



Portsmouth
Clinical Commissioning Group



Portsmouth
CITY COUNCIL

Equality Impact Assessment

Full assessment form 2018

www.portsmouthccg.nhs.uk

www.portsmouth.gov.uk

Directorate:

CCG-NHS Commissioning

Service, function:

Primary Care

Title of policy, service, function, project or strategy (new or old):

Guildhall Walk Healthcare Centre site closure and a patients' list dispersal

Type of policy, service, function, project or strategy:

- Existing
- New / proposed
- Changed

Lead officer

Steve McInnes, Head of Primary Care Commissioning

People involved with completing the EIA:

Steve McInnes, Head of Primary Care Commissioning
Mike Witt, Head of Operations - Primary Care, PHL Group
Claire Pond, Equality and Diversity Manager,
Portsmouth CCG

Introductory information (Optional)

This EIA relates to the proposed service change brought about by the planned closure of Guildhall Walk Health Centre site and patient's list dispersal. This EIA is largely centered around the impact on Guildhall Walk Health Centre patients and staff if the service change is agreed.

Step 1 - Make sure you have clear aims and objectives

What is the aim of your policy, service, function, project or strategy?

The Guildhall Walk Healthcare Centre is located close to the city centre, with a list size of 8,400 patients. The practice holds an Alternative Provider Medical Service (APMS) contract with the CCG. This contract is time limited and was recently extended for a year until the end of September 2021. Under the NHS regulations, this contract cannot be extended again.

In regard to the premises there has been a change of landlord and a request for change of use from NHS use have been submitted. This means that the primary care provision under the contract would have to be delivered from a different site.

Portsmouth Clinical Commissioning Group (CCG) has identified and reviewed the options available for the future registration and general practice care of the patients currently registered at Guildhall Walk Surgery. These are:

Option 1 – Re-procure an APMS contract

This is against the national and local direction of General Medical Services contracting. The practice list size of 8,197 (Sept 2020) is just smaller than average across England but the national trend is for increased practice list sizes to enable economies of scale and efficiency of the practice making this contract less viable. APMS contracts attract a premium value to the contract which does not support the direction of travel to an equitable contract price. A re-procurement would require significant financial and project management resource.

Option 2 – Disperse the list

There are other practices within the Somerstown Hub and walking distance (0.6m) that could provide for a dispersed list.

List dispersal would require financial and project management resource

Other practices within the city would increase their list sizes making them more sustainable and bringing economies of scale.

Medical contracts within the city would be at an equitable contract price

As at March 2021 NHS Portsmouth CCG currently has 12 member GP practices operating out of 25 sites across the city. In addition to their core opening hours (08:00-18:30, Monday-Friday), practices also offer patients extended access through additional clinics either in the early morning (before 08:00) or late evening (after 18:30) during weekdays, or through additional clinics on Saturdays; this is dependent on patient preference within individual surgeries.

All member practices also offer same day access for patients with urgent primary care needs.

In addition to in-hours GP service provision (08:00-18:30), Portsmouth patients also have access to an out-of-hours GP service between 18:30-08:00 on weekdays, and 24 hours a day at weekends and on

bank holidays. Access to GP Out of hours is determined on the outcome of clinical pathways operated by NHS 111.

The majority of GP surgeries and branch surgeries in Portsmouth are within a 2 mile radius of Guildhall Walk Healthcare Centre and the practices located nearest to the surgery are;

- The University Surgery – currently located a four-minute walk from Guildhall Walk and scheduled to move to new and improved premises in 2021 in the city centre (short walk from Guildhall Walk)
- Portsdown Group Practice via The Somerstown Hub site – currently located an eight-minute walk from Guildhall Walk
- The Lighthouse Group Practice via Southsea Medical Centre – currently located a 13-minute walk from Guildhall Walk
- Lake Road Practice via John Pounds site – currently located a 12-minute walk from Guildhall Walk

All of these surgeries are rated 'Good' by the Care Quality Commission. This means that people will have the opportunity to choose to move to a practice that best meets their needs.

Pharmacies are another important access point to primary care within Portsmouth city; currently all pharmacies within Portsmouth are commissioned to deliver at least one enhanced service with many providing multiple enhanced services. There are pharmacies close by to other local GP practices and one within walking distance of the St Marys Treatment Centre. Many pharmacies in Portsmouth are adopting the Pharmacy First scheme that offers support with medicines and treatments for patients on low incomes and benefits or those with young children.

These options have been reviewed and discussed in detail by the Primary Care Commissioning Committee of Portsmouth CCG. The membership of this committee includes the CCG's clinical lead who represents GPs across Portsmouth, a Portsmouth City Public Health doctor, CCG commissioning lead, and representatives from NHS England and Portsmouth Healthwatch.

The decision of this Committee is that it is in the best interests of the 8,400 patients registered at Guildhall Walk surgery to be offered registration with a nearby practice of their choice (i.e. list dispersal). This will be through a "managed transfer" liaising with nearby general practices who have confirmed they have capacity to take all patients.

It is recognised there will be an impact on staff, with the practice due to now close at the end of the contract, 30 September 2021. Affected members of staff were informed of the changes on Wednesday 24 February, giving them just over seven months to find other roles. The commissioner and provider will work with the practice to support staff, particularly to encourage a smooth closure of the practice with minimal disruption on the quality of care on offer.

Who is the policy, service, function, project or strategy going to benefit or have a detrimental effect on and how?

It is recognised that the closure of a GP practice can be a worrying and disruptive experience for patients, and this is not a decision that was taken lightly.

There are a number of high-quality practices available in the area ready to take on new patients as listed above.

PRACTICE POPULATION

The practice population fluctuates between 8200 and 8500 patients - there is a slightly more transient element to the population figures perhaps due to the fact that a large proportion of the patient population are students and mature students, due to the proximity of the Portsmouth University. There is a high annual turnover of patients due to students starting and completing their courses. As at March

2021 the proportion of patients was:

- Ages 0 -14: 1,021 patients
- Ages 15-24: 2,520 patients
- Ages 25-34: 2,278 patients
- Ages 35-44: 1,405 patients
- Ages 45-54: 663 patients
- Ages 55-64: 382 patients
- Ages 65 + : 232 patients

with a roughly equal proportion of male to female (slightly more male) at 4,603 : 3,898.

The ethnic make up of the practice population is as follows:

- British or Mixed British 3047
- Other White 1488
- Other 1468
- Indian or British Indian 477
- African 405
- Other Mixed 285
- Chinese 250
- Other Asian 202
- White & Black African 123
- Other Black 116
- Bangladeshi or British Bangladeshi 96
- White & Asian 93
- Caribbean 71
- Irish 65
- White & Black Caribbean 46
- Pakistani or British Pakistani 40
- (refused 870)

Figures for March 2021 suggest the practice also had a registered population of the following at risk groups:

- Homeless patients; 107
- Drug misusers; 106
- Alcohol misusers; 123

There may be a detrimental effect on some patients who live further away from other practices in the city compared with the Guildhall Walk Healthcare Centre site although the distance might be marginal.

There may also be an impact on patients currently registered at with other practices due to larger numbers attending these sites, and more generally on patients trying to make appointments.

No impact is envisaged under the following groups: Age, Disability, Race, Sex, Pregnancy and maternity, Marriage & civil partnership and other groups.

Unclear impact has been noted under the following groups: Gender assignment, Sexual orientation, Religion or belief.

For asylum seekers / refugees, there is no known impact

For homeless patients the impact is unclear, although there are plans in place to broaden an existing outreach service with an intention to pick up patients that may be registered at Guildhall Walk. Re-registration for homeless patients has been identified as a specific area of focus.

It is hoped that disruptions for patient care are kept to the minimum and the closure of the practice will have a neutral impact on patients overall. The CCG will continue to work closely with the surgery to

ensure that all patients affected by the changes are supported to make sure they continue to receive the care they need and that the transfer of patients can be accomplished in a safe and managed way.

The Guildhall Walk practice is also home to the Special Allocation Scheme, a service that ensures that patients who have been removed from a practice patient list can continue to access healthcare services. This contract is also due for renewal, and work was already underway with commissioning colleagues across the region to re-procure this service to make sure it continues to meet the needs of this particular cohort. The change of location of this service may not be significant, as many of these patients access services remotely.

As listed above, with the current information available, there are no benefits to practice staff.

What outcomes do you want to achieve?

To ensure general practice services are sustained for patients of Guidhall Walk Surgery in a managed way and patients are moved to a practice of their preferred choice.

What barriers are there to achieving these outcomes?

Involves the closure of 1 existing physical site which may impact on some patients.

Step 2 - Collecting your information

What existing information / data do you have? (Local or national data) look at population profiles, JSNA data, surveys and patient and customer public engagement activity locally that will inform your project, national studies and public engagement.

Public Health data :

JSNA/Fingertips <https://fingertips.phe.org.uk/>

Anonymised reporting from the GP Practice.

Some feedback from patients has been received at engagement events that were held to seek their views on the proposals. Other feedback has been received from patients via feedback forms.

Using your existing data, what does it tell you?

The population is 4th highest in the city in terms of IMD deprivation level score (31.1) and is above the national average of 21.7 (Fingertips).

The percentage of patients with a long term health condition (53.5%) is close to the Portsmouth (51.5) and England (52.4) average. (Fingertips)

Life expectancy for males is lower (75.8) than the England average (79.5) (Fingertips)

Life expectancy for females is lower (80.7) than the England average (83.1) (Fingertips)

There is a relatively young population profile, particularly for the 20-45 yr age group (Fingertips).

There are around 120 homeless patients registered at the practice.

Approximately 35% of the practice list is made up of students.

Feedback from patient engagement events and other patient contacts have helped inform an FAQ, detailed below -

<https://www.portsmouthccg.nhs.uk/guildhall-walk/faq/>

Local councillors, via the Health and Overview Scrutiny Panel (HOSP), have -
"RESOLVED that in the event that the CCG confirms its decision to close the Guildhall Walk Healthcare Centre, the panel asks it to pledge to work with the Patient Partnership Group and others including the Health & Wellbeing Board to secure alternative provision as soon as possible to the current surgery and to bring a report to the HOSP prior to September 2021"

Step 3 - Now you need to consult!

Who have you consulted with?

Guildhall Walk Practice staff
Registered patients incl Patient Participation Group
All Portsmouth CCG Practices
Local pharmacy
Local councillors
Local Medical Committee
Healthwatch Portsmouth
University of Portsmouth

If you haven't consulted yet please list who you are going to consult with

Individual patients from specific vulnerable groups.
Further discussions to be held with local councillors.

Please give examples of how you have or are going to consult with specific groups or communities e.g. meetings, surveys

Three letters were sent to registered patients at Guildhall Walk Healthcare Centre Practice aged 16 and over (total practice list size of 8,400 patients). Letter 1 - advising of the closure; Letter 2 - invitation to engagement events; Letter 3 - asking for their preferred choice of new practice.

Three on-line engagement events have been held for patients of Guildhall Walk Healthcare Centre which included a presentation by the CCG and a Q&A at the end. Around 50 patients participated in these meetings in total.

The practice was unable to meet with the Patient Participation Group as this consisted of only one person and they left the area. There has been no other interest from patients in joining a group.

FAQ posted on CCG and practice websites.

CCG email address provided for patients to raise queries or concerns regarding the closure. Themes from the responses from this and the engagement events are covered under Step 2 above.

As part of this EIA exercise the practice has identified specific groups where a tailored letter may be necessary to ensure they are supported with moving practice and any potential impact assessed and mitigated or removed. This includes homeless patients, housebound patients, and those with Learning Disabilities or Dementia. The practice has also identified patients that will require specific on-going care as soon as they are re-registered, for example people having regular wound dressings, those on cancer or palliative care registers. These patients will have their records flagged such that the new practice will be able to pick up on these health issues.

Step 4 - What's the impact?

Is there an impact on some groups in the community? (think about race, gender, disability, age, gender reassignment, religion or belief, sexual orientation, sex, pregnancy and maternity, marriage or civil partnerships and other socially excluded communities or groups)

Generic information that covers all equality strands (Optional)

The relatively high level of deprivation is acknowledged for the practice population. Also the high student numbers.

Ethnicity or race

The practice is not an outlier in terms of ethnicity.

Neutral impact as Translation services will be maintained (available at all local GP practices).

Gender reassignment

This group faces complex challenges such as isolation, fear, rejection and lack of understanding or acceptance from others. They subsequently suffer depression, anxiety and other mental health issues. They experience the same challenges as lesbian, gay and bisexual people and the need for a non-discrimination policy and clear policy on confidentiality is important.

There should be no impact on transgender people. All practices policies and procedures including staff training will be expected to cover non-discrimination and confidentiality in view of the complex challenges faced by this group.

Age

Overall there is a young population profile, especially aged 20-45. No impacts are anticipated for any age group given the locality of other nearby practices that they can register with.

Disability

Some patients may find it more difficult to cope with change, for example those with dementia, learning disabilities, and frailty. Further communication with these groups will be undertaken.

All local practices are compliant where possible with NHS guidance for primary care premises in terms of disability access to include space for mobility aids, good signage and loop/sign language facilities.

Patient information systems are compatible and include flagging of patients who have information and communication support needs in accordance with the NHS Accessible Information Standard. Alternative formats such as Easy Read and audio are available on request and the practices have access to BSL interpreters.

Religion or belief

Every reasonable effort is made to meet individual requests relating to religion of belief in the provision and delivery of primary care health across the city.

Sexual orientation

Lesbian, gay and bisexual people, like transgender people, report negative experiences of health care in relation to their sexual orientation. These include being treated as heterosexual, unable to discuss their sexual orientation or have the partner welcome during a consultation.

There should be no impact as all practices policies and procedures including staff training will be expected to cover non-discrimination and confidentiality in view of the complex challenges faced by patients.

Sex

Every effort will be made to meet gender specific requirements. There will be the ability to see male/female GPs and other clinicians at practices. Patients have the choice of selecting a new practice based on information such as the make-up of the GP workforce.

Marriage or civil partnerships

There should be no impact on marriage and civil partnership.

Pregnancy & maternity

Patients can expect the same services at all practices across the city.

Other socially excluded groups or communities

Homeless patients - there are just over 100 homeless patients registered at the practice. It has been agreed that, subject to patient choice to the contrary, patients will be re-registered at a practice that is closest to the day centre / night accommodation that the person may attend.

Patients will continue to be able to access outreach services that may be provided in the city, regardless of which practice they are registered at.

An enhanced homeless healthcare service is also being proposed which all practices will be able to sign up to and deliver over and above core contract requirements.

Note: Other socially excluded groups, examples includes, Homeless, rough sleeper and unpaid carers. Many forms of exclusion are linked to financial disadvantage. How will this change affect people on low incomes, in financial crisis or living in areas of greater deprivation?

Health Impact

Have you referred to the Joint Needs Assessment (www.jsna.portsmouth.gov.uk) to identify any associated health and well-being needs?

Yes No

What are the health impacts, positive and / or negative? For example, is there a positive impact on enabling healthier lifestyles or promoting positive mental health? Could it prevent spread of infection or disease? Will it reduce any inequalities in health and well-being experienced by some localities, groups, ages etc? On the other hand, could it restrict opportunities for health and well-being?

A positive health impact could be that more people are screened for cancer and vaccinated against diseases, given that other practices in the city have higher uptake rates for this.

A potential negative impact could be that some patients have slightly further to travel. However the impact of this is considered to be minor given the location of other practices. It should be noted that patients reserve the right to move to another practice if they are unhappy in any way with the new practice.

Health inequalities are strongly associated with deprivation and income inequalities in the city. Have you referred to Portsmouth's Tackling Poverty Needs Assessment and strategy (available on the JSNA website above), which identifies those groups or geographical areas that are vulnerable to poverty? Does this have a disproportionately negative impact, on any of these groups and if so how? Are there any positive impacts?, if so what are they?

For more help on this element of tackling poverty and needs assessment contact Mark Sage: [email:mark.sage@portsmouthcc.gov.uk](mailto:mark.sage@portsmouthcc.gov.uk)

Neutral impact, as primary medical services will be maintained locally at other practices.

Step 5 - What are the differences?

Are any groups affected in a different way to others as a result of your policy, service, function, project or strategy?

Please summarise any potential impacts this will have on specific protected characteristics

Some vulnerable patients may require additional support in terms of moving practice and/or their on-going care needs. This will be covered off between the CCG, the Guildhall Walk practice and the new (receiving) practices as appropriate.

Does your policy, service, function, project or strategy either directly or indirectly discriminate?

Yes No

If you are either directly or indirectly discriminating, how are you going to change this or mitigate the negative impact?

Step 6 - Make a recommendation based on steps 2 - 5

If you are in a position to make a recommendation to change or introduce the policy, service, project or strategy clearly show how it was decided on and how any engagement shapes your recommendations.

No recommendation can be made as it is the responsibility of the Portsmouth Clinical Commissioning Group's Primary Care Commissioning Committee to agree the proposed closure.

What changes or benefits have been highlighted as a result of your consultation?

The need to consult with specific cohorts of patients to further test out the impact on them and how any issues may potentially be mitigated.

If you are not in a position to go ahead what actions are you going to take?
(Please complete the fields below)

Action	Timescale	Responsible officer
<input type="text"/>	<input type="text"/>	<input type="text"/>

How are you going to review the policy, service, project or strategy, how often and who will be responsible?

The CCG project team has weekly review meetings and b-monthly meetings with PHL to review the closure process and re-registration of patients. This will continue until all patients have been transferred and the practice contract has ended. The CCG will also review with the receiving practices how they are managing in regard to taking on (in some cases substantial numbers) new patients. The CCG will also link with Portsmouth Healthwatch and others to check if there are any issues reported by patients and the CCG mailbox for patient queries will remain open for a period of time after the closure.

Step 7 - Now just publish your results

This EIA has been approved by:

Contact number:

Date:

PCC staff-Please email a copy of your completed EIA to the Equality and diversity team. We will contact you with any comments or queries about your preliminary EIA.
Telephone: 023 9283 4789, Email: equalities@portsmouthcc.gov.uk

CCG staff-Please email a copy of your completed EIA to the Equality lead who will contact you with any comments or queries about your full EIA. Email: sehccg.equalityanddiversity@nhs.net