

Equality Impact Assessment Template – Policy, Function or Strategy

This document should be completed when a new policy, function or strategy is introduced or when a substantive change to an existing policy, function or strategy is recommended. This will ensure equality considerations are taken into account before a decision is made and the policy, function or strategy can be altered, if required.

1. Policy, function or <u>strategy</u>	
a.	Name/description of the policy, function or strategy ¹ Primary Care Transformation Programme / Primary Care Improvement Plan (PCIP)
b.	Responsible organisation(s)/Lead Service Primary Care, Health and Community Care Directorate, Inverclyde HSCP
c.	Lead Officer Pauline Atkinson, Primary Care Transformation Manager
d.	Date of Impact Assessment 1 st August 2023
e.	Partners/other Services involved in the development of the policy, function or strategy BMA Scottish Government Inverclyde HSCP Scottish GP Committee NHSGGC
f.	Is the policy, function or strategy? New Policy Reviewed/Revised
g.	What is the purpose of the policy, function or strategy (include details of any new legislation which prompted the introduction of the policy, function or strategy or the substantive change to the policy, function or strategy)? Inverclyde Primary Care Transformation Programme has been in establishment since October 2015. In November 2017 the Scottish Government and the Scottish GP committee of the British Medical Association (SGPC) issued a policy statement on the proposed 2018 General Medical Services Contract in Scotland. This policy statement was consulted on widely with the new GMS contract proposal and accepted all parties based on the initial successful Primary Care Transformation work of the New Ways Inverclyde Programme. Local Inverclyde GPs were consulted on the New Ways Programme outcomes and the way forward with the proposed primary care delivery plan and how this would be achieved. Primary Care Improvement Plans were created to set the direction of HSCP Primary Care Transformation to support the HSCP

¹ Please attach details of the policy, function or strategy to this Template

		<p>deliver the 6 key requirements set out in the Memorandum of Understanding, April 2018, which was published to provide guidance to Health and Social Care Partnership on the requirements of the GMS Contract 2018. The HSCP is required to redesign a number of services traditionally provided within GP practices, these include;</p> <ul style="list-style-type: none"> • Vaccination Transformation Programme, • Pharmacotherapy Services, • Community Treatment and Care Services • Urgent Care (by Advance Nurse Practitioners or Advance Practice Paramedics) • Additional Professional Roles (Advance Practice Physiotherapists and Community Mental Health Practitioners) • Community Link Workers. 	
h.	<p>What are the intended outcomes of the policy, function or strategy?</p>	<p>The intended outcomes are to refocus the GP role and the development of a wider multi-disciplinary team (MDT) in primary care, more closely integrated with other health and social care services. It is intended that this will ensure patients can see the right person at the right time and have more effective and high quality care. It is also intended that this transformation will ensure the sustainability of primary care in Scotland, retaining GPs in their profession and improving their ability to do their best by their patients amidst rising demand, expectations and clinical complexity.</p>	
i.	<p>Geographical area (Inverclyde-wide or a specific location)</p>	<p>Inverclyde HSCP boundaries</p>	
j.	<p>Which parts of the Equality Duty will the policy, function or strategy impact on?</p>	<p>Yes</p>	<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by The Equality Act 2010</p>
		<p>Yes</p>	<p>Advance equality of opportunity between people of different groups</p>
		<p>Yes</p>	<p>Foster good relations between people from different groups</p>
k.	<p>Will those who may be directly or indirectly affected by the policy, function or strategy be involved in its development?</p>	<p>Stakeholders were, and continue to be consulted through a tripart arrangement, in the form of a Memorandum of Understanding (MOU) created and implemented between the IJB/HSCP, NHSGGC and the Scottish Government. This agreement with the purpose of directing how Primary Care services are developed using a multi-disciplinary approach and delivered locally. This Memorandum is then subject to routine joint review to ensure it is meeting needs. Two strands of funding were agreed; one directly to General Practice to deliver the terms of the new GMS contract and a second to the IJB to deliver aspects of Primary Care for which they will be responsible such as the wider MDT.</p>	

	<p>As our Transformation programme has developed, engagement with our local population has taken place through engagement programmes naming as <i>New Ways Inverclyde, Choose the Right Service, Choose the Right Service Children and Young People, How to Access Primary Care</i>; and most recent <i>Transforming our Services, Transforming Primary Care</i>.</p> <p>We continue to engage with all stakeholders through methods including Primary Care Transformation Group providing our Governance Structure, MOU Development Groups, Service Engagement Session and Workforce Workshops. Population engagement has been adopted through models including face to face engagement, social media, media and working with local community groups, networks and partners through a Third Sector partner.</p> <ul style="list-style-type: none"> • <i>Evidence available including session engagement notes, evaluation, development plans, action trackers and creating of materials, branding. Example being our most recent engagement programme Primary Care Transformation Branding including service leaflets, flyers, concertina and wallet sized cards. Transforming Primary Care Materials - Final</i> • Population Knowledge Survey Surveys — Your Voice • Community Engagement & Group Sessions Projects — Your Voice • Information Stalls Transforming Primary Care — Your Voice • Workforce Engagement sessions • Social and news Media • Transformation Webpage primary-care-transforming-our-services
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2. Does the policy, function of strategy impact on:		
	Yes	No
a. Protected Characteristics under The Equality Act 2010: Age; Disability; Gender Reassignment; Pregnancy and Maternity; Race; Religion and Belief; Sex; Sexual Orientation (see Section 3)	Yes	
b. Reducing inequalities of outcome caused by socio-economic disadvantage – Fairer Scotland Duty ² (see Section 6)	Yes	

² [Fairer Scotland Duty: guidance for public bodies](#)

c. Local Outcomes Improvement Plan (LOIP) 2017/22 ³ (see Section 7)	Yes	
d. Corporate Plan 2018/22 ⁴ (see Section 8)	Yes	
3. If 'Yes' is selected for any part of Section 2, please populate the other relevant Sections of this Template.		
4. If 'No' is selected for every part of Section 2, please state the reasons for this.		
Please sign below and email a copy of this Template to Karen Barclay, Corporate Policy and Performance Officer: karen.barclay@inverclyde.gov.uk		
Signature: <i>Pauline Atkinson</i>	Date: 14 th August 2023 revised on 9 th October 2023	

3. Impact – Protected Characteristics

Which of the Protected Characteristics will the policy, function or strategy have an impact upon?

Protected Characteristic	Impact					Reasons/Comments
	Positive High	Positive Low	Neutral	Negative High	Negative Low	
Age		Y				Shifting the balance of care from General Practice to our Multi-disciplinary teams will support delivery of our population gaining support, care and treatment from the right person, at the right time in the right place. Under the MOU the following services have seen and will continue to see service delivery changes to the way in which they are delivered. All protected characteristic groups will benefit from a wider range of professionals and service to access to complement their GP care. By diverting relevant demand away from GPs to our MDT staff, we aim to maximise GP time with those most in need, vulnerable or with complex needs and care. Those patient taking multiple medications will seek benefit from have a pharmacy team attached to General Practice providing quality medicine
Disability		Y				
Gender Reassignment		Y				
Marriage and civil partnership		Y				
Pregnancy and maternity	Y					
Race		Y				
Religion and belief		Y				
Sex		Y				

³ [Local Outcomes Improvement Plan 2017/22](#)

⁴ [Corporate Plan 2018/22](#) (agenda item 5)

Sexual orientation		Y			<p>management. This is likely to support a variety of age groups, particularly with older population with more complex medication management.</p> <p>Vaccination & Immunisations – specific emphasis on high positive impact with maternity services now offered vaccination and immunisation at midwife appointments providing continuity of care in that setting. Particular focus is underway looking at vaccination venues, locations and models to ensure that hard to reach populations are provided for, travel is minimised, and vaccinations are accessible for all.</p> <p>Through Community Link Model there is much greater focus on social, housing, mental health and other non medical support that is provided to a range of population and characteristic groups.</p> <p>Community Treatment & Care providing support around Long Term Condition monitoring ensuring this population have regular review and support, particularly around maximising independence.</p> <p>Engagement is underway to explain the transformation agenda to our population and highlight the service and support available in and around Primary Care. Feedback will be sought from a range of population groups to ensure we capture the views of our population and respond to these need as best possible.</p>
Other groups to consider		Y			<p>Asylum and New Scots communities will be supported with Scottish Health Care system information to explain the various services that can be accessed complementing GP care. Specific engagement is taking place with this population group.</p> <p>Carers in particularly within our community will gain a range of alternative services and support. In most cases GP access is not often the right person to provide the relevant care and support needed for this population group. Specific engagement with this population group is taking place.</p>
<p>4. Which parts of the Equality Duty will the policy, function or strategy have an impact upon?</p>					
	<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010</p>				

Y	Advance equality of opportunity between people from different groups
	Foster good relations between people from different groups

5. Impact – groups	
From the information you have highlighted above, describe the positive and negative impacts and the groups affected under The Equality Act 2010.	
<p style="text-align: center;">Positive impacts +</p> <p>Access to a wider range of professional and services will benefit the community in obtaining advice and support. Being effectively care navigated through services to ensure they are accessing care that best suits their needs, delivered by the appropriate professional or service. Some examples include:</p> <p>Community Treatment and Care Services will provide a more equitable service approach for our local population regardless of characteristics. Examples include treatment and care for bloods, wound care, chronic disease monitoring. Models include both GP practice based and Clinic settings in three Health Centres.</p> <p>Medication reviews, hospital discharge medication and medicine queries being delivered by Pharmacy Teams in Primary Care provides Medicine experts delivering safe prescribing care to the local population regardless of characteristic or population group.</p> <p>Delivery approach for this population group has altered to provide vaccination and immunisations for pregnant women within the care of Woman & Children Services ensuring care is provided by Maternity Services providing continuity of care, a consistent approach and ensuring this population receives the right care in the right place at the right time.</p>	<p style="text-align: center;">Negative impacts -</p> <p>Some population groups will be encouraged to access services outwith their GP Practices which may result in access to care and treatment in other areas of Inverclyde.</p> <p>This will affect all population groups regardless of characteristic. However patients will have access to a wider range of services and a wider range of locations to access care.</p> <p>The wider vaccination programmes which are NHS GGC driven provides only access to travel vaccinations and some ad-hoc vaccinations outwith Inverclyde. Consequently, patients are required to travel outwith their locality. This could be seen as disadvantaging patient access and therefore should be considering in as part of the review of the overall vaccination programme. As such, this may affect more vulnerable groups, such as those with a disability, minority groups as there could be associated anxieties, worries or concerns travelling by public transport to city or unfamiliar locations. We are aiming to move towards a model of bringing the vaccinations to the people and not the people to the vaccinations.</p> <p>Our New Scots and Asylum population may find it difficult to navigate through these potentially complex services, therefore specific support, education and guidance is being provided and for this group.</p>

6. Impact – Fairer Scotland Duty

What impact will this policy, function or strategy have on reducing inequalities of outcome caused by socio-economic disadvantage?

<p align="center">Positive impact +</p>	<p align="center">Neutral impact =</p>	<p align="center">Negative impact -</p>
<p>Support for our most vulnerable and disadvantage patient groups is being achieved through the development of the Community Link Worker model.</p> <p>Moving towards a model of ‘bringing the vaccinations to the people and not the people to the vaccinations to improve accessibility and reduce inequalities across many disadvantaged populations.</p>		
<p>Briefly describe how the policy, function or strategy will impact on reducing inequalities of outcome.</p> <p>Inverclyde has the highest local share of all councils for the percentage of data zones in the 5%, 10% and 20% most deprived data zones. Inverclyde has the second highest local share of all councils for the percentage of data zones in the 15% most deprived data zones. A large proportion of Inverclyde’s data zones have very high levels of income and employment deprivation, which has a significant impact on the overall SIMD data zone rankings e.g. Inverclyde’s most deprived data zone, which is located in Greenock town centre, has an income deprivation rate of 48% and an employment deprivation rate of 44%. Tackling inequality is one priority however presents challenges to be overcome in relation in reducing poverty and deprivation, delivering area renewal, increasing employment opportunities, improving health and reducing health inequalities. To succeed this will be achieved through collaborative working with our health and social care colleagues, Independent Contractors and partner agencies. Both fuel and food poverty are areas in which our Community Link Workers are most sought for support and direction to food banks, money advice, clothing banks, support with housing issues. These issues can have a significant impact on our service users mental health and wellbeing. The CLW model provides a much-needed support in working towards addressing the inequalities agenda and assist those most in need to achieve positive outcomes for their life circumstances.</p>		

7. Impact – LOIP 2017/22

Which Priority/Priorities from the LOIP 2017/22 will this policy, function or strategy impact on?

<input type="checkbox"/> YES	1. Population: Inverclyde’s population will be stable and sustainable with an appropriate balance of socio - economic groups that is conducive to local economic prosperity and longer-term population growth
<input type="checkbox"/>	2. Inequalities: There will be low levels of poverty and deprivation and the gap between the richest and poorest members of our communities will be reduced (This may already have been highlighted at Section 6.)
<input type="checkbox"/>	3. Environment, culture and heritage: Inverclyde’s environment, culture and heritage will be protected and enhanced to create a better place for all Inverclyde residents and an attractive place in which to live, work and visit
<input type="checkbox"/>	4. The local economy: Inverclyde has a thriving and diverse local economy. Economic activity is increased, and skills development enables both those in work and those furthest from the labour market to realise their full potential

Briefly describe how the policy, function or strategy will impact on the LOIP Priority/Priorities.

Our Population is supported through this policy to develop effective support pathways and service to promote Health and Wellbeing of our population. This is being achieved through our Community Link Workers, CTAC and many MOU teams to ensure that the health and wellbeing of our patients are at the centre of our care.

Community Link Workers in particular have provided a much-needed shoulder for our population and reconnecting the majority with society following the pandemic. This valued team in our community navigate individuals safely onto further support and services unique to individual patient/client needs including fuel, poverty support, mental health and wellbeing as examples.

8. Impact – Corporate Plan 2018/22

Which Priority/Priorities from the Corporate Plan 2018/22 will the policy, function or strategy impact on?

	1. To promote Inverclyde, to both residents and visitors alike, as a great place to live, work and visit
	2. To work collaboratively, to enable strong, connected and empowered communities, particularly in areas of deprivation, so that residents have influence and control over the things that matter to them
	3. To grow the local economy in a way that creates opportunities for all our residents, including access to good quality jobs
	4. To reduce the prevalence of poverty and, in particular, child poverty in our communities
	5. To safeguard, support and meet the needs of our most vulnerable families and residents
x	6. To improve the health and wellbeing of residents so that people live well, and for longer
	7. To protect and enhance our natural and built environment
	8. To preserve, nurture and promote Inverclyde’s unique culture and heritage
x	9. To deliver services that are responsive to community needs and are underpinned by a culture of innovation, continuous improvement and effective management of resources
x	10. To develop motivated, trained and qualified employees who deliver quality services that meet current and anticipated service needs
<p>Briefly describe how the policy, function or strategy will impact on the Corporate Plan Priority/Priorities. This policy provides support to tackling health inequalities through a range of MOU services including CTAC, Pharmacy, Vaccination. A much needed focus on prevention and early intervention will be delivered through CTAC, CLW and other MOU areas. These services working together as part of the extended GP team provides a much wider pull of resources for the health, social and emotional needs of the of the population of Inverclyde.</p>	

Advanced Practice has and will enable care to be undertaken by Physiotherapists, Nurses and Pharmacists at an advanced clinical level; whilst our social and non medical care needs is supported under the model of social prescribing. Continuous investment and training in our workforce will ensure the quality of service and care is one that Inverclyde can be proud of. Services will be delivered in response to population needs, Scottish Government direction and our GP community priorities in order to best facilitate multidisciplinary working in complementing GP care.

9. Evidence

What evidence do you have to help identify any potential impacts of the policy, function or strategy?

Note: Evidence could include information from consultations, surveys, the Citizens' Panel, focus groups, interviews, projects, user feedback, complaints, Officers' knowledge and experience, equalities monitoring data, publications, research, reports, and local and national groups.

Evidence	Details
Consultation/Engagement (including any carried out while developing the policy, function or strategy)	Our most recent engagement programme is – Transforming our Services, Transforming Primary Care, to introduce our population to the changes within primary care, how to access services, provide information and service details and gain feedback from our local service users. Engagement Workshop Evidence, Evaluation Reports, Engagement Reports, will be published on completion in March 2024. Further details regarding the engagement programme can be obtained as follows Transforming Primary Care — Your Voice
Research	New Ways Reports where test were piloted media_573766_en.pdf (sspc.ac.uk) New ways of working releasing general practitioner capacity with pharmacy prescribing support: a cost-consequence analysis Family Practice Oxford Academic (oup.com) 3. Improving NHS Pharmaceutical Care - Achieving excellence in pharmaceutical care: a strategy for Scotland - gov.scot (www.gov.scot) Notes and papers from Board Wide groups around best practice, evidence based medicines, delivery of care and digital advancement. Inverclyde-GP-New-Ways-Pilot-web.pdf (isdscotland.org)
Officers' knowledge and experience (including feedback from frontline staff)	Patient and workforce engagement /feedback 4 Manageable Workload - GMS contract: 2018 - gov.scot (www.gov.scot) Primary Care Team reports on progress, experience, achievement demonstrated in IJB reports https://www.inverclyde.gov.uk/meetings/documents/16281/07%20Impact%20of%20the%20Primary%20Care%20Improvement%20Plan%20(PCIP).pdf Community Link Workers Annual Reports Our Support - CVS Inverclyde

Equalities monitoring data	As appropriate the protected characteristics are built into our monitoring and evaluation arrangements through system recording, population engagement will aim to capture those patients' demographics to ensure that we are reaching patients across a range of diversity and characteristics. Our services capture patient demographics and diversity, an example of this is the recording of this data in the Community Links Worker Model on a system called MILO. Local population data is available between quarter March - June 2023 showing 343 patient contacts, of which 60% female (207), 40% male (136). In terms of age demographics, support and interactions are recorded from early years through to 85years+. Over the same period, 62% (213) of interactions fell within the 25-64 age range bracket.
User feedback (including complaints)	Feedback from Service Users through various MOU services including MSK APP, ANP, CTAC via own service methods and recently with the impending launch of Care Opinion for our MOU Services. Evidence of Vaccination enquiries from Councillors and complaints from patients. From the feedback received, an Adult Vaccination Sub Group is now convened to focus on review of current model, best practice, learning from others to enable a mode of delivery that is inclusive all our populations needs. The approach to focus on 'bringing the vaccinations to the people and not the people to the vaccinations'
Stakeholders Other	Engagement Session with Workforce Population Engagement through various programme and evaluations evidence Engagement with all partners including Local Medical Council (LMC), GP (General Practice) Sub-Committee, NHS Greater Glasgow and Clyde, British Medical Association (BMA)
Are there information gaps and, if so, what are these?	Population preference in the delivery location of vaccination services.

10. Consequences of analysis

What steps will you take in response to the findings of your analysis? Please select at least one of the following and provide a brief explanation.

a.	Continue development with no changes		
b.	Continue development with minor alterations	Yes	<ul style="list-style-type: none"> Maximise opportunities for patients to access care as close to their community as possible. This will include the review of CTAC services in the context of developing the Health Care Support Worker role to deliver basic measurements and basic interventions as part of GP Practice clinics to reduce the need for patient travel. This will also include the continued ask for NHS GGC to consider community venues for delivery of vaccination and be guided by our HSOP in terms of the population need and access requirements.

			<ul style="list-style-type: none"> Continue to engage with the Vaccination programme in the wider remit of achieving delivery of all vaccinations closer to Inverclyde.
c.	Continue development with major changes		
d.	Discontinue development and consider alternatives (where relevant)		

How will the effect of the policy, function or strategy be monitored following implementation?

The continued review of these findings will be incorporated into PCIP plans and overall Transformation agenda to ensure that the population of Inverclyde is accessing Primary Care services as close to their community as possible. This will be in the context of and considerations for reducing inequalities, cost of living, fuel and food poverty.

When is the policy, function or strategy due to be implemented? **Ongoing Implementation of Primary Care Transformation. Next phase of development will progress upon release of SG funding in March 2024.**

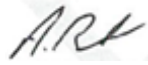
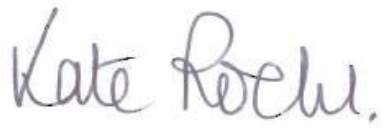
When will the policy, function or strategy be reviewed? **This policy will be reviewed at financial year end 31.3.24 in line with further funding allocation.**

What resources are available for the implementation of the policy, function or strategy? Have these resources changed?

The HSCP Primary Care Team support delivery of the MOU in the development, implementation, review, evaluation of each of the components of services under the Primary Care Transformation remit. Funding source is Scottish Government for overall service delivery and implementation of the programme.

11. Please use the space below to detail any other matters arising from the Equality Impact Assessment process, including what action could be taken to mitigate the impact of the policy, function or strategy.

This review has highlighted the need to consider patient access to services in a variety of locations which in most cases may be suitable; however those patients groups that cannot access transport or do not have established rail or bus links may find this more challenging. It will therefore be a priority of the Primary Care Transformation programme to focus its next chapter on equitable access and bringing services as close to the communities as possible.

Details of the Person(s) who completed the Assessment:	
Name:	Pauline Atkinson
Position:	Primary Care Transformation Manager
Date:	9 th October 2023
Authorised by:	 
Name:	Alan Best
Position:	Interim Head of Health & Community Care
Date:	3 rd November 2023

Thank you for your assistance with the completion of this task.

Please send a copy of the completed Template to Karen Barclay, Corporate Policy and Performance Officer at karen.barclay@inverclyde.gov.uk.

12 August 2022