Edinburgh Primary Care Improvement Plan

Integrated Impact Assessment

Summary Report Template

Each of the numbered sections below must be completed

Interim report		Final report	x	(Tick as appropriate)

1.   Title of plan, policy or strategy being assessed

Edinburgh Primary Care Improvement Plan

2.   What will change as a result of this proposal?

The Primary Care Improvement Plan (PCIP) outlines Edinburgh HSCP's plan to implement the new Scottish General Medical Services (GMS) contract proposal. In January 2018 GPs across Scotland voted in favour of a new GMS contract which was developed by the BMA and Scottish Government. The contract undertakes to shift work from GPs and GP practices and provide funds which allow services to be developed to enable this transition to happen. At the heart of the new contract is the GP as 'expert medical generalist' giving less care directly to patients and emphasising their roles as clinical leaders and their close working relationships with a wider multidisciplinary team delivering more direct care.

3.   Briefly describe public involvement in this proposal to date and planned

A range of public involvement focussed events organised in partnership with Edinburgh Voluntary Organisations Council. Specific groups targeted included carers and third sector organisations. Also draft plan available for public comments through CEC portal/NHSL Twitter account

4.   Date of IIA
22nd May 2018

5.   Who was present at the IIA? Identify facilitator, Lead Officer, report writer and any partnership representative present and main stakeholder (e.g. NHS, Council)

Name	Job Title	Date of IIA	

		training	
Carl Bickler	GP and Clinical Lead	2018	
David White (Lead Officer)	Primary Care Strategic Lead	2018	
Martin Higgins	Public Health Policy Officer	2014	
Sarah Bryson (co-facilitator)	HSCP Policy Officer	2015	
Caroline Lawrie		2018	
Eileen McGuire	Primary Care Manager	2018	
Maggie Gray		2018	
Kate Burton (co-facilitator and report writer)	Public Health Practitioner	2014	

6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
Edinburgh Health Needs Analysis by Locality (2015)	Yes	Provides supporting information for developing the plan, identifying need, demand, priorities and challenges
Edinburgh Primary Care Transformation & Stability Plan (2017)	Yes	Provides supporting information for developing the plan, identifying need, demand, priorities and challenges

Evidence	Available?	Comments: what does the evidence tell you?
Edinburgh Primary Care Premises Assessment (2017)	Yes	Provides supporting information for developing the plan, identifying need, demand, priorities and challenges
Edinburgh Strategy for Pharmacy Support to General Practice (2017-19)	Yes	Provides supporting information for developing the plan, identifying need, demand, priorities and challenges
Edinburgh Link Worker Network Report (2017)	Yes	Provides supporting information for developing the plan, identifying need, demand, priorities and challenges
Edinburgh Primary Care Technology Investment Summary	Yes	Provides supporting information for developing the plan, identifying need, demand, priorities and challenges
Edinburgh Primary Care Governance Structure	Yes	Provides supporting information for developing the plan, identifying need, demand, priorities and challenges
Edinburgh General Practice demand groupings (2016)	Yes	Provides supporting information for developing the plan, identifying need, demand, priorities and challenges

7. **In summary, what impacts were identified and which groups will they affect?**

Equality, Health and Wellbeing and Human Rights	Affected populations
Positive	
• Populations will be better served by primary care if they see the 'right' person at the 'right' time, for example to get dressings checked, stitches out etc. This approach enables primary care teams to focus on 'what matters to you'.	Whole populations
• Populations will have better and easier access to GPs	Whole populations
• Populations will receive continuity of care from the	Whole populations

health professional most able and skilled to meet to meet their needs, for example a mental health nurse	
• Populations will receive a more expert and targeted service delivered by more able and skilled health professionals, for example travel clinics	Whole populations
• Populations experiencing isolation, loneliness, poverty, deprivation or have money worries will have the opportunity to see a member of the Community Link Worker team.	Populations experiencing money worries
• GPs will be able to focus on the needs of the vulnerable patients whilst multi-disciplinary teams provide clinical and non-clinical services which complement the role of the GP.	GPs
• Primary care staffing teams will be enhanced by skill mix.	Primary Care multi-disciplinary teams
• Staff will be able to take more responsibility for the clinical care of patients they are treating.	Primary Care multi-disciplinary teams
• Primary care services will be redesigned locally to ensure they deliver person-centred care.	Primary Care multi-disciplinary teams and whole populations
• Populations will be empowered because they will become more confident in understanding the different clinical and non –clinical roles in the primary care team, therefore they will know the most appropriate team / service they should contact for their care and treatment.	Primary Care multi-disciplinary teams and whole populations
Negative	
• Increase in barriers to accessing primary care services because patients may be advised to go to a Community Treatment and Care Service (CTACS) which is unfamiliar to them and with different staff who may not know their health needs.	Older people, people with long term health conditions, including mental health conditions. Working age people and people relying on public transport
• Increase in barriers to accessing primary care services, confusion and upset because the service	Older people, people with long term health

is now provided by a different healthcare professional than the one that patients knew and was familiar with.	conditions, including mental health conditions
	Whole population
• People perceive that the service provided by non-GPs is not as good as the service they received previously.	
• People might experience higher costs in travelling to the CTACS where the multi-disciplinary teams are based.	Older people, people with long term health conditions, including mental health conditions. Working age people and people relying on public transport.
	Men
• There may be a lack of male nurses to see patients who request this	
• Clinical risks may be increased as primary care staff in the CTACS may not have GP back-up.	Primary care multi-disciplinary team and whole population.

Environment and Sustainability	Affected populations
Positive	
• Development and upgrading of CTACS premises which meet appropriate regulations and standards, including green energy.	Whole population
• Increased use of video-conferencing and teleconferencing between teams and with patients	Staff and patients
• Reduced medicine use and waste due to the development of Community Link Worker teams and additional Pharmacotherapy Services to support social prescribing and improve medication management advice	
Negative	
• Increase in car use amongst staff and patients to	
	Staff and patients,

travel to CTACS due to lack of public transport	particularly older people, people with long term health conditions, including mental health conditions and working age people

Economic	Affected populations
Positive	
• Income maximisation due to the development of Community Link Worker teams to support patients with money worries, poverty and disadvantage.	Older people, people with long term health conditions, including mental health conditions. working age people and those with young children
• Local shops will benefit due to increase in footfall to CTACS	Local businesses
• Increase in jobs (approximately 200 new posts to be created)	Staff
• Increase in staff promotion opportunities, and increase in hours	Staff
Negative	
• Cost barriers for those having to use public transport, taxis or drive to CTACS	Older people, people with long term health conditions, including mental health conditions. Working age people
• Increase in 'did not attend' at CTACS due to cost of travel and logistics of navigating public transport to get there.	Older people, people with long term health conditions, including mental health conditions. Working age people

• Contractual changes to GP employed staff	Staff
• Staff travel time and costs increased to get to CTACS	Staff
• Staff expected to change hours of work to deliver the service.	Staff

8. Is any part of this policy/ service to be carried out wholly or partly by contractors and how will equality, human rights including children's rights , environmental and sustainability issues be addressed?

Development and upgrading of CTACS premises may be undertaken by contractors. NHS Lothian has a sustainable procurement policy. This is defined as a process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis in terms of generating benefits not only to the organisation, but also to society and the economy, whilst minimising damage to the environment.

NHS Lothian aims to reduce the social and environmental impacts from the purchase, use, and disposal of the products they procure. They seek to promote and maintain high standards of social, ethical and environmental conduct across their procurement activities and work with their suppliers to make sure they also adopt this approach.

NHS Lothian has a number of policies and principles to support them in procuring sustainable goods and services, including: Social Sustainability and Community Benefit Clauses, Environmental Sustainability, Financial Sustainability, Small Medium Enterprises, Equalities, and Ethical Procurement

9. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.

Working with NHS Lothian Communications Team and Public Involvement Worker, a communications plan will be developed in a number of formats for easy access. This plan will involve a wide scale consultation with the whole population and target specific population groups who may be more likely to regularly have contact with primary care services, for example those with long term health conditions. By producing the plan in different formats the population groups identified in this question will be enabled to participate in the consultation.

10. **Does the policy concern agriculture, forestry, fisheries, energy, industry, transport, waste management, water management, telecommunications, tourism, town and country planning or land use?** If yes, an SEA should be completed, and the impacts identified in the IIA should be included in this.

NO

11. **Additional Information and Evidence Required**
None
   If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

12. **Recommendations (these should be drawn from 6 – 11 above)**

   - A clear communications plan needs to be developed and consulted upon. This plan must be produced in various formats to ensure it is accessible to specific population groups. Consultation on the plan must include the whole population and target those who are more likely to regularly use primary care services, for example those with long term health conditions.

   - Given the impact of the Primary Care Improvement Plan on staff, there must be a discussion with Partnership on the opportunities and challenges, staff affected by the plan, might experience.

   - The development of existing primary care buildings into CTACS will require a Premises Plan which takes into account environmental impact, transportation, community benefits and cost.

13. **Specific to this IIA only, what actions have been, or will be, undertaken and by when? Please complete:**

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
A clear communications plan needs to be developed and consulted upon. This plan must be	David White	February 2019	November 2019

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
produced in various formats to ensure it is accessible to specific population groups. Consultation on the plan must include the whole population and target those who are more likely to regularly use primary care services, for example those with long term health conditions.			
Given the impact of the Primary Care Improvement Plan on staff, there must be a discussion with Partnership on the opportunities and challenges staff affected by the plan might experience.	David White	January 2019	November 2019
The development of existing primary care buildings into CTACS will require a Premises Plan which takes into account environmental impact, transportation, community benefits and cost.	Maggie Gray	January 2019	November 2019

14.   How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?

The NHS is required by law to analyse the effect of what it does on all protected groups. Collecting, analysing and using equality information helps them see how their policies and activities are affecting various sections of the community. It helps to identify any existing inequalities and where new inequalities may be developing and take action to tackle them.

15.   Sign off by Head of Service/ Project Lead

Name : David White

Date : 03.6.19

16.   Publication

Send completed IIA for publication on the relevant website for your organisation. See Section 5 for contacts.

Section 5   Contacts

- **East Lothian Council**

Please send a completed copy of the IIA to equalities@eastlothian.gov.uk and it will be published on the Council website shortly afterwards. Copies of previous assessments are available via http://www.eastlothian.gov.uk/info/751/equality_diversity_and_citizenship/835/equality_and_diversity

- **Midlothian Council**

Please send a completed copy of the IIA to zoe.graham@midlothian.gov.uk and it will be published on the Council website shortly afterwards. Copies of previous assessments are available via http://www.midlothian.gov.uk/downloads/751/equality_and_diversity

- **NHS Lothian**

Completed IIAs should be forwarded to impactassessments@nhslothian.scot.nhs.uk to be published on the NHS Lothian website and available for auditing purposes. Copies of previous impact assessments are available on the NHS Lothian website under Equality and Diversity.

- **The City of Edinburgh Council**

Completed impact assessments should be forwarded to Strategyandbusinessplanning@edinburgh.gov.uk to be published on the Council website.

- **City of Edinburgh Health and Social Care**

Completed and signed IIAs should be sent to Sarah Bryson at sarah.bryson@edinburgh.gov.uk

- **Edinburgh Integration Joint Board**

Completed and signed IIAs should be sent to Sarah Bryson at sarah.bryson@edinburgh.gov.uk

- **West Lothian Council**

Complete impact assessments should be forwarded to the Equalities Officer.

Appendix One