

Equality Impact and Risk Assessment Stage 2 for Services

Title of Service / Proposal:

Urgent Care Redesign – Urgent Treatment Centre and Primary Care Hubs



EQUALITY IMPACT AND RISK ASSESSMENT TOOL FOR SERVICES

STAGE 2

ALL SECTIONS – MUST BE COMPLETED

Refer to guidance documents for completing all sections

SECTION 1 - DETAILS OF PROJECT

Organisation:

Wirral CCG

Assessment Lead:

Zoe Delaney

Responsible Director/CCG Board Member for the assessment

Nesta Hawker, Director of Commissioning

Who else will be involved in undertaking the assessment?

Business intelligence and modelling team WCCG, stakeholders, Providers

Date of commencing the assessment: 25.11.19

Date for completing the assessment:

Latest update: 25.11.19

SECTION 2 - EQUALITY IMPACT ASSESSMENT

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

Background of the service / project being assessed:

NHS Wirral CCG has undertaken a consultation process regarding the future of urgent care services in Wirral. This includes implementation of an Urgent Treatment Centre (see description below) as well as consideration of what additional planned and unplanned services will be available to support patients in the community.

An Urgent Treatment Centre will be created on the Arrowe Park Hospital site, open 24 hours per day 7 days a week, matching the hospital's A&E hours. The centre will be GP led and will include access to clinical diagnostics (e.g. x-rays, bloods etc) and will be integrated with A&E to enable consultant advice where required. The centre will comply with the 27 standards set out by NHS England within 'Urgent Treatment Centre's Principles and Standards' July 2017: <https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres%E2%80%93principles-standards.pdf>.

As a result of NHS England guidance regarding the counting of Type 3 and 4 activity, we will be re-designating the Arrowe Park Walk in Centre as in interim Urgent Treatment Centre from 1st December 2019 until the hospital redevelopment programme is complete (2023) which will see a new Urgent

Treatment Centre established on the Arrowe Park site (as outlined above). The staffing of the interim UTC will be managed by Wirral Community Health and Care NHS Foundation Trust (as per the current Walk in Centre). We are working with NHSE to establish certain exclusion criteria from the 27 UTC standards as some will be unachievable by December 2019. These standards will be developed over time in accordance with the NHSE UTC guidance.

The aims of the interim Urgent Treatment Centre are to provide high quality urgent primary care services, including assessment and treatment of patient presenting with minor and moderate illness and minor injuries. The Urgent Treatment Centre working collaboratively across the wider health and social care community will ensure that an integrated approach will maximise its resources safely, effectively and efficiently. The Urgent Treatment Centre will support the delivery of services and will contribute to reducing demand on secondary care.

An appropriately trained multidisciplinary clinical workforce will be deployed whenever the interim urgent treatment centre is open. The hours of operation will remain consistent with the current Walk in Centre (14 hours per day, 8am-10pm). The urgent treatment centre will usually be a GP-led service, which is under the clinical leadership of a GP. As the centre is co-located with an emergency department there may be justification for joint clinical leadership from an ED consultant.

Service Provision

- Unscheduled care for patients presenting with minor illness and injuries
- Initial and urgent assessment, treatment and referral for all patients attending the site
- Diagnostic tests as available and appropriate and arrange follow up or referral
- Work collaboratively and closely with other organisations to ensure quick, effective treatment in the most appropriate setting
- Provide Education and Health Promotion to patients and their carers
- The scope of practice in urgent treatment centres must include minor illness and injury in adults and children of any age, including wound closure, removal of superficial foreign bodies and the management of minor head and eye injuries (we are currently working collaboratively with both Wirral Community Health and Care NHS FT and WUTH to develop these pathways)
- Where appropriate, patients attending an urgent treatment centre should be provided with health and wellbeing advice and sign-posting.

In addition to the urgent treatment centre, we will implement 3 Primary Care Hubs as follows:

- Birkenhead – Birkenhead Medical Centre, 8am-8pm (+2 hrs)
- Wallasey – Victoria Central Hospital, 8am-8pm (-2hrs)
- South Wirral – Eastham Clinic, 12pm-8pm (no change)

The Primary Care Hubs will consist of same day (within 24 hours) access to a GP or Nurse appointment and an all age walk-in services. Additionally the Primary Care Hubs will have access to diagnostic pathways for Point of Care Testing (PoCT) at the UTC.

This service model will be supported by additional GP appointments within each area in Wirral to be available 8am to 8pm, 7 days a week (in addition to the existing provision of appointments Monday to Friday 8am - 6pm).

Alongside the above, Wirral will be developing an integrated urgent care system with NHS 111 and GP Out of Hours to enable more needs to be met by NHS 111. The full details of this are specified within NHS England's 'Integrated Urgent Care Service Specification' August 2017.

<https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf>

As part of the new urgent care model, the existing Minor Illness and Injury Units (Miriam Medical Centre, Gladstone (formerly Parkfield) Medical Centre, Moreton Health Clinic) will be decommissioned with a separate dressing service established in Moreton to address the high levels of demand in that area for dressings and wound care.

We will no longer commission the existing Walk in Centre's; however the Primary Care Hubs will be established to support this model.

What are the aims and objectives of the service / project being assessed?

The main aims and objectives of the proposed model:

- Ensure delivery of a high quality urgent care offer within Wirral
- Ensure efficient and effective urgent care system
- Streamline urgent care services across Wirral
- Standardise the urgent care pathway ensuring all services meet the required standards
- Provide better, joined up community services
- Provide an enhanced offer in the form of a UTC
- Consider the needs of the all with additional detailed focus on highest users of urgent care including paediatrics, young adults, older people
- Gain feedback from the public in context of our case for change which highlights areas of need in Wirral
- Ensuring fair and equal access to services
- Ensure sustainable workforce across Wirral's urgent care services

The aim of this Impact Assessment is to ensure any potential disadvantages for patients are identified, explored and mitigated.

Services currently provided in relation to the project:

- Arrowe Park A&E
- Walk in Centre's (Arrowe Park, Victoria Central (VCH) and Eastham)
- Minor Illness and Injury Unites (Miriam Medical Centre, Gladstone (formerly Parkfield) Medical Centre, Moreton Health Clinic)
- GP services
- GP Out of Hours
- NHS 111

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

Please bring forward any issues highlighted in the Stage 1 screening

The impact assessment has been drafted based on intelligence from our case for change document which draws out impact on protected groups, as well as discussions at a VSA event in September 2016. This model has been subject to a full public consultation which proactively engaged with protected characteristic groups to gain an understanding of the impact this model on them and any actions that can be taken to further support their needs. This EIA has been updated following consultation to take into account any issues/concerns raised.

The consultation also included a questionnaire which had a dedicated section on protected characteristics and invited respondents to consider potential impacts.

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

The consultation was open for all to input into. We also provided some targeted engagement as part of the consultation with some specific groups including the presenting and discussion with Wirral Multicultural Organisation (WMO), Wirral Older People's Parliament and Youth Parliament. We also visited some specific centres to invite feedback including children's centres, A&E (adults and children's), walk in centres, minor injuries units. Staff have all been informed of the consultation process and were asked to provide feedback. This feedback fed into our decision making process.

In addition to this, a wider stakeholder list has been developed, all of whom received a letter advising of the consultation process and inviting further discussion if desired. We have also established a Stakeholder Group that meets on a monthly basis to address and explore any potential issues around the redesign of urgent care.

Does the project comply with the NHS Accessible Information Standard? (providing any documents, leaflets, resources in alternative formats if requested to meet differing communication needs of patients and carers) YES NO

The CCG will ensure that all service(s) commissioned comply with this standard and make relevant adjustments to support the needs of patients and carers.

In terms of our consultation, information can be made available in alternative formats upon request.

EVIDENCE USED FOR ASSESSMENT

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

- All research evidence base references including NICE guidance and publication— please give full reference
- Bring over comments from Stage 1 and prior learning (please append any documents to support this)

<https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres%E2%80%93principles-standards.pdf>

<https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

<https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf>

S:\Strategic Planning & Outcomes\Urgent Care\Urgent Care Transformation 2017\6.Case for Change and Modelling

ENSURING LEGAL COMPLIANCE

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

In what way does your current service delivery help to:	How might your proposal affect your capacity to:	How will you mitigate any adverse effects? (You will need to review how effective these measures have been)
End Unlawful Discrimination?	End Unlawful Discrimination?	End Unlawful Discrimination?
Services are accessible to all.	The Urgent Treatment Centre and community offer will ensure equal access to all. Additional consideration of this will be given throughout consultation and service provision will be adapted to ensure equality and reduce health inequalities.	No adverse effects anticipated.
Promote Equality of Opportunity?	Promote Equality of Opportunity?	Promote Equality of Opportunity?
Equal access/improved access including access for out of Wirral patients, specifically from border with Western Cheshire.	Access – all members of public will have equal access to the UTC and the community offer. Current access levels maintained including access for out of Wirral patients, specifically from border with Western Cheshire.	No adverse effects expected

Foster Good Relations Between People	Foster Good Relations Between People	Foster Good Relations Between People
	<p>The consultation sought to obtain views from public including protected characteristics groups. The CCG is also working to develop and enhance internal patient reference groups to further support developing and embedding service redesign. The consultation ensured the needs of different groups were identified and developed awareness to support commissioning decisions.</p>	<p>Positive impact anticipated</p>

WHAT OUTCOMES ARE EXPECTED/DESIRED FROM THIS PROJECT?

What are the benefits to patients and staff?

The implementation of an Urgent Treatment Centre will enhance the offer as an alternative to A&E. Many patients will automatically default to A&E because they are unsure where else to go or cannot access an appointment elsewhere. Data tells us that almost half of the attendances to A&E were for minor conditions that could have been seen elsewhere (i.e. local pharmacy, own GP, NHS 111 etc.) and were actually inappropriate for A&E. This model of care will see A&E freed up to deal with the sickest patients whilst ensuring all patients are seen and treated in the most appropriate care setting for their needs.

The implementation of the Primary Care Hubs will address the level of variation offered by existing urgent care services. The services provided vary between sites meaning patients often do not know the most appropriate place to go to receive treatment. The development of the primary care hubs will seek to standardise urgent care services and provide a clear route for patients, ending the current confusion and ensuring easy access to urgent care services across Wirral.

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

KPIs will be developed and monitored regularly to ensure any issues are identified, explored and mitigated. This will identify what is working and also identify any adjustments that need to be made. Through the project steering group we will track the progress of Programme implementation against pre-set targets and objectives. We will routinely collect data on these indicators and compare actual results with targets focusing on clinical efficiency and the use of resources and capacity against demand.

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

The responses from the consultation were monitored throughout and at the end of the process, with all comments reviewed and a thematic analysis undertaken by an independent organisation.

Following implementation of the new service, robust review processes will be followed including analysis of patient feedback (complaints, comments, compliments), and contractual arrangements will be in place to monitor outcomes and quality of service.

EQUALITY IMPACT AND RISK ASSESSMENT

Does the 'project' have the potential to:

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

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

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect	Please explain - MUST BE COMPLETED
Age	√	√		<p>Our largest users of the current urgent care services are the 0-4 year olds, 20-24 year olds and over 80 year olds. Therefore it is likely to be this age group most affected by urgent care transformation.</p> <p>The introduction of the Urgent Treatment Centre will support these age groups and reduce their need to attend A&E and ultimately reduce chance of admission where it is avoidable. The Urgent Treatment Centre will have direct access to a range of diagnostics including x-rays and bloods and will be GP led with integration with A&E for access to specialist advice.</p> <p>The current system for Urgent Care is confusing, with an inconsistent service provision. This can lead patients to default to A&E where there is a guarantee of 24/7 urgent care provision. This may be especially true for older patients who may be less likely to access the internet to look up services and may be less familiar with services such as NHS 111.</p>

Disability	√	√		The positive impact on people with disabilities is easy access with community services being delivered across Wirral and limited travel distance to access these services during their opening hours. Outside of these hours NHS111, GP out of hours or travel to the UTC on the site of A&E would be available, so access is not adversely impacted by the option.
Gender Reassignment			√	No issues identified to date.
Pregnancy and Maternity			√	No issues identified to date.
Race			√	No issues identified to date.
Religion or Belief			√	No issues identified to date.
Sex (Gender)			√	No issues identified to date.
Sexual Orientation			√	No issues identified to date.
Vulnerable Groups e.g. Homeless, Sex Workers, Military Veterans			√	No issues identified to date.

SECTION 3 - COMMUNITY COHESION & FUNDING IMPLICATIONS

Does the 'project' raise any issues for Community Cohesion (how it will affect people's perceptions within neighbourhoods)?

The Primary Care Hubs will be located in Birkenhead, Wallasey and Eastham which may be viewed disadvantaging West Wirral residents. However, there is currently no specific urgent care provision (in the form of a Walk-In Centre) in West Wirral so there is no actual change to their provision.

Residents from West Wirral will have the ability to use the Urgent Treatment Centre at Arrowe Park Hospital which is within their geographical footprint. As part of the consultation we asked patients what their most important factors were in terms of location of urgent care services. Whilst there was a strong public voice to retain urgent care facilities currently delivered in Wallasey and Birkenhead; there was no specific feedback regarding West Wirral.

The evidence presented within our case for change document clearly outlines areas of need and steps required to reduce variation and improve equality of access across Wirral.

What effect will this have on the relationship between these groups? Please state how relationships will be managed?

No issues identified

Does the proposal / service link to QIPP (Quality, Innovation, Productivity and Prevention Programme)? Yes

Does the proposal / service link to CQUIN (Commissioning for Quality and Innovation)?

Yes / No

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

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

The new model will need to be delivered within the existing commissioning cost envelope and is deliverable within this. External funding ring-fenced for 'hospital development' has been secured and within the scope of this falls the new Urgent Treatment Centre which is part of an overall capital build programme (led by WUTH) which is due for completion in 2022.

This is the end of the Equality Impact section, please use the checklist in Appendix 2 to ensure and reflect that you have included all the relevant information.

SECTION 4 - HUMAN RIGHTS ASSESSMENT

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

No issues identified

SECTION 5 – RISK ASSESSMENT

See guidance document for step by step guidance for this section

Risk Matrix. Use this table to work out the risk score

RISK MATRIX					
	Risk level				
Consequence level	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	VERY LIKELY 5
1. Negligible	1	2	3	4	5
2. Minor	2	4	6	8	10
3. Moderate	3	6	9	12	15
4. Major	4	8	12	16	20
5. Catastrophic	5	10	15	20	25
Consequence Score: Likelihood Score: Risk score = consequence x likelihood					6 (Consequence 2 x Likelihood 3)
<i>Example: risk of not consulting patients leading to legal challenge: Consequence score of 4 and Likelihood score of 3</i>					
Any comments / records of different risk scores over time (e.g. reason for any change in scores over time):					
Important: If you have a risk score of 9 and above you should escalate to the organisations risk management procedures.					
EQUALITY IMPACT AND RISK ASSESSMENT AND ACTION PLAN					
Risk identified	Actions required to reduce / eliminate negative impact	Resources required (this may include financial)	Who will lead on the action?	Target date	
Risk of unintended consequences to one or more protected characteristic groups through changing urgent care system	Full public consultation to proactively ask and consider potential impact on each of the protected characteristics groups and reflect any such impacts within decision making process	Existing consultation and engagement plan	Senior Commissioning Lead – Transformation	June 2018	

SECTION 6 – EQUALITY DELIVERY SYSTEM 2 (EDS2)

Please go to Appendix 1 of the EIRA and tick the box appropriate EDS2 outcome(s) which this project relates to. This will support your organisation with evidence for the Equality and Inclusion annual equality progress plan and provide supporting evidence for the annual Equality Delivery System 2 Grading

SECTION 7 – ONGOING MONITORING AND REVIEW OF EQUALITY IMPACT RISK ASSESSMENT AND ACTION PLAN

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

CCG Urgent Care Transformation Steering Group

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

Next review: Post consultation (January 2019)

Next formal update: July 2019 (post Governing Body decision)

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

CCG Urgent Care Transformation Steering Group

FINAL SECTION SECTION 8

Review date linked to Commissioning Cycle:

Acknowledgement that EIRA will form evidence for NHS Standard Contract Schedule 13: Yes / No

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

29.11.19 (previous versions sent 25.10.17 and 14.11.17 and 03.05.18)

Date quality checked by Equality and Inclusion Business Partner:

(Historical checks 25/10/2017, 09/05/2018, 29.05.19)

Date of final quality check by Equality and Inclusion Business Partner: 13/12/19

Signature Equality and Inclusion Business Partner: Nicola Griffiths





This is the end of the Equality Impact and Risk Assessment process: By now you should be able to clearly demonstrate and evidence your thinking and decision(s). To meet publishing requirements this document SHOULD NOW BE PUBLISHED ON YOUR ORGANISATIONS WEBSITE.

- Save this document for your own records. Send this documents and copy of Human Rights Screening to equality.inclusion@nhs.net

Supplementary information to support CCG compliance to equality legislation:

Appendix 1: Equality Delivery System:

APPENDIX 1: The Goals and Outcomes of the Equality Delivery System			Tick box(s) below
Objective	Narrative	Outcome	
1. Better health outcomes	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	√
		1.2 Individual people's health needs are assessed and met in appropriate and effective ways	√
		1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	√
		1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	√
		1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	√
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	√
		2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	√
		2.3 People report positive experiences of the NHS	√

	order to improve patient experience	2.4 People's complaints about services are handled respectfully and efficiently	√
3. A representative and supported workforce	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	√
		3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	√
		3.3 Training and development opportunities are taken up and positively evaluated by all staff	√
		3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	√
		3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	√
		3.6 Staff report positive experiences of their membership of the workforce	√
4. Inclusive leadership	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	√
		4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are managed	√
		4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	√

Appendix 2: Checklist for ensuring you have considered public sector equality duty and included all relevant information as part of the EIRA.

Equality Impact and Risk Assessment Checklist	
Scope	Yes/No
Have I made the reader aware of the full scope of the proposal and do I understand the current situation and what changes may occur?	Yes
Legal	
Have I made the reader aware of our organisations legal duties with regard to Equality & Diversity and are they documented?	Yes
Has the relevance of these duties pertaining to this item been outlined explicitly and documented?	Yes
Have I explained how in this area we currently meet our Public Sector Equality Duties and how any change may affect this?	Yes
Information	
Have I seen sufficient research and consultation to consider the issues for equality groups? (This may be national and local; demographic, numbers of users, numbers affected, community needs, comparative costs etc.)	Yes
Have I carried out specific consultation with affected groups prior to a final decision being made?	Yes
Has consultation been carried out over a reasonable period of time i.e. no less than six weeks leading up to this item?	Yes
Have I provided evidence that a range of options or alternatives have been explored?	Yes
Impact	
Do I understand the positive and negative impact this decision may have on all equality groups?	Yes
Am I confident that we have done all we can to mitigate or at least minimise negative impact for all equality groups?	Yes
Am I confident that where applicable we considered treating disabled people more favourably in order to avoid negative impact (Disability Equality Duty)?	Yes
Am I confident that where applicable we allowed an exception to permit different treatment (i.e. a criteria or condition) to support positive action	Yes
Have I considered the balance between; proposals that have a moderate impact	Yes

on a large number of people against any severe impact on a smaller group.	
*Wider Budgetary Impact (where applicable)	
Within the wider context of budgetary decisions did I consider whether an alternative would have less direct impact on equality groups?	Yes
Within the wider context of budgetary decisions did I consider whether particular groups would be unduly affected by cumulative effects/impact?	Yes
Transparency of decisions	
Will there be an accurate dated record of the considerations and decisions made and what arrangements have been made to publish them?	Yes
Due regard	
Did I consider all of the above before I made a recommendation/decision?	Yes