents
- Asylum seekers and refugees (this now could also include new & emerging communities)
- BME populations
- Carers
- Homeless people
- Non-English speakers
- People with drug, alcohol and substance misuse problems and their families
- People with learning difficulties

The current APMS (Alternative Provider Medical Services) contract includes the obligation to provide all Essential and Additional Services and a range of Enhanced Services which the practice is currently signed up to. This requirement will continue within the new APMS contract. The new APMS contract also expects that the practice will participate in the Primary Care Network DES contract (issued in July 2019) which the current incumbents are signed up to deliver.

The new service specification is based on the national specification and consistent with the current service specification which describes high level requirements around core opening hours (8am – 6:30pm), practice boundary area, minimum appointment lengths (10 mins for GP, 15 for nurse) and expected minimum threshold for appointment provision (72 GP/ANP appointments per 1,000 weighted population).

The current APMS contract also includes reference to the tender bid submitted by NEMS when they bid for the original APMS contract in 2008. This references their plans to develop a tailored service delivery model which is:

- Is nurse-led (more nurses & HCAs then GPs)
- Utilises telephone advice & assessment
- Ambitions around developing outreach services for large numbers of patients living in the same place e.g. care home or for hard to reach groups. This may consist of mobile outreach services (locality based services for booked and drop in sessions with hard to reach groups)
- Option to schedule specific 'clinics' designed around individual group needs
- Linked and integrated to other supporting services

The current and new specification does not outline how the service should be delivered e.g. which clinics are run. This will be for the successful bidder to determine and what they deem best suits the needs of the patient population. The staff will be eligible to TUPE over to a new provider.

Location & Premises

Patients currently receive services from the Platform One Practice (located on Station Street). The practice used to have a branch site, located on Upper Parliament Street, however NEMS chose to close this site in May 2019.

The current premises on Station Street are located close to the city centre, connected to the Railway Station. The current premises are owned by NEMS (the incumbent provider) and NEMS have advised that they will not make these premises available to any other bidders. Therefore, potential new bidders will have to find new premises and ensure these are available ready for the service commencement date.

Since the practice was established to serve an inner City population in the re-procurement a new bidder will be expected to find new premises within a 0.5mile radius of Nottingham City centre (with Market Square being the central point). Appendix A shows the location radius.

The practice provides the following extended hours, these are hours agreed with their PCN. During the mobilisation of the new APMS contract the preferred provider will be expected to agree extended hours with their PCN and any changes discussed with their patients. For the purposes of this EQIA at this stage it is not anticipated that the extended hours provision will change.

Practice Code	Practice name	Day	Hours
Y02847	**NEMS Platform One Practice**	Monday	18:30-19:00
		Tuesday	7:30-8:00
		Wednesday	7:30-8:00
		Thursday	7:30-8:00
		Friday	7:30-8:00

The Platform One Practice boundary which NEMS work to covers the whole of the Nottingham City CCG area and due to its city centre location and current proximity to the train station a number of patients registered are those of working age that live within the surrounding County areas. Following the procurement process should the successful provider wish to make changes to the existing practice boundary then they would need to submit an application and engage with patients. Similarly, the successful provider is expected to engage with patients throughout the mobilisation period. However, we do not anticipate there to be a significant change in the practice boundary area.

Contract pricing

The practice opened in January 2010 (with a zero list size) and as an incentive to grow the practice list the practice has been paid at a significantly higher £ per patient (which increased as patient list size thresholds were achieve). Other Nottingham and Nottinghamshire practices are paid at or very close to the national global sum price of circa £90 per patient whereas Platform One practice has been paid at between 150-200% of the global sum price.

This higher funding level has enabled the incumbent provider (NEMS) to tailor their service model to provide an enhanced level of service to their patients. The CQC report published in 2017 also noted the additional services that NEMS have chosen to provide. These include services to mental health, homeless and substance abuse populations. Further detail is provided below in the relevant population groups.

However, it should be noted that Platform One practice is not the only practice with a diverse population. There are other practices across the City including The Windmill Practice and Family Medical Centre who have also chosen to tailor services to meet their homeless and mental health populations. There are also other practices across the area which have significantly higher numbers of elderly vulnerable populations.

The new provider of the core services at this APMS practice will be expected to provide a service delivery model as part of their tender submission and respond to questions about their understanding of the

patient population how they will tailor their services to meet these needs.

Special Allocation Scheme (formally known as the Violent Patient Scheme)

The re-procurement of this Platform One APMS contract will also require potential providers to provide the Special Allocation Scheme as a mandatory enhanced service within the contract.

This scheme provides essential primary care services to patients who have been removed from their practice list due to acts of violence or behaviour that persons have feared for their safety. The service covers patients from Nottingham City CCG, Nottingham North & East CCG, Nottingham West CCG and Rushcliffe CCG. There are currently 38 patients registered on the scheme (34 residing in Nottingham City and 4 residing in Nottinghamshire County). The new provider will be required to continue to deliver the scheme in accordance with the recommended service specification in the national Policy Guidance Manual for primary care services.

NEMS are the current provider of the service, providing it from Fanum House, 484 Derby Rd, Nottingham NG7 2GW. They chose to deliver it from a different location to their main APMS contract service for 10,900 patients.

As with the core GP services, a new provider will be required to find new premises to deliver this service from. This could be at the same premises as the core GP services for the 10,900 patients. It would be for the provider to determine.

Details of any supporting evidence:

When completing this section a review of the latest evidence should be undertaken. Use the checklist provided for sources of evidence and trusted websites to visit to find evidence. Describe the key findings from your evidence search and how they have informed this scheme.

Evidence checklist of web based resources

If you have been unable to find evidence, please describe what you have based this scheme on instead (e.g. activity data, population data, patient experience or public engagement intelligence, clinical opinion etc.):

The profile of the practice is embedded below, this includes information on the make-up of the patient list (age range, list size changes) and practice boundary area. It also links to the public health profile of the practice and surrounding area.

Lot 4 Practice Profile Platform One Practice

Below is an analysis of patient feedback (this will be made available to bidders during the procurement process). A summary of patient feedback, including feedback from a patient meeting is also referenced in the practice profile above.

National & Local Patient Feedback.xls

The practice is signed up to deliver the following enhanced services

Practice	Primary Care Patient Offer	Asylum Seekers – new patient registration	Homeless – new patient registration	Warfarin Anti coagulation – no. of patients managed	Shared Care: Rheumatology– no. of patients managed	Shared Care: Gastroenterology– no. of patients managed	Shared Care: Respiratory– no. of patients managed	Shared Care: Dermatology– no. of patients managed	Interpreter Assisted Appointments	Minor Surgery	Learning Disabilities Health Check Scheme	Primary Care Network DES
NEMS Platform One Practice	✓	✓	✓	✓	✓	✓	✓	✓	X**	✓	✓	✓
Activity Average for 1 year	N/A for all patients	23	119	16	6	7	0	2	X	21 injections 41 incisions YTD	28 pts on LD register 18/19	N/A for all patients

*** NEMS Platform One Practice chose not to sign up to the Interpreter Assisted Appointments (IAA) scheme. The reason for this is unknown, however, should the IAA be available from April 2021 a new provider at this practice will be eligible to sign-up to this local enhanced service.*

Health inequalities:

What will be the effect of the scheme in terms of reducing health inequalities in outcomes and in access?

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

Comments/rationale:

When completing this section please include the following details, as relevant to the proposal:

- *Details of the specific under-served people/groups that will benefit from the proposal (i.e. where health inequalities are likely to reduce);*
- *Details of the specific people/groups for which health inequalities are likely to increase and any proposed mitigations.*

Please draw out in your comments/rationale any differential impact between CCG populations.

No impact is anticipated at this stage because:

Access

- Core opening hours (8am – 6:30pm) will remain the same
- Extended hours – as stated previously at this stage anticipate no changes. Any change would need to be agreed within their PCN during the mobilisation period of the new APMS contract
- The minimum number of appointments provided (quoted in the specification) remains the same. *This EQIA will be updated during the procurement process to reflect the service delivery models submitted by the bidders – these service delivery models should include more detail on the number and type of appointments provided.*

- Staff are eligible to TUPE over if the contract is awarded to a new provider. It is assumed that this will happen therefore access to male and female clinicians, mental health staff, pharmacists etc. should remain the same
- Patient feedback on access (from survey results, NHS choices etc.) will be provided with the tender documentation and bidders will be expected to include a response in their tender submission on how they plan to maintain and improve (where necessary) the access results. Telephone access was highlighted as a concern by patients and also scored poorly in the national GP patient survey, this has been highlighted in the tender document for potential bidders to respond to. The practice website also references that 75% of appointments are released for same day booking. A new provider may choose to operate their booking system in a different way. This will not be known until the tender process is complete.
- We do not anticipate any change in the range of enhanced services provided by the practice
- The physical location of the practice may change which could result in some patients having to travel a further or lesser distance to get to the practice (depending upon where they live/work). Patients can however continue to exercise their choice and choose to register at another practice, if they reside within that practice's boundary or request to be registered as an out of area patient (this could be agreed at the practice's discretion).

  A maximum radius of 0.5miles of the City Centre has been set for the re-location. At this pre-procurement stage we do not know what the proposed premises will be however they will be expected to be compliant with NHS premises requirements (including disability, accessibility etc.) and this will be reviewed as part of the tender process.
- The practice does have a higher than average number of out of area registered patients i.e. patients registered who live outside of their Nottingham City boundary. This is because of the practice's location (close to the train station and city centre) and is made up of predomintenly the working age population (81% of the population (8842) are between the age of 20 and 59 years. A new provider will be expected to retain the practice boundary and all patients, they are not expected to de-register patients who live outside of their boundary. Therefore, access for this group should not be significantly affected.

Outcomes

- QOF performance – it is expected that the provider will achieve similar or improved results. This has a direct impact on outcomes as many of the QOF indicators are linked to better outcomes for a range of health conditions e.g. blood pressure reading for diabetes patients and CKD patients with readings within NICE recommended range which is linked to better management of the condition, annual CHD health checks etc.
- The specification states that the provider is expected to achieve a CQC rating of 'Good' or above, this includes an assessment on service outcomes which is expected to be consistent or an improvement on the current CQC rating of the practice.

The following question should be addressed and responses provided for each of the protected characteristic and inclusion health groups listed below. Highlight where the scheme has (or could potentially have) a positive or negative impact, either directly or indirectly, considering proportionality and relevance.

Could the scheme have a positive impact or negative impact on people who may, as a result of being in one or more of the following protected characteristic or inclusion health groups, experience barriers when trying to access or use NHS services?

In addressing this question, please consider whether the scheme could potentially have a positive or negative impact in any of the following areas:

- The CCGs' duty to maintain and improve the three elements of quality – patient safety, patient experience and clinical effectiveness
- Access to services (including patient choice)
- Transfers between services (whether between specialities, care settings, or during a person's life course)

- Safeguarding adults
- Safeguarding children
- Dignity and respect (including privacy)
- Person-centred care
- NICE requirements
- Shared decision-making

Please draw out in your comments/rationale any differential impact between CCG populations.

Protected characteristics and inclusion health groups:

Impact on the protected characteristic of Age:

○ Positive impact ◉ Negative impact ○ No impact ○ N/A

Comments/rationale:

Age Bands	No. of patients	%
0 – 9	1022	9.4%
10 – 19	486	4.5%
20 – 29	3366	31%
30 – 39	3375	31.1%
40 – 49	1308	12%
50 – 59	793	7.3%
60 – 69	372	3.4%
70 – 79	107	1%
80 – 89	24	0.2%
90 – 99	3	0.0%
95+	0	0.0%
Grand Total	10,856	

The age bands of the practices registered population is in the table left (as at Nov 2019). The practice has a predominately young population (including students) and working age population.

Patients aged 60 and over make up a small proportion of the list, approximately 5% (506 patients).

The practice does not provide services to local care homes.

The CQC report indicated that the practice has a high number of vulnerable children (280). During the re-procurement process bidders will be asked to demonstrate how their services will meet the needs of the patient population.

The core services offered under the new APMS contract (as specified by the commissioners) will not change therefore no impact is anticipated. However, the location of the services may change which could have both a positive and negative impact, particularly on the elderly population;

- Negative – for patients who will have to travel further to the new practice location (depending upon where they live or how they access the current premises)
- Positive – for patients who will have to travel less far (depending upon where they live or how they access the current premises)

To mitigate this, the location of new premises is required to be within 0.5miles of the Market Square which is a central point in Nottingham City, easily accessible by public transport. However, depending upon where the patients live this distance could be further than 0.5 miles as the Market Square is 0.5 miles north of the current Platform One Premises. Market Square was chosen as the central point for the 0.5 miles radius to ensure that the practice remained an inner City practice.

Impact on the protected characteristic of Disability:

○ Positive impact ◉ Negative impact ○ No impact ○ N/A

Comments/rationale:

The core services offered under the new APMS contract (as specified by the commissioners) will not change therefore no impact is anticipated. However, the location of the services may change which could have both a positive and negative impact, particularly on the disabled population;

- Negative – for patients who will have to travel further to the new practice location (depending upon where they live or how they access the current premises)
- Positive – for patients who will have to travel less far (depending upon where they live or how they access the current premises)

To mitigate this, the location of new premises is required to be within 0.5miles of the Market Square which is a central point in Nottingham City, easily accessible by public transport. However, depending upon where the patients live this distance could be further than 0.5 miles as the Market Square is 0.5 miles north of the current Platform One Premises. Market Square was chosen as the central point for the 0.5 miles radius to ensure that the practice remained an inner City practice. Premises will also need to be compliant with NHS premises rules and regulations, this will be assessed during the procurement and include how accessible premises are.

It is anticipated that staff will TUPE over to a new provider (if the incumbent does not retain the contract) therefore continuity of care may continue and this could be important for this group. At a recent patient meeting organised by the practice this was stressed as a very important aspect and that patients with vulnerable and complex needs are given longer appointment times by understanding staff. This has been referenced in the tender documentation for new providers to consider and respond to.

Mental Health

The practice advise that they manage a 'large number' of mental health patients in primary care who are not accepted into the mainstream commissioned mental health services because they do not meet the criteria. The practice has therefore chosen to employ their own Mental Health nurse to manage these patients. The CQC report referenced that 24% of the patients had a mental illness and the mental health nurses saw approximately 186 patients a month for assessment, treatment or reviews (July 2017). Mental Health covers a wide spectrum and the information available to commissioners does not break this down by complexity.

The CQC report referenced that longer appointment times were offered for these patients – this was highlighted as an important area in the patient engagement session and will be shared with potential bidders in the tender documentation. Bidders will also be asked to respond to a question around meeting the unique needs of this patient population.

The new APMS specification does not specify how services should be delivered, the Mental Health nurse will be eligible for TUPE over to a new provider and it will be for a new provider to determine whether a mental health nurse is required in their new service model.

At this stage of the procurement process it is not possible to determine if there will be an impact on this group or the extent of this. Once the tender process has begun and providers submit service delivery models this EQIA will be updated.

Impact on the protected characteristic of Gender re-assignment:

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

Comments/rationale:

The services offered under the new APMS contract will not change therefore no impact is anticipated. It is anticipated that staff will TUPE over to a new provider (if the incumbent does not retain the contract) therefore continuity of care may continue and this could be important for this group.

Impact on the protected characteristic of Pregnancy and maternity:

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

Comments/rationale:

The core services for this group that are offered under the new APMS contract will not change. It is anticipated that staff will TUPE over to a new provider (if the incumbent does not retain the contract) therefore continuity of care may continue. The CQC report indicates that the practice runs weekly baby clinics along side health visitor clinics to assist with immunisation. This is common practice amongst other GP practices. At this stage of the procurement we do not know what the potential bidders will propose in terms of meeting the needs of this population however we anticipate no impact on this group.

Impact on the protected characteristic of Race:

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

Comments/rationale:

The practice serves a diverse inner City population which includes patients seeking asylum.

Staff are expected to TUPE over to a new provider therefore staff with cultural or language expertise / knowledge for the local patient population may continue to provide services under the new APMS contract.

There will be no change to the way in which the practice accesses GP interpreting services (spoken language or sign language) under the new contract as this is a separately commissioned service.

Impact on the protected characteristic of Religion or belief:

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

Comments/rationale:

The services offered under the new APMS contract will not change therefore no impact is anticipated. It is anticipated that staff will TUPE over to a new provider (if the incumbent does not retain the contract) therefore any expertise gained by staff around local cultures may be retained.

Impact on the protected characteristic of Sex:

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

Comments/rationale:

The services offered under the new APMS contract will not change therefore no impact is anticipated. It is anticipated that staff will TUPE over to a new provider (if the incumbent does not retain the contract) which will enable the practice population to continue to access male and female clinicians if required.

Impact on the protected characteristic of Sexual orientation:

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

Comments/rationale:

The services offered under the new APMS contract will not change therefore no impact is anticipated. It is anticipated that staff will TUPE over to a new provider (if the incumbent does not retain the contract) therefore continuity of care may continue.

Impact on people in any of the following Inclusion Health Groups:

Carers

Homeless people

People who misuse drugs

New and emerging communities, including refugees and asylum seekers

People experiencing economic or social deprivation, including those who are long-term unemployed, have limited family or social networks

Gypsies, Roma and Travellers

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

Comments/rationale (with an indication of which of the above groups have specifically influenced your impact conclusion)**:**

- **Carers**

The practice has a young population. In their CQC report the practice identified 68 patients as carers and a similar number of patients who had a carer. These are low numbers, this is to be expected with the nature of their patient population.

The CQC report noted this as an area for improvement – *'the provider should … identify further patients who are carers and direct them to available support to enable them to carry out their role'*. The practice also recognised the need to appoint a carer's lead to support with this, have a carer's strategy/policy and develop links with the local carers association.

Carer's may be impacted by having to travel further to a new practice location, however, this is mitigated by the requirement for the new location to remain central to the City and be within 0.5miles of the City centre.

- **Homeless people**

The inner city location of this practice and close proximity to homeless hostels means that the practice does have a number of patients who are from this disadvantaged group. The CQC report indicated that 350 people were registered as homeless. The practice has recently chosen to end the support (a weekly drop in clinic) that they were providing alongside Nottingham CityCare to the Emmanuel House (this was not specifically commissioned by the CCG).

Due to the potential location change of this practice there could be a negative impact on this group as they may need to travel further to access services, however, this is mitigated by limiting the distance to 0.5miles of the City centre.

Staff who are experienced with this population will be eligible to TUPE over to a new provider and offer continuity of care and knowledge/expertise.

At an ICS and ICP level there is progress being made to pool resources for complex patient populations, including homeless, and the additional needs of this population group should be addressed by this approach. It is expected that a new approach will be in place by the time that this new APMS contract commences in April 2021. As a result of the re-procurement of this APMS contract the provider will still be expected to register homeless patients and provide core primary care services. The Homeless Local Enhanced Service continues to be available for the practice to participate in.

During the mobilisation of the new service a new bidder will be expected to clearly communicate any service changes to this population group and build relationships with organisations that support this group.

- **People who misuse drugs**

The impacts described above for the homeless population also apply here (requirement to travel further, access to specialist staff etc).

The CQC report noted that 8% of the patient list (800) had a substance misuse diagnosis. The practice run a weekly shared clinic with the specialist drug worker from the central recovery team and 51 patients access these clinics. The Local Authority commissions this via their enhanced service and following the re-procurement it is expected that a new provider will continue to deliver this enhanced service. The practice employs a Pharmacist and looked to establish prescription medicine misuse clinics.

Staff who are experienced with this population will be eligible to TUPE over to a new provider and offer continuity of care and knowledge/expertise.

During the mobilisation of the new service a new bidder will be expected to clearly communicate any service changes to this population group and build relationships with organisations that support this group.

Platform One Practice also provide primary medical services to approximately 60 male patients who reside at Wiloughby House in Upper Broughton on the Nottinghamshire / Leicestershire

border. This arrangement was made between Platform One Practice and Teen Challenge UK, who are a registered charity helping young people with drug and alcohol additions. It is a not an arrangement which is commissioned separately by the CCG. Patients either arrive by mini bus as a group or attend individually with their support workers to receive primary care services. We do not anticipate this arrangement to change with a new provider following the re-procurement. However, should a new bidder wish to review these arrangements the CCG would be responsible for ensuring that primary care services were available to these resident patients.

- **New and emerging communities, including refugees and asylum seekers**

The CQC report noted that the practice had a high number of families from overseas and their patient population had 100 different ethnic groups recorded with 5% of the patient list recorded as non-English speaking. This is to be expected and is not dissimilar to other neighbouring practices in the inner City locations. We are not aware of the practice providing any specific services to this patient population over and above core primary care services. Therefore the re-procurement of the new APMS contract should not change the level of service provided to this patient group. The practice is expected to continue to be signed-up to the Asylum Seekers enhanced service and access to translation service will continue as these are commissioned separately.

The change in location of the service could have an impact as some patients may have to travel further and this could cause some confusion if not communicated and managed appropriately. Some patients may have to travel a shorter distance therefore having a positive impact. Staff with experience and understanding of these patients will be eligible to TUPE over to a new provider.

- **People experiencing economic or social deprivation**, including those who are long-term unemployed, have limited family or social networks

Due to its inner city location the practice does serve populations from this group. Under the new APMS contract these patients may be expected to travel further for services or travel a shorter distance (depending upon where they live and how they access the services). The new premises are required to be within 0.5miles from Market Square and is central to the City with easy access to public transport. Due to its central location patients from this group may not incur additional financial costs if they access services via public transport e.g. bus or tram, as the cost of ‘all day tickets’ for example are fixed are likely to cover the city centre radius. The APMS contract does not stipulate how service are to be provided (providers are required to meet the health needs of their population) therefore at this stage we do not anticipate an impact on this patient population.

- **Gypsies, Roma and Travellers**

It is not anticipated that there will be any changes to the services received by this group at this stage of the procurement process. Patients may have to travel further however this is mitigated by restricting the location of the new premises to be within 0.5 miles of the Market Square.

Impact Assessment Outcome:

Details of any risks identified and overall comments:

The re-procurement of this contract is seeking a new provider to provide core primary medical services to the practice's population. The provider is expected to tailor the services to meet the needs of their population. This is the same requirement of all primary medical service providers.

The main impact observed may be from a change in the location of the service. This could have both positive and/or negative impacts depending upon where the patients currently live and this impact may be greater for some of the protected characteristic groups highlighted above.

However, there is a maximum radius for the location of the new premises (they are to remain a City Centre practice) and patients continue to have the right to choose to register at another practice if they do not wish to access services from the new location.

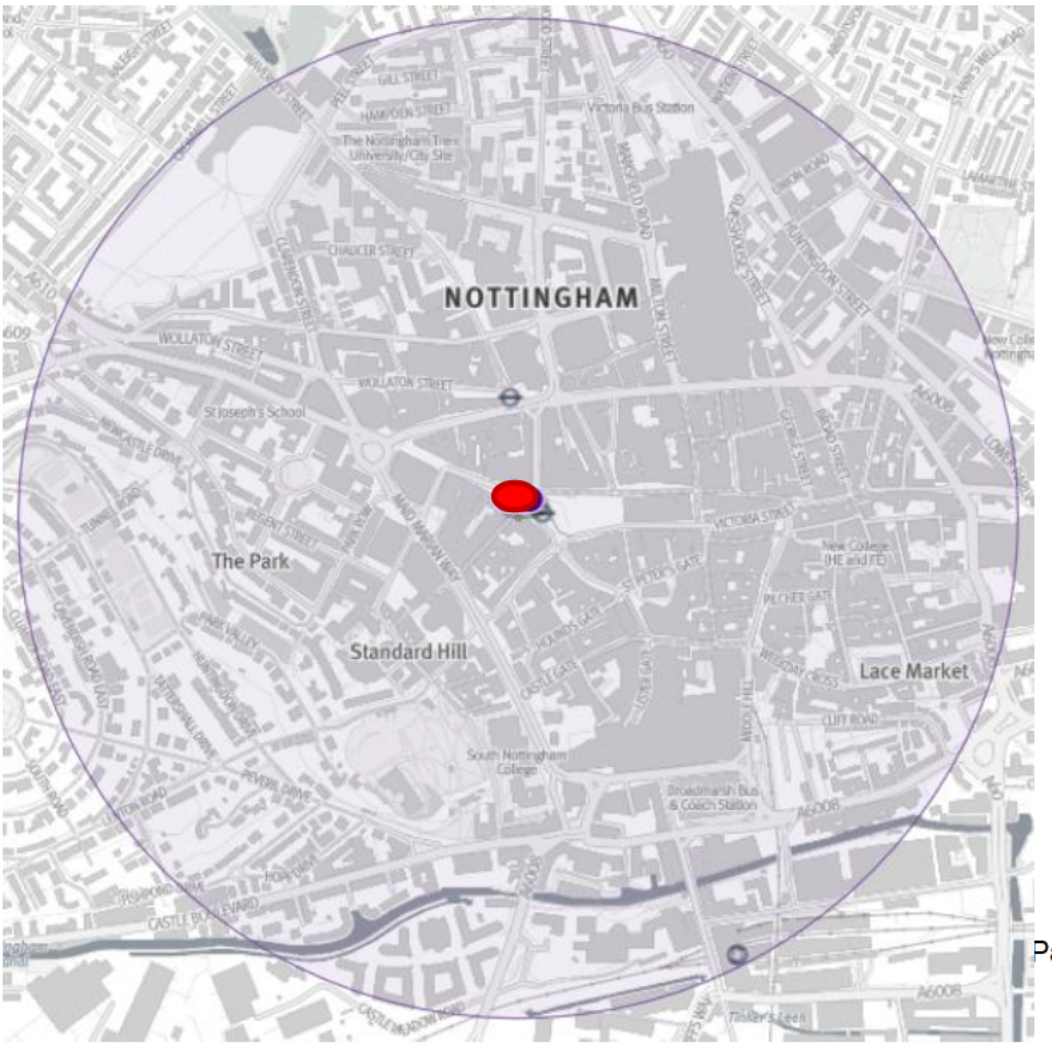
At this stage of the procurement process we do not know what a potential providers service model or location will be. This EQIA will be updated as the process continues.

Recommendation:

◉ Proceed ○ Proceed with action* ○ Stop

*Please provide details of action required:

Appendix A – 0.5mile radius for new premises



GLOSSARY *The descriptions for the following terms are worded specifically for this EQIA.*

Term	Description
Access	Access includes the ability of patients to obtain and understand information about their health and health services, as well as being able to access clinical advice and treatment. Patients' access may be limited by a range of factors such as mobility limitations, cognitive function and language barriers.
Age	The protected characteristic of Age refers to being of a specific age or belonging to a particular age range.
Carers	Carers may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population.
Clinical effectiveness	Clinical effectiveness is a component of quality in the NHS. It is the application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients. The process involves a framework of informing, changing and monitoring practice.
Dignity and Respect	This is one of the values incorporated in the NHS Constitution: "We value every person - whether patient, their families or carers, or staff - as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest and open about our point of view and what we can and cannot do." Respect, dignity, compassion and care should be at the core of how patients and staff are treated - not only because that is the right thing to do, but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported.
Disability	The protected characteristic of Disability includes people with physical or mental impairments or illnesses that have a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. 'Substantial' is more than minor or trivial – e.g. it takes much longer than it usually would to complete a daily task like getting dressed. 'Long-term' means 12 months or more – e.g. a breathing condition that develops as a result of a lung infection. Someone automatically meets the disability definition under the Equality Act 2010 from the day they are diagnosed with HIV infection, cancer or multiple sclerosis, even if they are currently able to carry out normal day to day activities. A disability can arise from a wide range of impairments which can be: • Sensory impairments, such as those affecting sight or hearing • Mental health conditions • Mental illnesses • Learning disabilities • Organ specific – e.g. respiratory conditions, cardiovascular diseases, stroke • Developmental – e.g. autistic spectrum disorders • Produced by injury to the body, including to the brain • Impairments with fluctuating or recurring effects – e.g. rheumatoid arthritis • Progressive* – e.g. motor neurone disease, muscular dystrophy, and forms of dementia • Auto-immune conditions, such as systemic lupus erythematosis (SLE). *A progressive condition is one that gets worse over time. The Equality Act 2010 covers people who have had a disability in the past – e.g. if a person had a mental health condition in the past which lasted for over 12 months, but has now recovered, they are still protected from discrimination because of that disability. For further information see Equality_Act_2010-disability_definition.pdf
Engagement	The range of activities designed and deployed by CCGs to: • Gain the views of patients, service users and carers on commissioning and service delivery • Include patients, service users and carers in considering their own health, care and treatment.
Equality Act 2010	A single piece of legislation that replaced previous anti-discrimination Acts. It simplified the law, removing inconsistencies and making it easier for people to understand and comply with. The Act outlaws direct and indirect discrimination, harassment and victimisation of people with relevant protected characteristics in relevant circumstances and requires that reasonable adjustments be made for disabled people. The Equality Act includes a public sector equality duty (PSED), which applies to public bodies and others carrying out public functions. It supports good decision-making by ensuring public bodies consider how different people will be affected by their activities, helping them to deliver policies and services that are efficient and effective, accessible to all, and which meet different people's needs.
Evidence	Information from research and other sources e.g. activity data, population data, patient experience or public engagement intelligence, clinical opinion, NICE, national strategies, policy documents and reports, evaluation, clinical audit, etc. Evidence-based practice is the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care. Clinical expertise refers to the clinician's cumulated experience, education and clinical skills. The patient brings to the encounter his or her own personal preferences and unique concerns, expectations, and values.
Gender re-assignment	A person has the protected characteristic of gender reassignment if s/he is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning her/his sex by changing physiological, behavioural or other attributes of sex.
Gypsies Roma and Travellers	A group of people who may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. See also Inclusion Health groups.
Health inequalities	Preventable and unjust differences in health status experienced by certain population groups. People in lower socio-economic groups are more likely to experience chronic ill-health and die earlier than those who are more advantaged.
Homeless people	A group of people who may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. See also Inclusion Health groups.
Inclusion health groups	Groups of people who may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. These include carers, homeless people, people who misuse drugs, asylum seekers and refugees, Gypsies and Travellers, sex workers, people experiencing economic and social deprivation, people who are long-term unemployed, people who have limited family or social networks and people who are geographically isolated.
Negative impact	An effect that could, for example: • Decrease or exclude access to a service or activity • Be detrimental to treatment outcomes • Have an adverse impact on patient experience.
New and emerging communities, including refugees and asylum seekers	A group of people who may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. See also Inclusion Health groups.

Term	Description
Patient choice	Informed decision-making by patients over where/how they receive health care.
Patient experience	Patient experience is one of the three components of quality in the NHS. Experience of care, clinical effectiveness and patient safety together make the three key components of quality in the NHS. Good care is linked to positive outcomes for the patient and is also associated with high levels of staff satisfaction. Patient experience means putting the patient and their experience at the heart of quality improvement.
Patient safety	The NHS is expected to treat patients in a safe environment and protect them from avoidable harm. Patient safety is one of the three components of quality in the NHS and is defined as the prevention of errors and adverse effects to patients associated with health care. While health care has become more effective it has also become more complex, with greater use of new technologies, medicines and treatments. Patient safety issues are the avoidable errors in healthcare that can cause harm (injury, suffering, disability or death) to patients.
People experiencing economic and social deprivation	A group of people who may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. It includes people who are long-term unemployed, or who have limited family or social networks. To comply with the Equality Act 2010, CCGs are required to consider how their strategic decisions might help to reduce the inequalities associated with socio-economic disadvantage, such as inequalities in employment, education, health, housing and crime rates. It is for individual CCGs to consider which socio-economic disadvantages it is able to influence.
People who misuse drugs	A group of people who may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. See also Inclusion Health groups.
Person-centred care	Person-centred care is the principle of 'shared-decision making' – enabling people to make joint decisions about their care with their clinicians. It involves putting patients, and their families and carers, at the heart of deciding what is most valuable for individuals with a range of health conditions, rather than clinicians or other health professionals independently deciding what is best.
Positive impact	An effect that could, for example: • Increase access to a service or activity • Improve treatment outcomes • Enhance patient experience.
Pregnancy and maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
Privacy	Interpreted most broadly, privacy is about the integrity of the individual. It therefore encompasses many aspects of the individual's social needs – privacy of the person, personal information, personal behaviour and personal communications.
Protected characteristics	The Equality Act 2010 outlines nine protected characteristics - Age, Disability, Gender re-assignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion or belief (including no religion or belief), Sex and Sexual orientation. The Equality Act outlaws direct and indirect discrimination, harassment and victimisation of people with relevant* protected characteristics. *Marriage and civil partnership is not a 'relevant' protected characteristic. (This distinction applies only in relation to work, not to any other part of the Equality Act 2010) We all have at least five of the nine protected characteristics - age, race, religion or belief/no religion or belief, a sex and a sexual orientation.
Quality	The definition of quality in health care, enshrined in law, includes three key components: patient safety, clinical effectiveness and patient experience. The NHS aspires to the highest standards of excellence and professionalism in the provision of high quality care – ie care that is safe, clinically effective and focused on providing as positive an experience to service users as possible.
Race	This protected characteristic refers to groups of people defined by their colour, nationality (including citizenship), ethnic or national origins.
Religion or belief	This protected characteristic includes any religion and any religious or philosophical belief. It also includes a lack of any such religion or belief. A religion need not be mainstream or well-known but it must be identifiable and have a clear structure and belief system. Denominations or sects within religions may be considered a religion. Cults and new religious movements may also be considered religions or beliefs. Belief means any religious or philosophical belief and includes a lack of belief. Religious belief goes beyond beliefs about and adherence to a religion or its central articles of faith and may vary from person to person within the same religion. A belief need not include faith or worship of a god or gods, but must affect how a person lives their life or perceives the world.
Safeguarding adults	The Care Act 2014 defines adult safeguarding as protecting an adult's right to live in safety, free from abuse and neglect with people and organisations working together to prevent and stop both the risks and experience of abuse or neglect. Safeguarding balances the adults right to be safe with their right to make informed choices, whilst at the same time making sure that their wellbeing is promoted including, taking into consideration their views, wishes, feelings and beliefs in deciding on any action (s). The Care Act 2014 defines an adult at risk of harm as: 'someone who has needs for care and support, and is experiencing, or at risk of, abuse or neglect and is unable to protect themselves'.
Safeguarding children	Safeguarding children and young people means the actions that are taken to promote their welfare and protect them from harm, abuse and maltreatment. This includes preventing harm to their health or development, ensuring that they experience safe and effective care as they grow up and enabling them to have the best outcomes. Child protection is part of the safeguarding process and focuses on protecting individual children identified as suffering or likely to suffer significant harm. Safeguarding children and child protection guidance and legislation applies to all children up to the age of 18.
Self-care	Also known as self-management. Refers to the key role that individual people have in protecting and managing their own health, choosing appropriate treatments and managing long-term conditions. They may do this independently or in partnership with the healthcare system.
Sex	This protected characteristic refers to whether a person considers that they are a man or a woman.
Sexual orientation	This protected characteristic refers to whether a person's sexual orientation is towards their own sex, the opposite sex or to both sexes.
Shared decision-making	Shared decision-making is a process in which patients, when they reach a decision crossroads in their health care, can review all the treatment options available to them and participate actively with their healthcare professional in making that decision.