Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Equality Screening, Disability Duties and Human Rights Assessment Template

Part 1 – Policy scoping

Part 2 – Screening questions

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Guidance on completion of the template can be found on the Equality Commission website at S75 screening template 2010 (web access checked 230920) .docx

Part 1. Policy scoping

1.1 Information about the policy

Name of the policy:
Northern Ireland Local Enhanced Service: Quality Improvement Service

Is this an existing, revised or a new policy?
This is a new service for 2022/2023. It is time limited in that it will be available from January 2023 and end on 31st March 2023.

What is it trying to achieve? (intended aims/outcomes)
The policy aim to improve quality in General Practice and provide equitable patient care for patients, provides an opportunity to address inequalities in health and promote positive health outcomes for patients accessing General Medical Services.

The RCGP describes Quality Improvement (QI) as, *"A commitment to continuously improving the quality of healthcare, focusing on the needs and preferences of the people who use services. It is an evidence-based approach that helps primary care free up time to deliver and evaluate initiatives and embed new approaches more effectively and efficiently into practice".*

The Kings Fund states that, "*The theory and practice of Quality Improvement is based on a number of principles. They include training staff in the nature of systems, use of statistical and quantitative data over time to understand variation, inclusiveness such that all workers have an opportunity to contribute and act on ideas, and a relentless focus on the needs and experience of the people served by a system (its 'customers') They also include employment of many small-scale trials and tests of change as a way to learn in action, the high value attached to teamwork and co-operation, and a belief in the importance of, "joy at work."*

General Practice holds significant opportunities to embrace quality improvement methodology with regards to its share of patient contact and the innate potential of its workforce. *GPs are estimated to deal with around 90% of health-related cases*, and so any QI work has the potential for significant impact.

Quality in healthcare is a complex multidimensional concept and, for this to happen a different approach to quality needs to become embedded in the culture of General Practice, with a genuine commitment to reflective practice and the principle of

continuous improvement. Establishing such a culture requires vision, dedication, education, funding and effective clinical leadership.

To transform QI from a theoretical idea to essential practice there should be a well-considered educational programme for GPs and Primary Care team members on QI methodologies. This should be supported by sustained input and coaching for practices to help establish and cement these behaviours in their daily working lives.

Embedding QI in the culture and working life of General Practice in Northern Ireland is critical to achieving the safe, effective and financially sustainable service that patients and staff deserve. This can only be achieved through a unified and strategic approach, with action being taken throughout all levels of our healthcare system.
The Quality and Outcomes Framework was reinstated in April 2022 with Quality Improvement in General Practice as a new indicator. In order to ensure full engagement with QI activity it is necessary to provide practice teams with appropriate support and mentoring. This will help ensure that QI culture is embedded within every day practice.

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How will this be achieved? (key elements)
The Quality and Outcomes Framework (QOF) for GMS Contract remunerates practices dependent on the quality of clinical care delivered to patients. QOF helps to support the delivery of structured chronic disease management and provides a proportion of GMS practice income. QOF measures achievement against a range of evidence-based clinical indicators, with points and payments awarded according to the level of achievement. Although voluntary, since its introduction in 2004, all practices in Northern Ireland have chosen to participate.

QI is a new domain introduced into QOF in 2022/2023. There are no current existing arrangements between SPPG and GP practices to deliver this new initiative. The new QI proposal can be found under Patient Experience in QOF and it is made up of three new QOF indicators;

- **QI001** The practice can demonstrate continuous quality improvement activity.

- **QI002** The practice has participated in peer review meetings to regularly share and discuss learning from QI activity as outlined in the guidance.
- **QI003** There is a record of all practice team members having completed training on how to perform Quality Improvement Activity.

The spending objectives are to support practices in attaining the QOF QI indicators and embed QI within GP practices. A total of 60 QOF points (20 per indicator) are available for GP practices to attain to meet the three indicators. QOF points carry a monetary achievement value and although a QOF point is worth £178.25 per point, the final achievement is attained by multiplying the initial point's outcome by a practices Population Factor (a practice weighted list size).
The aim of QI is that it will support practice teams in Quality Improvement in General Practice through a Quality Improvement (QI) Facilitator (employed via the Federation Support Unit) to result in efficient, effective, safe, patient-centred, timely and equitable patient care for patients, as well as increasing joy in work and boosting team morale.

QI mentoring will be aligned with training agreed by the Primary Care QI Steering Group to ensure standardisation of QI methodology and tools across all practices in Northern Ireland. Learning will be shared across the region to help improve the support provided to practices to help create a culture of QI.

The objectives of the service are for QI Facilitators to:

- Engage (via email) with all Practices within their Federation Support Unit to actively encourage signup and engagement in QI activity.
- Support practice teams in Quality Improvement activity resulting in efficient, effective, safe, patient-centred, timely and equitable patient care and, to increase joy in work and boosting team morale.
- Act as a point of contact for Practice QI leads to answer any QI related queries.
- To actively engage with Practice QI leads in order to embed QI within GP practices.
- Provide QI support to Practice Manager groups within FSU area.
- Provide QI support for federation PBL days.
- Provide QI mentoring, aligned with the training agreed by the Primary Care QI steering group.
- Ensure standardisation of QI methodology and tools across all practices in Northern Ireland.

- Submit the monthly QI template to the DoPC representative on the QI Working group on or before the last Friday of each month (and before bimonthly meeting).
- Attend bimonthly meetings with the SPPG QI Working Group to provide feedback from each FSU area. This will ensure shared learning across the region and will help improve the support provided to practices moving forward.

Are there any Section 75 categories which might be expected to benefit from the intended policy? If so, explain how.

The service is available to all GP practices and all staff within those practices and will be available to and Section 75 category.

Who initiated or wrote the policy?

Dr Caren Walsh, Keith McKnight and John Scates on behalf of Primary Care Directorate, SPPG.

Who owns and who implements the policy?

Primary Care Directorate, SPPG

1.2 Implementation factors

Are there any factors which could contribute to/detract from the intended aim/outcome of the policy/decision?
If yes, are they (please delete as appropriate)

1. Pressures in General Practice and competing priorities impacting on GP resources
2. Buy in from GP Federations; support required from GP Federations to rollout service. Through engagement with the Federation Support Unit, GP Federation leaders have been informed and engaged in the process.
3. The QI Facilitators will be employed via the GP Federation Support Units (FSU's) to deliver this initiative on behalf of SPPG. The five QI Facilitators delivering this service will be recruited and employed by the FSU's and accountable to the Head of Operations in each FSU. The QI service provision is dependent on timely recruitment and roll-out of the QI Facilitators during the 3-month timeframe of this service (January 2022 – March 2023).

1.3 Main stakeholders affected

Who are the internal and external stakeholders (actual or potential) that the policy will impact upon? (please delete as appropriate)

Those primarily affected are:

GPs and their staff
Patients
Primary Care Directorate staff
Federation staff

1.4 Other policies with a bearing on this policy

- **what are they?**

The Quality and Outcomes Framework (QOF).
The QOF for GMS Contract remunerates practices dependent on the quality of clinical care delivered to patients. QOF helps to support the delivery of structured chronic disease management and provides a proportion of GMS practice income. QOF measures achievement against a range of evidence-based clinical indicators, with points and payments awarded according to the level of achievement. Although voluntary, since its introduction in 2004, all practices in Northern Ireland have chosen to participate.

- **Who owns them?**

Department of Health and the Primary Care Directorate, SPPG.

1.5 Available evidence

What evidence/information (both qualitative and quantitative[1]) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

The 2021/2022 Family Practitioner Service Annual GMS statistics table report
https://hscbusiness.hscni.net/pdf/FPS%20Annual%20General%20Medical%20Services%20for%20NI%20Tables%202021-22.xlsx

The Royal College of General Practitioners
Quality improvement (rcgp.org.uk)
The RCGP describes Quality Improvement (QI) as, *"A commitment to continuously improving the quality of healthcare, focusing on the needs and preferences of the people who use services. It is an evidence-based approach that helps primary care free*

[1] * Qualitative data – refers to the experiences of individuals related in their own terms, and based on their own experiences and attitudes. Qualitative data is often used to complement quantitative data to determine why policies are successful or unsuccessful and the reasons for this.

Quantitative data - refers to numbers (that is, quantities), typically derived from either a population in general or samples of that population. This information is often analysed either using descriptive statistics (which summarise patterns), or inferential statistics (which are used to infer from a sample about the wider population).

up time to deliver and evaluate initiatives and embed new approaches more effectively and efficiently into practice".

Kings Fund
Quality improvement | The King's Fund (kingsfund.org.uk)
The Kings Fund states that, "*The theory and practice of Quality Improvement is based on a number of principles. They include training staff in the nature of systems, use of statistical and quantitative data over time to understand variation, inclusiveness such that all workers have an opportunity to contribute and act on ideas, and a relentless focus on the needs and experience of the people served by a system (its 'customers') They also include employment of many small-scale trials and tests of change as a way to learn in action, the high value attached to teamwork and co-operation, and a belief in the importance of, "joy at work."*

General Practice holds significant opportunities to embrace quality improvement methodology with regards to its share of patient contact and the innate potential of its workforce. *GPs are estimated to deal with around 90% of health-related cases*, and so any QI work has the potential for significant impact.

There are approximately 2,024,725 patients registered with 319 GP practices across Northern Ireland (July 2022).

The 2021/2022 Family Practitioner Service Annual GMS statistics table report (BSO) advises that there are 1,419 GPs listed within Northern Ireland GP practices. 41% of the GPs are male and 59% are female.

There is no additional data available on GPs religion, political opinion, marital status, dependent status, disability, ethnicity or sexual orientation
There is no data available on other staff within GP practices on their gender, age, religion, political opinion, marital status, dependent status, disability, ethnicity or sexual orientation.

Who is affected by the policy or decision? Please provide and discuss a statistical profile. Please specify what sources of information you used to identify the statistical profile. Also provide details of how you involved those impacted (service users, staff, voluntary sector organisations etc.).

What is the makeup of the affected group? (%) Do the statistics indicate that there are any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?

This NILES is available to all 319 Northern Ireland GP practices and their staff.

Implementation of the NILES will ensure GPs and their staff have access to a Quality Facilitator who will:

- Engage (via email) with all Practices within their Federation Support Unit to actively encourage signup and engagement in QI activity.
- Support practice teams in Quality Improvement activity resulting in efficient, effective, safe, patient-centred, timely and equitable patient care and, to increase joy in work and boosting team morale.
- Act as a point of contact for Practice QI leads to answer any QI related queries.
- To actively engage with Practice QI leads in order to embed QI within GP practices.
- Provide QI support to Practice Manager groups within FSU area.
- Provide QI support for federation PBL days.
- Provide QI mentoring, aligned with the training agreed by the Primary Care QI steering group.
- Ensure standardisation of QI methodology and tools across all practices in Northern Ireland.
- Submit the monthly QI template to the DoPC representative on the QI Working group on or before the last Friday of each month (and before bimonthly meeting).
- Attend bimonthly meetings with the SPPG QI Working Group to provide feedback from each FSU area. This will ensure shared learning across the region and will help improve the support provided to practices moving forward.

Religious belief evidence / information:

There is no data on religion available on staff within GP practices.

2021 Census data on religion within Northern Ireland

All usual residents	1,903,178
Catholic	805,151
Presbyterian Church in Ireland	316,103
Church of Ireland	219,788
Methodist Church in Ireland	44,728
Other Christian (including Christian related)	130,377
Other religions	25,519
No religion	330,983

Religion not stated	30,529

Political Opinion evidence / information:

Data from the Northern Ireland Life and Times Survey (2016) show that the general political opinion of the Northern Ireland population is:

- Unionist 29%
- Nationalist 24%
- Neither 46%
- Other/ don't know 2%

There is no additional political opinion data available on staff within GP practices.

2021 Census data on National Identity within Northern Ireland

All usual residents	1,903,175
British	814,629
Irish	633,986
Northern Irish	598,802
English	16,818
Scottish	10,160
Welsh	2,010
Other	113,367

Racial Group evidence / information:

The 2021 Census for Northern Ireland ethnicity details that the proportion of White ethnic group is 96.6% (1,838,000); all other Ethnicities total 3.5% (66,000).

The Irish Traveller population in Northern Ireland is estimated at 2,609 whilst Non-White ethnic groups (Asian, Black, Mixed, Other) estimated at: 62,995 (Census 2021)

The number of births to mothers outside the UK and Ireland has decreased over the past decade with 2,477 births in 2011 compared with 2,284 in 2021 (8% of all registered births) (2021 Census data).

The five most popularly requested languages in HSC settings (as reported by the BSO Interpreting Service Quarterly Report) 1 July 2022 – 30 September 2022 were:

1. Polish (5,398 requests)
2. Arabic (4,625 requests)

3. Lithuanian (2,465 requests)
4. Romanian (2,385 requests)
5. Portuguese (2,084 requests).

There is no ethnicity statistical data available on staff within GP practices.

The main languages spoken in Northern Ireland (Census 2021)

All usual residents aged 3 and over	1,836,616
English	1,751,510
Polish	20,134
Lithuanian	8,978
Irish	5,969
Romanian	5,627
Portuguese	4,982
Arabic	3,627
Bulgarian	3,572
Chinese (not otherwise specified)	3,329
Slovak	2,333
Hungarian	2,172
Spanish	1,860
Latvian	1,700
Russian	1,605
Tetun	1,576
Malayalam	1,478
Tagalog/Filipino	1,339
Cantonese	1,247
Other languages	13,578

Age evidence / information:

The age breakdown of male and female GPs within the 319 GP practices is as follows:

Male 25-39	139		Female 25-39	313
Male 40-44	105		Female 40-44	199
Male 45-49	79		Female 45-49	112
Male 50-54	81		Female 50-54	90
Male 55-59	98		Female 55-59	94
Male 60+	80		Female 60+	29
	582			837

There is no data available on other staff within GP practices on their age.

Northern Ireland Age bands and sex (Census 2021)

Male: 0-14 years	187,086		Female: 0-14 years	178,131
Male: 15-39 years	296,346		Female: 15-39 years	298,015
Male: 40-64 years	302,422		Female: 40-64 years	314,703
Male: 65+ years	150,278		Female: 65+ years	176,199

Marital Status evidence / information:

Data from the 2011 census informs us that:

- Married 47.56%
- Single never married 36.14%
- Separated 3.98%
- Divorced 5.45%
- Same Sex Civil Partnership 0.09%
- Widowed or Surviving partner from SSCP 6.78 %

There is no marital status statistical data available on staff within GP practices.

Sexual Orientation evidence / information:

Between 2005 and 2017, there were 1202 recorded Civil Partnerships regionally. However, this is not indicative of the LGB population. There are no accurate statistics on sexual orientation in the community as a whole, it is however estimated that between 5% and 10% of the population would identify as lesbian, gay or bisexual.

There is no sexual orientation statistical data available on staff within GP practices.

Men & Women generally evidence / information:

The 2021/2022 Family Practitioner Service Annual GMS statistics table report (BSO) advises that there are 1,419 GPs listed within Northern Ireland GP practices. 41% of the GPs are male and 59% are female.

There is no data available on other staff within GP practices on their gender.

General Health Northern Ireland (Census 2021)

Very good	49.98%
Good	28.69%
Fair	13.66%
Bad	5.73%
Very bad	1.95%

Disability evidence / information:

It is estimated that in Northern Ireland, 24% have long term health problems or disability were day-to-day activities are limited (13% limited a little and 11% limited a lot) (2021 Census).

Long-term health problems or disability (Census 2021)
Day-to-day activities are

Limited a lot	11.45%
Limited a little	12.88%
Not limited	75.67%

The table below indicates prevalence of different long-term conditions using information gathered in the 2021 Census.

Type of long – term condition	**Percentage of population with condition %**
Deafness or partial hearing loss	5.75%
Blindness or partial sight loss	1.78%
Learning Difficulty	3.15%
Autism or Asperger syndrome	1.86%
Mobility or dexterity difficulty that limits basic physical activities	10.91%
Mobility of Dexterity Difficulty that requires the use of a wheelchair	1.48%
An Intellectual or learning disability	0.89%
Emotional, psychological or mental health condition	8.68%
Long – term pain or discomfort.	11.58%
Shortness of breath or difficulty breathing	10.29%
Frequent confusion or memory loss	1.99%
Other long-term condition	8.81%
Does not have a long-term health condition	65.33%

Dependants evidence / information:

Information from 2021 Census

- 1% of all 5-14-year olds provide 1-19 hours unpaid care per week
- This rises to 4.4% for those aged 15-39 years old
- 6.4% aged 65+ provide 50+ hours of unpaid care per week

Health Survey NI (2021/22)

- 17% of respondents surveyed have caring responsibilities. This is an increase of 5% from the 2010/2011 survey
- The biggest percentage increase in age band from 2010/2011 to 2021/2022 is in the 45-54-year olds which has seen a +9% increase

Parents with dependent children (Census 2011)

Responsibility for dependent children:

- 238,094 households (33.9% of all NI households)

NI Lone parent families = 115,959, with 123,745 dependent 9 children in family. Of the 115, 959 lone parents, 16, 691 are males and 99,268 are female. (Census 2011)

There is no dependent status statistical data available on staff within GP practices.

1.6 Needs, experiences and priorities

Taking into account the information referred to above, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision?

Specify details of the needs, experiences and priorities for each of the Section 75 categories below:

Please also specify what sources of information you used to identify the needs/experiences/priorities (such as research papers, professional experience, engagement with those impacted). Also provide details of how you involved those impacted (service users, staff, voluntary sector organisations etc.).

Religious belief

The Service will be delivered with specific requirements to ensure equal access irrespective of an individual's religious belief.

Political Opinion

The Service will be delivered with specific requirements to ensure equal access irrespective of an individual's political opinion.

Racial Group
Issues relating to accessible information for people whose first language is not English are considered in our Accessible Formats Policy

Age
The Service will be delivered with specific requirements to ensure equal access irrespective of an individual's age. Older people's communication needs will be taken into account and adapted to suit their requirements.

Marital status
The Service will be delivered with specific requirements to ensure equal access irrespective of an individual's marital status.

Sexual orientation
The Service will be delivered with specific requirements to ensure equal access irrespective of an individual's sexual orientation.

Men and Women Generally
The Service will be delivered with specific requirements to ensure equal access irrespective of an individual's gender.

Disability
Issues relating to accessible information for people with disabilities are considered in our Accessible Formats Policy.

Dependants
The Service will be delivered with specific requirements to ensure equal access irrespective of an individual's dependant status.

Part 2. Screening questions

2.1 What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? minor/major/none

Details of the likely policy impacts on Religious belief: (insert text here)
What is the level of impact? ~~Minor / Major~~ / None

Details of the likely policy impacts on Political Opinion: (insert text here)
What is the level of impact? ~~Minor / Major~~ / None

Details of the likely policy impacts on Racial Group: (insert text here)
What is the level of impact? ~~Minor / Major~~ / None

Details of the likely policy impacts on Age: (insert text here)
What is the level of impact? ~~Minor / Major~~ / None

Details of the likely policy impacts on Marital Status: (insert text here)
What is the level of impact? ~~Minor / Major~~ / None

Details of the likely policy impacts on Sexual Orientation:
What is the level of impact? ~~Minor / Major~~ / None

Details of the likely policy impacts on Men and Women: (insert text here)
What is the level of impact? ~~Minor / Major~~ / None

Details of the likely policy impacts on Disability: (insert text here)
What is the level of impact? ~~Minor / Major~~ / None

Details of the likely policy impacts on Dependants:
What is the level of impact? ~~Minor / Major~~ / None

2.2 Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories? ~~Yes~~/ No

Detail opportunities of how this policy could promote equality of opportunity for people within each of the Section 75 Categories below:

Based on the equality issues you identified in 1.5 and 1.6, what changes did you make and what do you intend to do in future in relation to the policy or decision in order to promote equality of opportunity?

In developing the policy or decision what did you do or change to address the equality issues you identified? Please specify below for each of the nine equality categories. What do you intend to do in future to address the equality issues you identified?

Religious Belief - If Yes, provide details:
If No, provide reasons:
Your mitigation to date:
Your intended additional mitigation in future:
There is no data to suggest that the needs and experiences of service users differ on the basis of religious belief. Findings, lessons learnt and knowledge gained from the outcomes of this service will be reviewed and incorporated into any future specification.

Political Opinion - If Yes, provide details:
If No, provide reasons
Your mitigation to date:
Your intended additional mitigation in future:
There is no data to suggest that the needs and experiences of service users differ on the basis of political opinion. Findings, lessons learnt and knowledge gained from the outcomes of this service will be reviewed and incorporated into any future specification.

Racial Group - If Yes, provide details:
If No, provide reasons
Your mitigation to date:
Your intended additional mitigation in future:
There is no data to suggest that the needs and experiences of service users differ on the basis of racial group. However, issues relating to accessible information for people whose first language is not English are considered in our Accessible Formats Policy

Anu further findings, lessons learnt and knowledge gained from the outcomes of this service will be reviewed and incorporated into any future specification.

Age - If Yes, provide details:
If No, provide reasons:
Your mitigation to date:
Your intended additional mitigation in future:
There is no data to suggest that the needs and experiences of service users differ on the basis of age. The service will be delivered with specific requirements to ensure equal access irrespective of an individual's age. Older people's communication needs will be taken into account and adapted to suit their requirements.
Any further findings, lessons learnt and knowledge gained from the outcomes of this service will be reviewed and incorporated into any future specification.

Marital Status - If Yes, provide details:
If No, provide reasons
Your mitigation to date:
Your intended additional mitigation in future:
There is no data to suggest that the needs and experiences of service users differ on the basis of marital status. Findings, lessons learnt and knowledge gained from the outcomes of this service will be reviewed and incorporated into any future specification.

Sexual Orientation - If Yes, provide details:
If No, provide reasons:
Your mitigation to date:
Your intended additional mitigation in future:
There is no data to suggest that the needs and experiences of service users differ on the basis of sexual orientation. Findings, lessons learnt and knowledge gained from the outcomes of this service will be reviewed and incorporated into any future specification.

Men and Women generally - If Yes, provide details:
If No, provide reasons:
Your mitigation to date:
Your intended additional mitigation in future:
There is no data to suggest that the needs and experiences of service users differ on the basis of men and women generally. Findings, lessons learnt and knowledge gained from the outcomes of this service will be reviewed and incorporated into any future specification.

Disability - If Yes, provide details:
If No, provide reasons:
Your mitigation to date:
Your intended additional mitigation in future:
There is no data to suggest that the needs and experiences of service users differ on the basis of disability. However, issues relating to accessible information for people with disabilities are considered in our Accessible Formats Policy.
Any further findings, lessons learnt and knowledge gained from the outcomes of this service will be reviewed and incorporated into any future specification.

Dependants - If Yes, provide details:
If No, provide reasons:
Your mitigation to date:
Your intended additional mitigation in future:
There is no data to suggest that the needs and experiences of service users differ on the basis of dependants. Findings, lessons learnt and knowledge gained from the outcomes of this service will be reviewed and incorporated into any future specification.

Having considered the above, are there any opportunities to better promote equality by adopting an alternative policy or decision?
Please specify what alternative policies or decisions you considered
The service is available to all GP practices and all staff within those practices. There are no alternative policies or decisions that can be considered to deliver this service.

2.3 To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group?

Please provide details of the likely policy impact and determine the level of impact for each of the categories below i.e. either minor, major or none.

Details of the likely policy impacts on Religious belief: (insert text here)
What is the level of impact? ~~Minor / Major /~~ None

Details of the likely policy impacts on Political Opinion: (insert text here)
What is the level of impact? ~~Minor / Major /~~ None

Details of the likely policy impacts on Racial Group: (insert text here)
What is the level of impact? ~~Minor / Major /~~ None

2.4 Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?

Detail opportunities of how this policy could better promote good relations for people within each of the Section 75 Categories below:

Religious Belief - If Yes, provide details:
If No, provide reasons:
The service is available to all GP practices and all staff within those practices regardless of their religious belief.

Political Opinion - If Yes, provide details:
If No, provide reasons
The service is available to all GP practices and all staff within those practices regardless of their political opinion.

Racial Group - If Yes, provide details:
If No, provide reasons
The service is available to all GP practices and all staff within those practices regardless of their racial group.

2.5 Additional considerations

Multiple identity

Generally speaking, people can fall into more than one Section 75 category.

Taking this into consideration, are there any potential impacts of the policy/decision on people with multiple identities?

(*For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people).*

The service is available to all GP practices and all staff within those practices regardless if they have multiple identities or not.

Provide details of data on the impact of the policy on people with multiple identities. Specify relevant Section 75 categories concerned.

There is no data available on people with multiple identities employed by GP practices.

2.6 Was the original policy / decision changed in any way to address any adverse impacts identified either through the screening process or from consultation feedback. If so please provide details.

This is the first original policy to go through screening. No consultation process or feedback has been undertaken as the service is available to all GP practices and all staff within those practices.

Part 3. Screening decision

3.1 Would you summarise the impact of the policy as; No Impact/ Minor Impact/ Major Impact?

Primary Care Directorate would summarise the service as no impact.

3.2 Do you consider that this policy/ decision needs to be subjected to a full equality impact assessment (EQIA)?

Primary Care Directorate does not consider the service needs to be subjected to a full equality impact assessment (EQIA)?

3.3 Please explain your reason.

The service is available to all GP practices and all staff within those practices.

3.4 Mitigation

When the public authority concludes that the likely impact is 'minor' and an equality impact assessment is not to be conducted, the public authority may consider mitigation to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

Can the policy/decision be amended or changed or an alternative policy introduced to better promote equality of opportunity and/or good relations?

Primary Care Directorates view is that the service does not need amended or changed or an alternative policy introduced to better promote equality of opportunity and/or good relations as this service is available to all GP practices in Northern Ireland and all staff within those practices.

If so, give the reasons to support your decision, together with the proposed changes/amendments or alternative policy.

3.5 Timetabling and prioritising

Factors to be considered in timetabling and prioritising policies for equality impact assessment.

If the policy has been **'screened in'** for equality impact assessment, then please answer the following questions to determine its priority for timetabling the equality impact assessment.

On a scale of 1-3, with 1 being the lowest priority and 3 being the highest, assess the policy in terms of its priority for equality impact assessment.

Effect on equality of opportunity and good relations – **Rating** ____ (1-3)

Social need – **Rating** ____ (1-3)

Effect on people's daily lives – **Rating** ____ (1-3)

Relevance to a public authority's functions – **Rating** ____ (1-3)

Note: The Total Rating Score should be used to prioritise the policy in rank order with other policies screened in for equality impact assessment. This list of priorities will assist the public authority in timetabling. Details of the Public Authority's Equality Impact Assessment Timetable should be included in the quarterly Screening Report.

Is the policy affected by timetables established by other relevant public authorities?

If yes, please provide details.

Part 4. Monitoring

Monitoring is an important part of policy development and implementation. Through monitoring it is possible to assess the impacts of the policy / decision both beneficial and adverse.

4.1 Please detail how you will monitor the effect of the policy / decision?

The service will be managed and monitored by Directorate of Primary Care through submission of reports from QIF's to SPPG QI Working Group, and the submission of the QI service specification contracting Authorisation Forms from GP practices.

The Directorate of Primary Care through the SPPG QI Working Group will monitor and evaluate the outcomes of the service and share findings with Primary Care QI Steering Group, SPPG Clinical staff, Business Support staff and FSU QI Facilitators.

The Post project evaluation and lessons learnt will be undertaken in April 2023 following:

- Feedback from QI Facilitators and the data they provide as detailed in the QI Service Specification
- Summary outcomes and learning from submission of QOF QI monitoring templates from GP practices of their experience of the project
- Attainment of QOF QI indicators

4.2 What data will you collect in the future in order to monitor the effect of the policy / decision?

Primary Care Directorate will collect data as per the service specification. The data being collected will be from all GP practices in Northern Ireland and from staff within those practices.

Findings, lessons learnt and knowledge gained from the outcomes of this service will be reviewed and incorporated into any future specification.

Please specify your quantitative and qualitative monitoring arrangements for

(1) Equality and Good Relations
(2) Disability Duties
(3) Human Rights

***Please note**: - For the purposes of the annual progress report to the Equality Commission you may later be asked about the monitoring you have done in relation to this policy and whether that has identified any Equality issues*.

Part 5. Disability Duties

5.1 Does the policy/decision in any way promote positive attitudes towards disabled people and/or encourage their participation in public life?

The service is available to all GP practices and all staff within those practices, however, if outcomes from the post project evaluation identify additional ways to promote positive attitudes towards disabled people and/or encourage their participation in public life then findings, lessons learnt and knowledge gained from the outcomes of this service will be reviewed and incorporated into any future specification

5.2 Is there an opportunity to better promote positive attitudes towards disabled people or encourage their participation in public life by making changes to the policy/decision or introducing additional measures.

The service is available to all GP practices and all staff within those practices, however, if outcomes from the post project evaluation identify additional ways to better promote positive attitudes towards disabled people or encourage their participation in public life by making changes to the policy/decision or introducing additional measures then findings, lessons learnt and knowledge gained from the outcomes of this service will be reviewed and incorporated into any future specification.

Part 6. Human Rights

6.1 Does the policy / decision affects anyone's Human Rights?

Primary Care Directorate does not belief this service adversely affects anyones Human Rights.

Details of the likely policy impacts on Article 2 – Right to life: (insert text here)
What is the impact? ~~Positive / Negative~~ / Neutral

Details of the likely policy impacts on Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment: (insert text here)
What is the impact? ~~Positive / Negative~~ / Neutral

Details of the likely policy impacts on Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour: (insert text here)
What is the impact? ~~Positive / Negative~~ / Neutral

Details of the likely policy impacts on Article 5 – Right to liberty & security of person: (insert text here)
What is the impact? ~~Positive / Negative~~ / Neutral

Details of the likely policy impacts on Article 6 – Right to a fair & public trial within a reasonable time: (insert text here)
What is the impact? ~~Positive / Negative~~ / Neutral

Details of the likely policy impacts on Article 7 – Right to freedom from retrospective criminal law & no punishment without law: (insert text here)
What is the impact? ~~Positive / Negative~~ / Neutral

Details of the likely policy impacts on Article 8 – Right to respect for private & family life, home and correspondence: (insert text here)
What is the impact? ~~Positive / Negative~~ / Neutral

Details of the likely policy impacts on Article 9 – Right to freedom of thought, conscience & religion: (insert text here)
What is the impact? ~~Positive / Negative~~ / Neutral

Details of the likely policy impacts on Article 10 – Right to freedom of expression: (insert text here)
What is the impact? ~~Positive / Negative~~ / Neutral

Details of the likely policy impacts on Article 11 – Right to freedom of assembly & association: (insert text here)
What is the impact? ~~Positive / Negative~~ / Neutral

Details of the likely policy impacts on Article 12 – Right to marry & found a family: (insert text here)
What is the impact? ~~Positive / Negative~~ / Neutral

Details of the likely policy impacts on Article 14 – Prohibition of discrimination in the enjoyment of the convention rights: (insert text here)
What is the impact? ~~Positive / Negative~~ / Neutral

Details of the likely policy impacts on 1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property: (insert text here)
What is the impact? ~~Positive / Negative~~ / Neutral

Details of the likely policy impacts on 1st protocol Article 2 – Right of access to education: (insert text here)
What is the impact? ~~Positive / Negative~~ / Neutral

6.2 If you have identified a likely negative impact who is affected and how?

No negative impact identified.

At this stage we would recommend that you consult with your line manager to determine whether to seek legal advice and to refer to Human Rights Guidance to consider:

- *whether there is a law which allows you to interfere with or restrict rights*
- *whether this interference or restriction is necessary and proportionate*
- *what action would be required to reduce the level of interference or restriction in order to comply with the Human Rights Act (1998).*

6.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy/decision.

Part 7 - Approval and authorisation

Screened by:	**Position/Job Title**	**Date**
John Scates	ABSM	20th December 2022
Approved by:		
Copied to EHRU:		

The Screening Template is 'signed off' and approved by a senior manager responsible for the policy (at least Grade 7), made easily accessible on the public authority's website as soon as possible following completion and made available on request.

ADDITIONAL INFORMATION TO INFORM THE ANNUAL PROGRESS REPORT TO THE EQUALITY COMMISSION

(PLEASE NOTE : THIS IS NOT PART OF THE SCREENING TEMPLATE BUT MUST BE COMPLETED AND RETURNED WITH THE SCREENING)

1. Please provide details of any measures taken to enhance the level of engagement with individuals and representative groups. Please include any use of the Equality Commissions guidance on consulting with and involving children and young people.

Primary Care Directorate staff engaged with representatives of the Federation Support Units (FSU) and NIGPC enhanced services committee.

This service does not involve children or young people.

2. In developing this policy / decision were any changes made as a result of equality issues raised during:
   (a) pre-consultation / engagement;
   (b) formal consultation;
   (c) the screening process; and/or
   (d) monitoring / research findings.

If so, please provide a brief summary including how the issue was identified, what changes were made, and what will be the expected outcomes / impacts for those effected.

From the development stages of this service it was clear that it would be available to all GP practices and all staff within those practices.

3. Does this policy / decision include any measure(s) to improve access to services including the provision of information in accessible formats? If so please provide a short summary.

Issues relating to accessible information for people whose first language is not English and for people with disabilities are considered in our Accessible Formats Policy'

Thank you for your co-operation.
Equality and Human Rights Unit.