

STEP 1 - EVIDENCE GATHERING

Name of person completing EIA:

Title of service/policy/process:

Existing / New/proposed / Changed

What are the intended outcomes of this policy/service/process? Include outline

PCS October Business Case (link included in evidence) puts forward a case to review DDES localities are;

- Dales Recommendations

Reduce to one site (Bishop Auckland) with outreach services for frail/housebound

- Sedgefield Recommendation

Reduce to two sites (Spennymoor and Newton Aycliffe) during weekday evening ;

- Easington Recommendation

Reduce to two sites on a weekend and one overflow through the week 12 noon – locality

There is a national requirement CCG's to commission extended GP access for the by locality in the table below:

Locality Raw List Size - 1 April 2018 Hours Per Week

Dales 91,857 68.89

Easington 102,650 76.99

Sedgefield 97,525 73.14+

Total 292,032 219.02

Extended access should offer a mix of both planned and unplanned appointments; the hubs will offer a small number of planned appointments at their discretion.

The CCG need to ensure that any changes to services delivered do not negatively impact requirements set out in the national extended access scheme and this is detailed

UTC requirements

In July 2017 NHS England published "Urgent Treatment Centres –Principles and Standards". A wide variety of Minor Injuries Units, Urgent Care Centres and Walk in Centres can may be available. These standards establish as much commonality as possible to

patients , staff, providers, i

Evidence - What is the source of feedback / existing evidence?

National Reports

Patient Surveys

Staff Surveys
Complaints and Incidents
Results of consultations with different stakeholder groups – staff/local community groups
Focus Groups
Other evidence (please describe)

STEP 2 - IMPACT ASSESSMENT

What impact will the new policy/system/process have on the following: (Please

Age A person belonging to a particular age

Specific discussions are being held with those from all age groups in the consultat

Outcome: No Negative impact identified

Disability A person who has a physical or mental impairment, which has a subst

Proposed new model

DDES CCG has commissioned a number of patient education programmes to pro
COPD manage their care at home.

People with learning disabilities will access mainstream urgent care services with
staff and ensure adequate training on the needs of people with learning disabili

All areas where the service model is to be functional will be assessed in accordan
staff. Any new or existing services, including premises utilised as part of any servi
disability will already have a comprehensive individual care package appropriate t

DDES CCG are a 'Two Tick' disability award holder and would reflect the same eq
recognises that the needs of people with learning disabilities should be met in lin
Century, London HMSO.

Direct engagement is underway with those from this group to fully ensure that th

Outcome: No negative impact identified

Gender reassignment (including transgender) Medical term for what transgende

Health issues for this protected group tend to be similar to that of lesbian, gay an the strain of feeling different or being treated differently. Incidents of depression assessment, advice and treatment service will be a multi-disciplinary physical or v

This model will enable patients to book face to face or telephone consultation ap including services such as mental health crisis teams, mental health teams and sp has led to them accessing the urgent and emergency care system.

Mental health services will be enhanced through the rollout of a 24/7 triage servi to health records.

Further targeted engagement is underway with people from this protected group

Outcome: No negative impact.

Marriage and civil partnership Marriage is defined as a union of a man and a wor

The proposed new model of care is intended to benefit all groups regardless of ar

Further engagement is underway from people of this protected group to ensure t

Outcome: No negative impact.

Pregnancy and maternity Pregnancy is the condition of being pregnant or expect

The specific need of patients who require urgent care services, will need to be co services meet patient requirements and also ensure that staffing arrangements a provided.

Pregnant women are most likely to access their GP, within this model opening ho midwives. Pregnant women are likely to see a positive difference in the proposed

Engagement is underway with those from this group to ensure there will be no ur

Outcome: No negative impact.

Race It refers to a group of people defined by their race, colour, and nationality, e

The proposed new model of care is not likely to have any negative impact upon tl ensure there will be no negative impact and that they are fully aware of changes

Religion or belief Religion is defined as a particular system of faith and worship b belief should affect your life choices or the way you live for it to be included in th

Data relating to a persons particular religion or belief does not tell us to the extent of the issues we know that the Muslim community face in accessing health services, such as the new model of care proposes to provide services with extended hours, which will be taken into consideration when implementing the new model of care. We do not anticipate any restrictions to those entitled to access services and Diversity Mandatory Training to ensure they are aware of the needs of particular protected groups.

Further engagement is underway with this protected group which will help to ensure their views are fully taken into consideration when implementing the new model of care. We do not anticipate any restrictions to those entitled to access services and Diversity Mandatory Training to ensure they are aware of the needs of particular protected groups.

Outcome: No negative impact.

Sex/Gender A man or a woman.

The proposed new model of care does not anticipate any restrictions to those entitled to access services and Diversity Mandatory Training to ensure they are aware of the needs of particular protected groups. There will be no negative impacts.

Outcome: No negative impact identified.

Sexual orientation Whether a person's sexual attraction is towards their own sex or another person.

People of this protected group will have the same basic health needs regardless of their ethnicity, however we know that people from this group are less likely to consult a GP or attend a surgery.

All staff are required to complete mandatory Equality and Diversity training to ensure they are aware of the needs of particular protected groups.

Further engagement is underway with people from this protected group to ensure their views are fully taken into consideration when implementing the new model of care. We do not anticipate any restrictions to those entitled to access services and Diversity Mandatory Training to ensure they are aware of the needs of particular protected groups.

Outcome: No negative impact

Carers A family member or paid helper who regularly looks after a child or a sick, injured or elderly person.

The extended opening hours of for the GP practices and Hubs is likely to have a positive impact on carers who are unable to attend.

DDES CCG will ensure that carers are not excluded through further targeted engagement and the integration of urgent care services to understand what impact this could have.

All patients accessing the service will be treated with dignity, respect and equality.

The CCG will use their existing communication links with the groups highlighted to ensure their views are fully taken into consideration when implementing the new model of care. We do not anticipate any restrictions to those entitled to access services and Diversity Mandatory Training to ensure they are aware of the needs of particular protected groups.

Outcome: No negative impact.

Other identified groups such as deprived socio-economic groups, substance/alcohol misuse, mental health, etc.

no negative impact

STEP 3 - ENGAGEMENT AND INVOLVEMENT

How have you engaged stakeholders in testing the policy or process proposals in

The pre-engagement activity took place over a nine week period from the delivered at the request of the local Overview and Scrutiny Committee dur are extensive of the stakeholders involved to date and many more planned

The aim of the engagement work was to gather the views from patients an CCG area and those who went out of the DDES area into Urgent Care Centri

There was a requirement to do some further data analysis and patient eng service.

We engaged with patients and stakeholders to find out about their experie using the PCS, then where are they going? What services are they using?

Stakeholders were also engaged to give them the chance to feed into this p options for service delivery. We wanted to find out what else patients thin seen on the same day if they have an urgent need.

The stakeholders we engaged included many of those who were involved i Health Networks and other partners who could help us to reach as many p Romany Traveller Groups (please see feedback detailed in appendix one), I

All of the pre-engagement activity has been recorded and is shown in the e

The Engagement Team, supported by the CCG Commissioning Team, atten their experiences of the services and completed questionnaires.

This team worked with staff within the centres to distribute questionnaires:
Please

MPs and Councillors, Parish Councillors, Pressure Groups, GP Practices, Federatio Patient Reps (PRG/PPG), Media, Existing Providers – staff, Local Authority (incl. A Governing Body, Overview and Scrutiny, General public/patients, Existing provide Third sector organisations, CCG Staff, Carers , Neighbouring CCGs, Hard to Reach Dentists, LDC, LMC, LPC

STEP 4 - METHODS OF COMMUNICATION

What methods of communication

Face book, communication drive to households, events , social media and radio before you walk' Think NHS 111 first. We have a PowerPoint presentation to appendices 5 and

ACCESSIBLE INFORMATION STANDARD

The Accessible Information Standard directs and defines a specific, consistent

Confirm you have you considered an agreed process for:
Sending out correspondence in alternative formats.
Sending out correspondence in alternative languages.
Producing / obtaining information in alternative formats.
Arranging / booking professional communication support.
Booking / arranging longer appointments for patients / service users with communication needs.
If any of the above have not been considered, please state the reason:

STEP 5 - SUMMARY OF POTENTIAL CHALLENGES

Having considered the potential impact on the people accessing the service, poli

Potential Challenge
perception of loss to local services
contracting issues with providers
Transport need addressing

rurality of our population

STEP 6- ACTION PLAN

Ref no.
See above all addressed
Ref no.

Clair White

PC-REV-GP ACCESS (DDES) 2018-2019

Review and change

of objectives and aims

review the existing number of primary care extended access hubs. The following recommendations for the 3

and patients including home visits and pre bookable appointments

and retain three sites at weekends, provide pre bookable appointments and consider outreach provision

- 8pm with additional capacity and services created. Consider providing an outreach service across the full

population. This requirement is an additional 45 minutes of access per 1,000 population. This is set out

as whereas the current PCS service offers only unplanned appointments although it is known that some of

impact on these requirements. The current capacity commissioned via the PCS service far exceeds the
in the locality sections later in the report.

standards" sets out the 27 standards to be implemented to meet the goals of the Five Year Forward View.
currently exist with a confusing variation in opening times, in types of staff present and what diagnostics
reduce the variation in the offer to the public as well as reducing attendance at and conveyance to A&E.

federations and Trusts including CDDFT, CHS, NT&H

What does it tell me? (about the existing service/policy/process? Is there anything suggest there may be challenges when designing something new?)

GP access is a national directive and is about providing a more streamlined service 7 days a week with better access. As this is a change to an existing service this piece of work does not present any challenges in terms of policy delivery

the full engagement and consultation document has been developed - Friends facility tests completed, Questionnaires undertaken at every PCS site, wider consultation is due to take place in November with patients to gather ideas on the potential service change. Patients surveys are a critical part of contract management, these will be used to inform any service change and for the commissioner to monitor how the service is going

The commissioners are in discussions with staff and have been for several years throughout the changes , the CCG have monthly staff meetings and regularly meet with the operational teams to listen to ideas face to face. The commissioner often attends the sites to understand how things are working and allows that direct face to face contact.

a firms report is available and all incidents are investigated and raised to the commissioner. The provider submit quarterly reports to the commissioner that includes any complaints or incidents - this is available upon request however we can confirm that we have not had any serious incidents or complaints around the service . All providers have been through a CQC inspection and all rated well.

An engagement report is available that outlines all engagement to date and planned however further consultation is taking place from now until January supported by the health networks for public / patients and staff

The protected characteristics and groups are all included in the report , focus group work has been ongoing since July 2018 is will continue until January 2019 - a programme of this work is attached to the consultation plan

All evidence for this service change is documented in the business case, however this includes poor value for money, service very under utilised, poor staff moral as some examples.

refer to the 'EIA Impact Questions to Ask' document for reference)

tion process to ensure that there will be no negative effects on any age group.

ntial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

note self-care including a Pulmonary Rehabilitation Course in the Easington locality to help those with

support from specialist services when needed. DDES CCG will review any skills and/or training gaps for es is provided.

ce to DDA standards to ensure all of the defined requirements are met for all services users, carers and ce reconfiguration will have disabled user access to ensure it is equitable. Any DDES resident with a to their required needs.

quality standards when assessing and engaging on potential new models of urgent care. The CCG also e with the Department of Health (2001) Valuing People: a new strategy for learning disability for the 21st

his group will not be negatively affected in any way.

er people often call gender-confirmation surgery; surgery to bring the primary and secondary sex

d bisexual people, evidence shows that they are less likely to access mental health services to deal with , anxiety and suicide are higher than heterosexual counterparts . In the proposed new model, the clinical virtual hub which will include mental health professionals.

pointment times directly with the relevant urgent or emergency service whenever this is appropriate ecialist clinicians, if the patient is under the active care of that specialist service for the condition which

ce, psychiatric liaison, 7 day Mental Health consultant working and 7 day street triage with mobile access

to ensure that they are fully considered in the provision of the new model of care.

man (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples y protected characteristics.

they are fully considered in any changes to services.

ing a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the

nsidered (potentially patients would need to see a GP) and addressed to ensure that any change to re adequate. DDES CCG will review any skills/training gaps for staff and ensure appropriate training is

urs will be extended and all of the information relating to their pregnancy is stored on the GP system by l changes to services.

ntended negative impact.

ethnic or national origins, including travelling communities.

hose from any ethnic background, full public consultation is underway with those from all ethnic groups to to services.

out belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a e definition.

of which individuals practice their religion and how it affects their life. However, there are some general issues as being treated by a staff member of the same sex and services being available outside of prayer times. We will assist in the convenience for this protected group and all staff will be required to complete Equality Impact Assessments for all our religious groups.

Despite some of the local everyday issues in which this group face in accessing services, these issues will be addressed. We do not believe that this particular group will be negatively affected by the proposed changes.

Whether male or female, a full public consultation will take place with those from both groups to ensure there

is no impact on the opposite sex or to both sexes

regardless of whether they are gay, lesbian, bisexual or heterosexual. Data is limited in this area both nationally and locally. We will monitor if they become unwell due to a fear of prejudice.

We will ensure they are fully aware of the needs of this protected group.

We will ensure they will not be negatively affected in the changes to services.

Elderly, or disabled person

Positive impact on carers, as more options will be available to them such as when and where they can

engage with this protected group. Carers will be considered in any discussions proposed around the

and

to ensure that they all have the opportunity to engage during the consultation phase and the development

Domestic violence and sex workers

including the impact on protected characteristics?

middle of December 2017 to the end of February 2018. However additional engagement was also during 2018 (appendix one). Also reference appendix 3 and 4 from the consultation plan - the lists below. (see below)

and carers who accessed the primary care services in the Durham Dales, Easington and Sedgefield areas or A&E Departments.

engagement to understand whether the way the service is currently set up is giving patients the best experiences of using Primary Care Services but also to aim to reach those who have not. If they are not

process and give them the opportunity to aid in the development of and decisions about new services we should be offering, whether this is, for example: home visits, telephone calls so they can be

in the original Urgent Care consultation. We worked with our Patient Reference Groups (PRGs), potential service users as possible. We also worked with harder to reach groups such as Gypsy Travellers, Children in Care, Young People's Health Group and also the Young People's Health Group.

evidence log – see appendix one.

visited each Primary Care Service (the nine hubs, three in each locality), and spoke to patients about

over the next four to six weeks to capture a good range of feedback. All questionnaires were completed. **List the stakeholders engaged:**

Local Council, Council of Members
Local Authorities (e.g. HWBB, Public Health), Executive Committee
Local Healthwatch, Extended Primary Care Access Task and Finish Group
Local Groups, NHS England, Health watch, Pharmacies, Opticians

How do you plan to use to inform service users of the policy?

A communications and engagement and consultation strategy are in place. Our message will remain the same 'talk to us' support all communications to date pre and post implementation with a vast amount of evidence to support. See Local 6 Media Handling Strategy and Comms plan

Our approach to identifying, recording, flagging, sharing and meeting the information and communication

Yes

icy or process please summarise the areas have been identified as needing action to avoid discrimination.

What problems/issues may this cause?

Resistance to change however we are trying to demonstrate we can provide this service better for the public , protect the finance and provide more of what they need but from a more centralised site - potential challenge however this will be address throughout the consultation

We have 3 federations who are the providers of the current contracted services - we are looking for the federations particularly in Easington to work together to deliver the service - discussions are ongoing and plans in place . The practices want this service change and the federations act on their behalf therefore not expecting any real challenge we just need to work through the change process. Meetings are in the diary to facilitate this and everyone is clear on the proposals

People may have further to travel to access these services however this has been addressed and is included in the consultation report and will be further addressed in the consultation events with the public . We are currently reviewing all transport services and the CCG are linking in this piece of work.

Potential Challenge/Negative Impact

Who have you consulted with for a solution? (users, other services, etc.)
