

# Equality & Poverty Impact Assessment 00565 (Version 1)

## SECTION ONE: ESSENTIAL INFORMATION

<b>Service &amp; Division:</b>	Social Work Adult Services Community Care	<b>Lead Officer Name:</b>	David Keenan
		<b>Team:</b>	Performance
		<b>Tel:</b>	01324501
		<b>Email:</b>	David.Keenan@falkirk.gov.uk
<b>Proposal:</b>	<p>Submitted on behalf of Louise McCallum</p> <p>The Primary Care Sustainability Situation-Background-Assessment-Recommendation (SBAR) document is a direct response to the Sustainability challenges currently experienced in General Practice. 48 of the 49 General Medical Practices in Forth Valley are run by the GPs under the independent contractor model and “GMS” contract.</p> <p>Issues nationally and locally affecting recruitment and retention of GPs and MDT roles such as Advanced Nurse Practitioners and Practice Nurses are impacting on Practices ability to continue to provide safe and accessible services to local communities. With an aging population and increasing levels of multi-morbidity, demand for services has increased. More care is provided in the community including care for those dying at home. A response to these challenges has been the Primary Care Improvement Plan as part of the GMS contract to support the roll out of additional MDT roles and services such as the Community Treatment and Care programme (CTAC).</p> <p>While this has provided some mitigation for the risk of GP Sustainability (formally recognized in the HSCP Risk register SRR09) it is recognized there is no single solution to the problem. Following the re-forming of the Primary Care Sustainability Group at the end of 2022, an SBAR outlining</p>	<b>Reference No:</b>	

the challenges and highlighting key areas for support has been agreed and put forward by the group. The proposals range from Support and Mentoring Services for GPs to financial assistance where Practice lists or Practices close and dispersal of patients is highlighted in the Options Appraisal process. Other supports such as the re-instatement of Protected Learning Time and opportunity for Transitional payments for gaps in PCIP programme (specifically CTAC and Pharmacotherapy) and being taken forward.

This proposal and associated EPIA is to cover the individual measures highlighted to support the ongoing sustainability of General Practice in Forth Valley and patient care (all groups and priority categories).

What is the Proposal?	Budget & Other Financial Decision	Policy (New or Change)	HR Policy & Practice	Change to Service Delivery / Service Design
	No	Yes	No	Yes
Who does the Proposal affect?	Service Users	Members of the Public	Employees	Job Applicants
	Yes	No	Yes	No
Other, please specify:				

Identify the main aims and projected outcome of this proposal (please add date of each update):	
27/06/2023	To secure support through funding of individual projects in themes of Finance, Wellbeing & Retention and Workload and Communications to support the sustainability of General Practice in Forth Valley and thereby secure the future of local Primary Care Services for patients.
27/06/2023	To maintain General Practice capacity and safe, timely care for patients.
27/06/2023	To avoid service disruption.

## SECTION TWO: FINANCIAL INFORMATION

For budget changes ONLY please include information below:		Benchmark, e.g. Scottish Average	
Current spend on this service (£'0000s)	Total:		
Reduction to this service budget (£'0000s)	Per Annum:		
Increase to this service budget (£'000s)	Per Annum:		
If this is a change to a charge or concession please complete.	Current Annual Income Total:		
	Expected Annual Income Total:		
If this is a budget decision, when will the saving be achieved?	Start Date:		
	End Date (if any):		

**SECTION THREE: EVIDENCE**

Please include any evidence or relevant information that has influenced the decisions contained in this EPIA. (This could include demographic profiles; audits; research; health needs assessments; national guidance or legislative requirements and how this relates to the protected characteristic groups.)

**A - Quantitative Evidence**

This is evidence which is numerical and should include the number people who use the service and the number of people from the protected characteristic groups who might be affected by changes to the service.

General Practices in Forth valley have circa 320,000 registered patients: according to SIMD 2016, Clackmannanshire having 15% of their data zones, Falkirk 11%, Stirling 7%. Of their data zones in the 15% most deprived in Scotland (demographic – protected characteristics – mid year population estimates)

Forth Valley has one of the lowest rates of GPs per 1000 people in Scotland ([2018-03-06-PCWS2017-Report.pdf \(isdscotland.org\)](#) [A third of Scottish GP practices see patient numbers soar \(theferret.scot\)](#))

Forth valley population is growing - Significant housing development within NHS Forth Valley (up to 12,000 new homes with many more planned over the next few years) combined with the significant growth in the number of local residents aged over 65 from 1-in-6 currently to 1-in-4 by 2035 means that the existing GP premises and workforce are unable to meet current and future demand for local healthcare services. General Practice (including the PCIP services) delivers approximately 5663 appointments per day and also provides a range of additional Enhanced Services such as drug monitoring (therapies such as Anti-coagulation), sexual health including IUCD fitting and Minor surgery. These are provided on behalf of secondary care and optional for Practices to deliver. Reduced capacity in these areas would have a direct impact on secondary care and waiting times for key services directly linked to care and safety.

**B - Qualitative Evidence**

This is data which describes the effect or impact of a change on a group of people, e.g. some information provided as part of performance reporting.

**Social - case studies; personal / group feedback / other**

GP appointments would be put under more pressure and require to be prioritised for urgent care in the event of growing list sizes or Practices closing. Practices handing back their GMS contracts has a direct impact on costs (2c Practices are a more costly model) and continuity of care is much harder to deliver. This means that people with more complex needs, the elderly and those with disabilities would find it even harder to get appointments. Continuity of care would be compromised and co-ordination of those with complex needs may be lost. This will impact most greatly on those with greater / long term / complex health needs. [Health and Care Experience Survey 2021/22: National Results - gov.scot \(www.gov.scot\)](#) shows patients are less satisfied with levels of care already and support is needed to avoid further issues.

[NHS Forth Valley: GPs say they are dealing with sharp rise in demand as patients wait to be seen | Falkirk Herald](#), [NHS Forth Valley: Lack of GPs could be forcing people to go to A&E | Falkirk Herald](#), [Falkirk HSCP – GP Practices Across Forth Valley Respond to Increasing Demand](#),

[Pressures in general practice data analysis \(bma.org.uk\)](#) while focused on data for England these issues are broadly same in Scotland

**Best Judgement:**

<b>Has best judgement been used in place of data/research/evidence?</b>	Yes
<b>Who provided the best judgement and what was this based on?</b>	There are some elements of best judgement, supported by public reports and generally accepted public and professional perspectives on the pressures within primary care where clear evidence is lacking.
<b>What gaps in data / information were identified?</b>	It is difficult to provide specific data about protected characteristics and the impact of changing levels of service.
<b>Is further research necessary?</b>	Yes
<b>If NO, please state why.</b>	

**SECTION FOUR: ENGAGEMENT**

Engagement with individuals or organisations affected by the policy or proposal must take place

<b>Has the proposal / policy / project been subject to engagement or consultation with service users taking into account their protected characteristics and socio-economic status?</b>	Yes	
<b>If YES, please state who was engagement with.</b>	<p>The proposal covers a range of measures to support General Practice. Many are to support ongoing sustainability so impacts will be where these are not implemented. Individual Practice issues affecting service delivery would fully take into account the local population and their specific characteristics. In more general terms, the Health and Care Experience survey administered by Public Health Scotland provides specific Forth Valley (and Partnership) level data on views of existing levels of care which are obtained and reviewed for trends at two yearly intervals.</p> <p>There has also been input from the Local Medical Committee representing GPs who have supported the proposals as detailed in the SBAR.</p> <p>3489 patients responded to the survey in the Falkirk Partnership area.</p>	
<b>If NO engagement has been conducted, please state why.</b>		
<b>How was the engagement carried out?</b>	<b>What were the results from the engagement? Please list...</b>	
Focus Group	No	
Survey	Yes	3489 patients responded to the survey in the Falkirk Partnership area.
Display / Exhibitions	No	
User Panels	No	
Public Event	No	
Other: please specify		
<b>Has the proposal / policy/ project been reviewed / changed as a result of the engagement?</b>	No	
<b>Have the results of the engagement been fed back to the consultees?</b>	No	

**Is further engagement recommended?**

No

## SECTION FIVE: ASSESSING THE IMPACT

**Equality Protected Characteristics:** What will the impact of implementing this proposal be on people who share characteristics protected by the Equality Act 2010 or are likely to be affected by the proposal / policy / project? This section allows you to consider other impacts, e.g. poverty, health inequalities, community justice, carers etc.

Protected Characteristic	Neutral Impact	Positive Impact	Negative Impact	Please provide evidence of the impact on this protected characteristic.
<b>Age</b>		✓		<p>Without adequate staffing, fewer General Practice Appointments will constrain GP time available for those who need them most. Longer appointment times may be put at risk. Individual Practices will become unsustainable. Supporting the proposal will avoid a negative impact and maintain services at existing levels for this group. Healthwatch data suggests: &gt; Existing appointment slots can limit access to a GP for visually impaired people, not allowing time for patients to go through treatment instructions. &gt; Healthwatch Halton found that six out of 10 local residents were not happy with the length of appointment available. &gt; Over-65s in Surrey said they would like more time to speak to their GP about the issues concerning them and only being allowed to speak about one thing per appointment was restrictive.</p> <p>inequalities-resource-sep-2018.pdf (england.nhs.uk)</p>
<b>Disability</b>	✓			<p>Studies have also shown that common barriers to health care are exacerbated for many disabled people, not just in relation to their impairment or long-term health condition, but because of reduced access to services and generally higher levels of social deprivation. This is particularly the case for those with visual, hearing and mobility impairments</p> <p>Without adequate staffing, fewer General Practice Appointments will constrain GP time available for those who need them most. Longer appointment times may be put at risk. Individual Practices will become unsustainable. Supporting the proposal will avoid a negative impact and maintain services at existing levels for this group. Where provision reduces in specific geographic areas those with disabilities may be more affected by needing to travel further to access care. Support for the proposal would mitigate this impact – causing neutral effect and maintaining status quo.</p>



**Public Sector Equality Duty: Scottish Public Authorities must have 'due regard' to the need to eliminate unlawful discrimination, advance quality of opportunity and foster good relations. Scottish specific duties include:**

				Women are much more likely to use health services routinely. Consequently, when they are ill, they are more likely to know how to access services and feel more comfortable with a healthcare professional. Sustainability issues are also likely to impact on local proposals to deliver the Women's Health Plan Women's health plan - gov.scot (www.gov.scot)
<b>Ethnicity</b>	✓			Those who may e.g have language barriers which affect accessing medical care may potentially be proportionately more impacted should this not be supported. Aim for neutral impact by sustaining services at current levels. The GP Patient Survey (England) 2015-16 found: > 60% of White patients received continuity of care, compared to 45% of Black and Asian patients > 81.3% wanted to consult a GP specifically either by phone or in person.  The NAO report in 2015 shared that: > 65% of all patients were happy to see a nurse if the GP was unavailable.
<b>Religion / Belief / non-Belief</b>	✓			Individual Practices will become unsustainable. Supporting the proposal will avoid a negative impact and maintain services at existing levels for this group.
<b>Sexual Orientation</b>	✓			Individual Practices will become unsustainable. Supporting the proposal will avoid a negative impact and maintain services at existing levels for this group.
<b>Transgender</b>	✓			Individual Practices will become unsustainable. Supporting the proposal will avoid a negative impact and maintain services at existing levels for this group.
<b>Pregnancy / Maternity</b>	✓			Potentially negative. Individual Practices will become unsustainable. Supporting the proposal will avoid a negative impact and maintain services at existing levels for this group. Where provision reduces in specific geographic areas those who are pregnant may be more affected by needing to travel and the associated costs, additional time and stress that may be involved. Sustainability issues are also likely to impact on local proposals to deliver the Women's Health Plan Women's health plan - gov.scot (www.gov.scot) which includes pregnancy related services inc midwifery.

<b>Marriage / Civil Partnership</b>	✓			Individual Practices will become unsustainable. Supporting the proposal will avoid a negative impact and maintain services at existing levels for this group.
<b>Poverty</b>	✓			Individual Practices will become unsustainable. Supporting the proposal will avoid a negative impact and maintain services at existing levels for this group. Where provision reduces in specific geographic areas those with low income or affected by poverty may be more affected by needing to travel and the associated costs involved.
<b>Care Experienced</b>	✓			Impact unknown.
<b>Other, health, community justice, carers etc.</b>	✓			Preventative activity such as chronic disease review, health promotion and health protection activities may be reduced. Individual Practices will become unsustainable. Supporting the proposal will avoid a negative impact and maintain services at existing levels for this any individuals in this group
<b>Risk (Identify other risks associated with this change)</b>	Public perception of general practice will be further reduced, capacity within primary care diminished, access to healthcare reduced. Long term health condition monitoring and medication monitoring will be impacted adding to risk both short and long term.			

	<b>Evidence of Due Regard</b>
<b>Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct):</b>	NHS FV Equality and Inclusion Strategy: <a href="https://nhsforthvalley.com/wp-content/uploads/2021/09/NHS-Forth-Valley-Equality-and-Inclusion-Strategy-2021-2025.pdf">https://nhsforthvalley.com/wp-content/uploads/2021/09/NHS-Forth-Valley-Equality-and-Inclusion-Strategy-2021-2025.pdf</a>
<b>Advance Equality of Opportunity:</b>	NHS FV Equality and Inclusion Strategy: <a href="https://nhsforthvalley.com/wp-content/uploads/2021/09/NHS-Forth-Valley-Equality-and-Inclusion-Strategy-2021-2025.pdf">https://nhsforthvalley.com/wp-content/uploads/2021/09/NHS-Forth-Valley-Equality-and-Inclusion-Strategy-2021-2025.pdf</a>
<b>Foster Good Relations (promoting understanding and reducing prejudice):</b>	NHS FV Equality and Inclusion Strategy: <a href="https://nhsforthvalley.com/wp-content/uploads/2021/09/NHS-Forth-Valley-Equality-and-Inclusion-Strategy-2021-2025.pdf">https://nhsforthvalley.com/wp-content/uploads/2021/09/NHS-Forth-Valley-Equality-and-Inclusion-Strategy-2021-2025.pdf</a>

## SECTION SIX: PARTNERS / OTHER STAKEHOLDERS

Which sectors are likely to have an interest in or be affected by the proposal / policy / project?		Describe the interest / affect.
<b>Business</b>	Yes	Public health and access to services could be restricted. This may include wait time for services and employment related matters such as Fit note issuing.
<b>Councils</b>	Yes	For employees as above and integrated matters such as social care.
<b>Education Sector</b>	No	
<b>Fire</b>	No	
<b>NHS</b>	Yes	Employees and wider patient care include health improvement plus impact on secondary care both acute and routine services.
<b>Integration Joint Board</b>	Yes	Primary Care is a delegated function of the IJB.
<b>Police</b>	No	
<b>Third Sector</b>	Yes	Access to non GMS services such as letters/forms re welfare benefits may take longer.
<b>Other(s): please list and describe the nature of the relationship / impact.</b>		

**SECTION SEVEN: ACTION PLANNING**

**Mitigating Actions:** If you have identified impacts on protected characteristic groups in Section 5 please summarise these in the table below detailing the actions you are taking to mitigate or support this impact. If you are not taking any action to support or mitigate the impact you should complete the No Mitigating Actions section below instead.

Identified Impact	To Who	Action(s)	Lead Officer	Evaluation and Review Date	Strategic Reference to Corporate Plan / Service Plan / Quality Outcomes

**No Mitigating Actions**

**Please explain why you do not need to take any action to mitigate or support the impact of your proposals.**

No negative impact has been identified.

**Are actions being reported to Members?**

No

**If yes when and how ?**

**SECTION EIGHT: ASSESSMENT OUTCOME**

Only one of following statements best matches your assessment of this proposal / policy / project. Please select one and provide your reasons.

No major change required	Yes	No mitigating actions are required.
The proposal has to be adjusted to reduce impact on protected characteristic groups	No	
Continue with the proposal but it is not possible to remove all the risk to protected characteristic groups	No	
Stop the proposal as it is potentially in breach of equality legislation	No	

**SECTION NINE: LEAD OFFICER SIGN OFF**

Lead Officer:

Signature:	<i>David Keenan</i>	Date:	10/04/2024
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**SECTION TEN: EPIA TASK GROUP ONLY**

<b>OVERALL ASSESSMENT OF EPIA:</b>	Has the EPIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties?	Yes
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<b>ASSESSMENT FINDINGS</b>		
If YES, use this box to highlight evidence in support of the assessment of the EPIA		
If NO, use this box to highlight actions needed to improve the EPIA		

<b>Where adverse impact on diverse communities has been identified and it is intended to continue with the proposal / policy / project, has justification for continuing <u>without making changes been made?</u></b>	Yes / No	If YES, please describe:

**LEVEL OF IMPACT: The EPIA Task Group has agreed the following level of impact on the protected characteristic groups highlighted within the EPIA**

LEVEL		COMMENTS
HIGH	Yes / No	
MEDIUM	Yes / No	
LOW	Yes / No	

**SECTION ELEVEN: CHIEF OFFICER SIGN OFF**

<b>Director / Head of Service:</b>		
<b>Signature:</b>	<i>David Keenan</i>	<b>Date:</b> 10/04/2024