

Appendix A

Equality analysis

Notes for carrying out equality analysis

In line with equalities legislation, public bodies like NHS Lambeth CCG are required to assess how their policies and practices might affect different groups. In particular we are required to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- foster good relations between people who share a protected characteristic and people who do not share it.

There is no prescribed process for doing this, but public sector organisations are advised to keep a record of how they have reached decisions in order to have ready evidence of their compliance with equalities legislation.

Key questions to address include:

- What are the potential impacts?
- Who will experience them? How? Why?
- Are they positive or negative?
- How severe are the impacts?
- How likely are they?
- How long are they likely to last?
- What is the likely geographical scale of the impacts, if any?
- How do you know this?
- Do we need to collect further evidence? Could engagement with groups likely to be affected sense check our analysis and help fill in gaps in our knowledge or understanding?
- What can we do to mitigate potential negative consequences or enhance positive impacts?

Robust equality analysis is a powerful commissioning tool and should be explicitly referenced in papers, discussions and forums to support decision-making.

Please complete this as comprehensively as you can and seek help from your equalities lead if you are struggling.

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Section 1

Proposal, service, programme, strategy, policy or procedure being assessed	Redevelopment of 72 Clarence Avenue and 9A Rathmell Drive for use by Clapham Park Group Practice as premises to deliver primary care services.
Name & title of person responsible	Chris Newman Managing Partner Clapham Park Group Practice
Contact details	0208 678 5422 – chris.newman3@nhs.net
Is this an existing, new or proposed function?	Change to existing function

<p>1. What is this proposal, service, programme, strategy intended to achieve?</p> <ul style="list-style-type: none"> Describe aims, purpose, and intended outcomes Include any links to wider CCG / NHS aims / strategic objectives 	<ul style="list-style-type: none"> To increase primary care capacity for the local population, removing the risk of list closure at the practice. To increase capacity for teaching and training in the area To deliver compliant premises for Clapham Park Group Practice To enable delivery of services in the community as a single provider and as part of our local cluster/neighbourhood/locality.
<p>2. Who does this function/initiative relate or apply to? (eg all CCG staff, people who need hip replacements, children with asthma...)</p>	All citizens in Clapham Park.
<p>3. What would equality look like in terms of this function? i.e. consistent take-up and satisfaction rates or narrowing outcome gap across the equality groups</p>	Providing services that can be accessed by all patient groups without facing unnecessary barriers. We should see consistent up-take and satisfaction rates of our services across all patient groups. This would be measured by patient feedback and survey responses, which includes equality monitoring data to assess the impact of our services on those who share protected characteristics..

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	Age	Disability	Gender reassignmt	Marriage / civil	Race	Religion or belief	Sex	Sexual Orientation	Pregnancy / maternity	Socio-economic	Carers
4. Do the different population groups have different needs and, or experience health inequalities in relation to the area described in 1-2? (Y/N/DK)	Y	Y	DK	DK	DK	Y	Y	DK	Y	Y	Y
Comments – where Y above, please elaborate on population groups identified; list sources of available evidence	Most of these groups face various health inequalities in relation to accessing primary care services. I have expanded on these areas in the document below.										

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5. Are there existing service inequalities? Eg unequal access for specific groups? Poorer experience of service for specific groups? Poorer outcomes from service or initiative for specific groups? (Y/N/DK)	Y	Y	DK	DK	Y	Y	Y	Y	Y	Y	Y
Comments – where Y above, please elaborate where service inequalities are known; list evidence	Age: Due to our current lack of clinical space we are only able to offer a limited number of appointments during core hours. To meet demand we are now offering more appointments during early morning, evening and weekend clinics, and through the Lambeth GP Access Hubs. These appointments are great for working people but less suitable and appealing to more complex and vulnerable patients. Increasing our clinical space would address this.										

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Disability: Our current practice is not suitable for patients with physical disabilities. The corridors and doorways are too narrow, there is no disabled toilet, and there are other various buildings issue that make it difficult for patients with physical disabilities to get around. The new building would address all of these issues. However patients with disabilities are able to book longer GP appointments if needed and reasonable adjustments are made for patients with disabilities (i.e. autistic patients are seen at quiet times and a hearing loop is available for deaf patients)

Race: Lambeth population is ethnically diverse with 3 in 5 describing their ethnicity as other than white British (<https://www.lambeth.gov.uk/sites/default/files/ssh-demography-factsheet-2017.pdf>) . Around 150 different languages are spoken in families in the borough. Around 17,000 people (6% of the population) speak a main language other than English, mostly EU and African languages. (<https://www.lambeth.gov.uk/sites/default/files/State%20of%20Borough%202016%20-%20v3.pdf>) We have the opportunity to pre-book interpreters / Language Line at the same time as making double appointments.

Religion or belief: We cannot currently guarantee staff or patients a quiet room for prayer, however empty rooms are offered if available. A dedicated room will be available when the practice is afforded more physical space.

Sex: Due to our geographical area we have a large number of female patients aged 20-35. These patients need good access to family planning and sexual health services. We do not currently have a compliant minor operations room for coil insertions, and we are not able to innovate and offer additional sexual health services due to space restrictions. Instead we currently sign post patients to appropriate services. There is a clear need within our local population that we are currently unable to meet.

Sexual Orientation: Lambeth has the highest relative gay or lesbian population in England <https://www.theguardian.com/world/2017/apr/19/out-in-the-country-rural-hotspots-found-as-gay-population-mapped> Stonewall research found that LGB staff and patients encounter often negatives attitudes in the health services because of their sexual orientation. To counter this, training and support for healthcare staff on the rights and needs of LGB patients, service users and carers – including recording information on ‘next of kin’ who are not family, access to support groups while in hospital and preventing homophobia as part of Equality & Diversity awareness training will be rolled out.

Pregnancy/maternity: Due to our demographic we have a large group of pregnant patients and new mothers. Due to space restraints we are currently unable to offer access to nursing appointments when they need them the most (usually in the middle of the day) for childhood immunisations, pertussis/flu vaccinations for pregnant mothers and other services. The redevelopment will offer additional nursing suites so that we

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	<p>can meet these needs. The new building will also offer a breastfeeding room to offer a place for mothers should they wish to do this in private.</p> <p>Socio-economic: As highlighted above our space restrictions can often affect our most vulnerable patients the most. This can lead to frail patients taking late night or early morning appointments and travelling to the practice in the dark or in slippery conditions (during the winter) which is not ideal.</p> <p>Carers: The improvements to our DDA compliance will help carers when bringing patients to and from the practice. Our new building will also offer improved meeting space which we hope to use for patient events, shared consultations and patient group meetings which are often aimed at groups such as carers.</p>
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6. Is there opportunity to promote equality of opportunity, good relations or increase participation? (Y/N/DK)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Comments	<p>We strive to engage with all groups to promote, discuss and improve the services we offer. Our new building will have improved meeting space that will enable us to hold more meetings and events with our patients and improve relations.</p> <p>This is particularly important as practices begin to work in clusters/neighbourhoods and meetings will most likely improve patients from multiple practices.</p>										

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7. Is there potential for negative or adverse effects? (Y/N/DK)	N	N	N	N	N	N	N	N	N	N	N
Comments – list any known risks for specific groups and any evidence to suggest / safeguards in place to ensure that there will be no negative or adverse effects	As the redevelopment project will improve access to our services for all patients we cannot foresee any negative consequences.										
8. If there is potential for negative or adverse effects assess <ul style="list-style-type: none"> 8.1 likelihood (1 = unlikely, 5 = certain) 8.2 severity (1 = very mild, 5 = very severe/ risk of death) 8.3 numbers of people affected (1 = very few, 5 = almost everyone) 	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
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9. Is there public concern about possible discrimination/unfairness/ inequality?	N	N	N	N	N	N	N	N	N	N	N
Comments	I am not aware of any public concerns that relate to this project and discrimination, unfairness or inequality. We would be happy to listen to these concerns and we are confident that we can mitigate them before, during and after the development.										

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10. How much evidence is there to support these conclusions? 1 = none 2 = little 3 = some 4 = substantial	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Comments (list sources of evidence known/used)											

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11. What ability do we have to: <ul style="list-style-type: none"> Alleviate or change unfair, adverse or discriminatory effects? 1 = none 2 = little 3 = some 4= substantial 	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<ul style="list-style-type: none"> Promote and enhance positive effects 1 = none 2 = little 3 = some 4= substantial 	4	4	4	4	4	4	4	4	4	4	4
Comments	There will be many opportunities to promote the benefits of our new building to the local population through advertising, PR, patient engagement events and discussion with our local patient groups. We acknowledge the importance of two-way communication so that we can enhance the benefits of this project based on evolving local patient need.										

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Based on the findings above:

<p>12. If screening shows:</p> <ol style="list-style-type: none"> 1. There could be differential or adverse effects on different population groups 2. The evidence so far supports the potential for differential effects 3. There is not enough evidence to rule out differential effects 4. There is substantial public concern about differential effects <p>Further work may be needed to assess impact, develop mitigating actions and monitor effects</p>	<p>Decision:</p> <p><input checked="" type="checkbox"/> No further assessment, this initial assessment has addressed all requirements.</p> <p><input type="checkbox"/> Yes, further equality analysis required (complete action plan and add evidence below when you have this)</p> <p>Priority for review (based on answers to 9-12)</p> <p><input type="checkbox"/> High (Within 1 year)</p> <p><input type="checkbox"/> Med (2yrs)</p> <p><input type="checkbox"/> Low (3yrs)</p> <p>Date: 1 May 2019</p>
<p>Signature of responsible Director:</p> <p>Considered at (enter detail of meeting and date if applicable)</p>	 <p>Christine Caton, Chief Financial Officer</p>

Save and send copy of completed screening and any accompanying reports or evidence to Equalities and Diversity Lead: Valerie Richards valerierichards@nhs.net