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| **For:** | GMS Service Change Application  (Reduction in opening hours) |
| **Date form completed:** | 17th September 2020  Revised: 30th November 2020 |
| **Name of Completer** | Dawn Price |

**Any organisation providing a public function is subject to the general duty under the Equality Act 2020**. This therefore includes General Practices in relation to their public functions.

In summary, those subject to the general equality duty must have had due regard to the need to:

1. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act.
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The table overleaf provides a simple template to help general practices consider the general equality duty in relation to the services they provide, and particularly in relation to any plans for changes in the ways those services are provided.

It is good practice to engage with patients and other stakeholders (e.g. Practice Participation Group) in the development and ongoing review of your equality impact assessment. For example, by asking them what they think the impact might be, working with them to agree mitigation actions to address adverse impact, and continuing your dialogue to check that your actions are having the desired effect.

In addition to the statutory duties under the Equality Act it is also good practice for general practices to also consider the impact on:

* Welsh Language
* Carers
* People living in Socio Economic Disadvantage

Please indicate below that you have considered the impact of the proposal on the protected characteristics for all those that might be impacted (patients, staff, patient’s relatives and carers etc.).

**Introduction**

Haygarth Medical Practice is a dispensing and GP training practice with 7 GP partners (5.35 WTE). In addition to the GP partners, our clinical team consists of one part-time salaried GP, eight part-time Practice Nurses, three Health Care Assistants, and three part-time phlebotomists. We provide primary care services for approximately 8,500 patients in a rural practice area from 2 purpose built Medical Centres.

**Background**

The South Powys Locality with Red Kite Health Solutions have been involved over recent years in developing a new model of primary care. This included the development of ‘Pharmacy teams’ and on the day triage through pacesetter projects with Powys THB.

Haygarth Doctors was able to take this a step further in piloting Total Nurse Triage through a similar funding stream, which included providing remote triage support to another local practice. The rationale behind the telephone triage is that the patient is able to see the most appropriate clinician within a suitable timescale. The results have demonstrated improved access for GP appointments (for example the wait for a routine GP appointment reduced from over two weeks to an average of 3-4 days), an increase in appointment duration so that GPs are able to spend more time with patients of whom an increasing number have very complex needs. The system also addressed improved continuity of care, a reduction in missed appointments (DNAs), improved access, practice morale, professional development of our nursing team and enhanced multi-disciplinary team working.

More recently, in the current pandemic, whereas the national news was quoting reductions of 40% in referral rates for patients with suspected cancer our urgent suspected cancer referral rates have remained at the same level as last year. We believe that this is due to our patients being familiar with the triage system already rather than needing to adapt to a  sudden change to triage triggered by Coronavirus and the system itself being flexible enough to cope with rapidly changing numbers of patients and staff.

**Aims and Objectives**

We believe that the clinical outcomes of Total Nurse Triage have improved the quality of care we are able to provide our patients. Therefore we have taken the decision to reduce the overall opening hours of both Hay and Talgarth Surgeries to generate cost savings so that we can continue to provide a Total Nurse Triage service for our patients.

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| **Equality Protected Characteristic** | | **Impact** | | | | | | | **Briefly describe what the impact is, and what steps you can take to address any negative impact** |
| **Will it have an impact** | | | | **Is the impact positive or negative** | | |
| **Yes** | | **No** | | **(+ve)** | | **(-ve)** |
| Age | | Yes | |  | | +ve | |  | Total nurse triage has improved the access to GP appointments (reduced from over a 2 weeks to an average of 3-4 days. Increased appointment duration so that GPs are able to spend more time with patients of whom an increasing number have very complex needs. Improved continuity of care.  The dispensary opening hours will not be affected by the afternoon closures. Patients will continue to be able to collect their prescription and re-order medication at the designated dispensary hatch as they do currently.  Patient facing clinics will still be available at both sites.  Emergency services will continue to be provided from 8-6.30pm every week day in much the same way as we operate now.  Patients will be able to contact both Hay and Talgarth Surgery by telephone daily from 8-6.30pm. |
| Disability | | Yes | |  | | +ve | |  | Total nurse triage has improved the access to GP appointments (reduced from over a 2 weeks to an average of 3-4days. Increased appointment duration so that GPs are able to spend more time with patients of whom an increasing number have very complex needs. Improved continuity of care.  The dispensary opening hours will not be affected by the afternoon closures. Patients will continue to be able to collect their prescription and re-order medication at the designated dispensary hatch as they do currently. However, we do acknowledge the feedback regarding the accessibility of the hatch and have addressed these concerns in the evaluation section below – November 2020.  Patient facing clinics will still be available at both sites.  Emergency services will continue to be provided from 8-6.30pm every week day in much the same way as we operate now.  Patients will be able to contact both Hay and Talgarth Surgery by telephone daily from 8-6.30pm. |
| Gender Reassignment | |  | | No | |  | |  |  |
| Pregnancy and maternity | |  | | No | |  | |  | These patients access services from Brecon War Memorial hospital. We will continue to have unscheduled care available across both our sites as we do now. |
| Race | |  | | No | |  | |  |  |
| Religion, belief and non-belief | |  | | No | |  | |  |  |
| Sex | |  | | No | |  | |  |  |
| Sexual orientation | |  | | No | |  | |  |  |
| Marriage and civil Partnership | |  | | No | |  | |  |  |
| **Impact on other groups and individuals** | **Impact** | | | | | | | | **Briefly describe what the impact is, and what steps you can take to address any negative impact** |
| **Will it have an impact** | | | | **Is the impact positive or negative** | | | |
| **Yes** | | **No** | | **(+ve)** | | **(-ve)** | |
| Welsh Language |  | | No | |  | |  | |  |
| Carers | Yes | |  | | +ve | |  | | Total nurse triage has improved the access to GP appointments (reduced from over a 2 weeks to an average of 3-4 days. Increased appointment duration so that GPs are able to spend more time with patients of whom an increasing number have very complex needs. Improved continuity of care.  A reduction in specific afternoon general medical services should not impact these patients as we will be providing the same level of services throughout the week from both sites.  Patients will be able to contact both Hay and Talgarth Surgery by telephone daily from 8-6.30pm. |
| People Living in Socio Economic Disadvantage |  | | No | |  | |  | | A reduction in specific general medical services should not impact these patients as the proposed changes will maintain the improved level of services seen as a result of the Total Nurse Triage system.  Patients will be able to contact both Hay and Talgarth Surgery by telephone daily from 8-6.30pm. |
| Any other comments, evidence, assessments or information that relates to the impact of this proposal? | | | | | | | | | |
| **Equality Impact Assessment Template changes**  We have reviewed the EQIA and made the following revisions: -  AGE – Positive impact  DISABILITY – Positive Impact  PREGNANCY and MATERNITY – No Impact  CARERS – Positive Impact  PEOPLE LIVING IN SOCIO-ECONOMIC DISADVANTAGE – No Impact  We have been auditing the numbers of patients who attend the surgery for a number of months due to COVID-19. Based on these figures we have been able to revise the EQIA as above. Our audit shows that the majority of the patients attending the surgery are collecting medication, this service will continue to be available from our dispensary hatches and our front door collection service for those who are unable to access the dispensary hatch. We will continue to record patient footfall and analyse regularly to ensure that our patients are not impacted by the afternoon closures.  Our service provision will be unchanged and therefore the afternoon closures should not impact negatively on any of the above groups.  **Staff**  Our staff have been extremely understanding and supportive of the proposed closures and they are well adapted to working across both sites as this is our usual practice.  **Practice engagement**  Due to the restrictions of the COVID-19 pandemic, the practice had to find alternative ways to engage with its patients and members of the public. Nevertheless, considerable efforts have been made to reach as many people who may be affected by the proposals. The practice took the decision to consult and engage by placing information about the proposals on social media, the practice website, patient leaflets, and the local printed newspapers (Brecon & Radnor Express and the Hereford Times).    People were invited to respond to the proposals and the consultation and engagement activity resulted in the following:  8083 views on social media  40 responses via social media  1 Letters were received  7 Emails were received  In addition, the practice has engaged with both local pharmacies.  Feedback was also received and considered from staff within Powys Teaching Health Board (PTHB) and Powys Community Health Council (Powys CHC).  **November 2020**  The practice has reviewed all of the feedback received as a result of the engagement undertaken, including the concerns raised by both PTHB and Powys CHC.  The following key themes have been identified:  **People feel that the changes will lead to a reduction of services**  Although the practice has reduced the overall opening hours across the practice, we will not be reducing the level of services we offer. The reduced practice hours WILL NOT mean a reduction of GP hours. The practice will continue to provide the same number of appointments for all services. Understandably GP face to face appointments are reduced under the COVID-19 pandemic as we have other clinics operating in the surgery. However, like other GP Practices, we have availability of GP telephone and video appointments and the face to face GP appointments will increase as and when it is safe to do so.  GPs and clinical staff will continue to provide clinics during the afternoons on the site that remains open. Therefore we will continue to have a range of appointments available both in the morning and afternoon on both sites.  Emergency on the day appointments continue to be shared across both practices  We will be monitoring appointment numbers offered throughout the practice to ensure that services are maintained under the reduced hours.  There has not been a change to the way that we operate our emergency system, we continue to provide this on alternate sites and felt that as this service remained unaffected by the reduction of opening hours, there would be no further impact to our patients.  Patients can continue to book routine GP appointment when it is convenient for them.  The practice has always promoted and advertised the services offered by the local Dial-a-Ride service.  However we do recognise that the triage can help prevent unnecessary trips to thesurgery.  **People feel that the changes will mean reduced access to GP appointments**  We have recently launched our new interactive website which provides our patients with an alternative access route to the practice and we are pleased that the website activity is increasing quite rapidly. We are able to assist with a range of queries through the website. Patients can also contact the surgery by telephone to make appointments, seek advice or for general queries. We are continually promoting the use of the website and have recently advertised its launch in the community magazine, the Wye Local. It is hoped that the website will help free up the telephone service for those patients who cannot access the interactive website.  Access for the collection and re-ordering of prescriptions is available via the dispensary hatch on the closed site, this remains open until 5.15pm. Our dispensary staff re-direct patients who have difficulty accessing the hatch to the main entrance where there is a comms system in situ to enable patients to seek access further assistance from our staff.  The practice has tried to reduce the impact of the reduced opening hours as much as possible; by sharing the hours across both surgeries; keeping the telephone lines open at both surgeries; utilising the dispensary hatch and front door collection for access for prescriptions during the closed afternoons; no reduction in service provision; interactive website; continuing availability of afternoon appointments.  We are open and would actively encourage our patients to seek the support of our services.  **People feel that the changes will have a negative impact on waiting times**  The introduction of the total nurse triage service had a hugely positive impact on the reduction of our routine GP appointment waiting times; 2-3 week wait reduced to 2-4 days for most appointments. We were able to increase our routine GP appointment times from 10 minutes to 15 minutes, allowing the GP to spend more time with our complex patients. Continuing with the Total Nurse Triage service will hopefully mean that the reduced waiting times will also continue, thus having a positive impact upon waiting times.  **Some people don’t like Triage Service systems in general**  The Total Nurse Triage was introduced to enable our patients to see the appropriate clinician in the appropriate time thus providing quality care to our patients. Not only can this avoid unnecessary visits to the practice for patients but more importantly it can help identify those patients who need to be seen by a clinician urgently and we can therefore prioritise these patients accordingly. The practice acknowledged that not all service users like triage systems in general and will work to promote the benefits of the Total Nurse Triage systems.  We acknowledge that telephone triage is not always accessible to those patients with hearing loss or who are deaf. We do have a hearing induction loop installed in both of our reception areas and therefore our reception staff can assist these patients to access the services they require. We will look at working with the sensory loss team within the PTHB to help establish an alternative method of triage for these patients.  Telephone nurse triage continues to improve patient access to medical services. Clinical triage is designed to signpost patients to the most appropriate professional or service, ensuring the patient has access to the right care from the right service in a timely manner. The triage model is used widely across the NHS.    Before the triage service was introduced, patients may have waited for up to 4 weeks for an appointment, the triage service enables all patients requesting a routine GP appointment to speak to a clinician on the same day.  We do try to provide some flexibility for a ‘call back time’ within the total nurse triage service for our patients who are working or on the school run. We do appreciate that this can be difficult in the working day but ultimately it can be time saving if the appropriate advice or appointment is given.  We appreciate that the triage service will not be suitable for all of our patients and we do endeavour to make provision for our vulnerable patients and patients with sensory impairments or disabilities. We are working with our staff to raise awareness to help identify these patients so that we can give the appropriate assistance when they attend the surgery.  **Accessibility of our services**  Currently we are operating a closed door policy due to the pandemic, however we do have a comms system on the front door of both surgeries, with signage advising our patients with disabilities to use this function to seek assistance from our staff.  Having considered the feedback around the accessibility of the dispensary hatch, we shall be contacting organisations such as Accessibility Powys to explore further solutions to the difficulties with access to our services for this cohort of patients. The steps taken to improve accessibility will be communicated to our service users.  Consultation process – We acknowledge that we were unable to consult with the public face-to-face due to the restrictions of the pandemic and appreciate that opportunities to hold meaningful conversations were limited as a result. We have tried to utilise the alternative options available to us, as outlined earlier. Going forward we will be looking to work with third party agencies and the Local Health Board to help communicate important information and key messages to our patients. We have made links with the Service Improvement Manager for Equality at the Local Health Board who is able to offer advice on how we can further improve our service delivery to those who have a protected characteristic and may be disadvantaged.  **Heightened demand on 111/999/A&E**  We continue to be available by telephone for our contractual hours and we continue to provide urgent on the day care for our patients. Our opening times are displayed on the front doors of our practice and on our website. We advise patients of the availability of Common Ailment service at the local pharmacies in opening telephone message, the links are also available on our website and we display choose pharmacy posters within the practice.  **Conclusion**  Evaluation – The total nurse triage started out as a pilot and from the outset has been monitored and evaluated on its outcomes.  Total nurse triage was introduced to ensure that each patient always sees the appropriate clinician within a suitable timescale. Patients were either given a GP appointment, treated or given advice by a triage clinician, encouraged to self-manage where appropriate, directed to pharmacy or other healthcare professional. The data collected since the start of total nurse triage has shown that 42% of patients requesting non-urgent GP appointments were signposted to other appropriate services. It also shows that over 7% patients wishing to book a routine GP appointment were clinically prioritised to see a GP on the same day.  This has had a hugely positive impact to our practice and patients; improved access, improved quality of care, increased length of routine GP appointment, reduction in DNAs for routine appointments.  Red Kite Solutions have provided a series of reports during the pilot and these have been published on their website; attached is a report from May this year.    It is based on these outcomes that the Partners felt that it was imperative that nurse triage system must be maintained within the practice to ensure the practice can continue to provide the best quality of care to our patients.  We will continue to monitor our level of service provision and the impact of the service change. We regularly review the number of clinics we offer and this will continue to ensure that we are providing the same level of service across the practice for our patients. We will continue to listen to the feedback and concerns raised by our patients in relation to the changes the practice has introduced. | | | | | | | | | |