

Equality, Good Relations and Human Rights SCREENING TEMPLATE

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Closure of GP Branch Surgery at 267 Woodstock Road, Belfast.

1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**
 - **how will this be achieved? (key elements)**
 - **what are the key constraints? (for example financial, legislative or other)**
- The aim is to close the branch surgery at 267 Woodstock Road, at the request of Dr O'Hare and Partners, and to provide a full range of clinical services for all registered patients at the main surgery, located at 120 Ormeau Road.
 - The process being followed in the closure of the branch surgery is in accordance with Health & Social Care Board (HSCB) policy (Procedure for considering an application for closure or opening of a branch surgery), as follows:
 - The Branch surgery is to remain open throughout the period of proposal/consultation process.
 - The practice will consult with HSCB Officers to discuss the reasons why closure is being considered.
 - The practice will provide to the HSCB, in writing, details of changing circumstances surrounding the running of the branch surgery and formal proposal to close the branch surgery.
 - The HSCB will commission an agreed and targeted survey of the registered patients living closer to the branch surgery than the main

surgery.

- The HSCB will collate information required to consider the proposal.
- The HSCB will convene meetings to engage with representatives of the practice, the Patient Client Council and the Local Medical Committee.
- Constraints are public opinion - particularly those patients who are going to be directly affected by the closure. Under legislation the HSCB will have to take factors into consideration in terms of assessing the likely impacts of the closure in accordance with Section 75 of the Northern Ireland Act 1998, taking into account of any mitigating action proposed. There is also a need to ensure that the decision making process is compliant with the Human Rights Act 1998.
- Since January 2014 nine GP practice branches across Northern Ireland have closed. There is the need for HSCB to ensure continuity of care and minimisation of impact for patients.

1.3 Main stakeholders affected (internal and external)

For example staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others

There are a number of key stakeholders affected by the decision to close the Branch Surgery. These are as follows:

- 2,221 patients surveyed
- GP Main Practice (GP's and Administrative Staff)
- Other GP Practices
- HSCB – Integrated Care Directorate
- BSO – Registration & Screening Services
- Local Medical Committee
- Patient Client Council

1.4 Other policies or decisions with a bearing on this policy or decision

- **what are they?**
- **who owns them?**

In compliance with Section 75 of the Northern Ireland Act 1998 and with the Human Rights Act 1998 and the European Convention on the Rights of People with Disabilities may also have a bearing.

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data Gathering

What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

- A mapping exercise was under taken which identified 2,221 patients, of a total list size of 9,611, who live closer to the Branch Surgery than the main Ormeau Road surgery. The survey was issued to 1,359 households on 1 February 2019. The number of surveys returned and used in the analysis was 312 (23% response rate).
- 2011 Census Data

2.2 Quantitative Data

Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.

Please note the results are based only on the 312 respondents to the questionnaire.

Category	<i>What is the makeup of the affected group? (%) Are there any issue or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>
Gender	Male 119 (38%) and female 180 (58%) No details given 13(4%)
Age	Under 25= 6(2%) 25-44 = 92(29%) 45-64 = 134(43%) 65-74 = 48(15%) 75 and over = 22(7%) No details given = 10(3%)
Religion	Catholic = 29% Protestant = 44%
Political Opinion	The proportion of people living in Inner East Belfast is as follows: Catholic: 23.1% Protestant or other: 62.7%

	(2011 Census)
Marital Status	The proportion of people living in Inner East Belfast Over 16 who were single/never married is 49.6%
Dependent Status	12% stated that they have children under 5 years of age. 12% look after an elderly or disabled person in the household. 46% respondents indicated that they have a long standing illness.
Disability	68 (22%) of respondents perceive themselves to have a disability.
Ethnicity	White = 96% Other = 4%
Sexual Orientation	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.

2.3 Qualitative Data

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.

Due to the increase in the number of patients attending the main surgery on the Ormeau Road, it may be necessary to alter clerical/clinical staff workload arrangements to facilitate increased demand.

Category	Needs and Experiences
Gender	Transgender people – having to disclose their gender status to a new set of healthcare staff; particular challenges if they are in the process of transitioning
Age	There are potential issues for older patients who might want to remain with the practice.
Religion	There is no data to suggest that the needs and experiences of service users differ on the basis of religion
Political Opinion	The branch surgery, although based in an area considered unionist, has a main surgery based in an area considered

	nationalist. This may be an issue for those from one community not wanting to enter a particular area.
Marital Status	There is no data to suggest that the needs and experiences of service users differ on the basis of marital status
Dependent Status	There is no data to suggest that the needs and experiences of service users differ on the basis of dependent status
Disability	<p>Although 22% of respondents perceived themselves to have a disability there is no information available to determine the nature or severity of the disability. There are 18 alternative GP practices within 1 mile of the branch surgery.</p> <p>Lack of access to information for people with sensory impairments and with a learning disability if correspondence is only issued in writing.</p>
Ethnicity	Lack of access to information if correspondence is only issued in English
Sexual Orientation	Lesbian, gay and bisexual people having to disclose their sexual orientation to a new set of healthcare staff

2.4 Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.

There is no information available to identify the potential impact on people with multiple identities.

2.5 Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
Access to Northern Ireland Interpreting Service is available at main surgery	<p>The practice should give due consideration, where necessary, in terms of home visits provided</p> <p>The HSCB will encourage the practice to communicate any closure to all patients, using accessible formats for minority, ethnic and disabled patients.</p>

2.6 Good Relations

What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion	No further impact	No suggestions
Political Opinion	No further impact	No suggestions
Ethnicity	No further impact	No suggestions

(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?

Please tick:

Major impact	<input type="checkbox"/>
Minor impact	<input checked="" type="checkbox"/>
No Further impact	<input type="checkbox"/>

Please tick:

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

Please give reasons for your decisions.

An HSCB premises survey carried out on 20 February 2017 gave the overall condition rating of the branch as poor indicating it would require significant investment in order to bring it up to an acceptable standard.

The decision to close the Branch surgery will have a minimal impact on registered patients as the majority of respondents (85%) indicated that they had used the main surgery from one to five or more times in the past year and 55% of them travelled by car.

The Belfast Local Commissioning Group, the Local Medical Committee and the Patient Client Council were consulted on the findings of the Report and provided an opportunity to comment on the Boards decision to close the branch. No objections were received.

(4) CONSIDERATION OF DISABILITY DUTIES

4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>
GP practices are widely accessible and provide a range of clinical services for all patients. GP practices can provide patients with disabilities the support that they need in order that they can participate in public life.	Further development of GP services e.g. Directed Enhanced Service in Health Care for Adults with Learning Disability. Development, where necessary, of GP practices infrastructure such that they are fully accessible by people with learning disabilities.

4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

<i>How does the policy or decision currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>

(5) CONSIDERATION OF HUMAN RIGHTS

**5.1 Does the policy or decision affect anyone’s Human Rights?
Complete for each of the articles**

ARTICLE	Yes/No
Article 2 – Right to life	Yes
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	No
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	No
Article 5 – Right to liberty & security of person	No
Article 6 – Right to a fair & public trial within a reasonable time	No
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	No
Article 8 – Right to respect for private & family life, home and correspondence.	Yes
Article 9 – Right to freedom of thought, conscience & religion	No
Article 10 – Right to freedom of expression	No
Article 11 – Right to freedom of assembly & association	No
Article 12 – Right to marry & found a family	No
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	No
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1 st protocol Article 2 – Right of access to education	No

If you have answered no to all of the above please move onto to **Question 6** on monitoring

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise any legal issues?*
			Yes/No
2 and 8	Yes	Positive intention, safe and effective services for patients.	No

** It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

5.3 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 or decision.

The rationale for the change is that the current branch surgery is not at an acceptable standard for patients. The HSCB has a duty of care to its patients.

Failure to do so would have human rights implications.

(6) MONITORING

6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights?)

Equality & Good Relations	Disability Duties	Human Rights
<p>Monitoring if any complaints are received by the practice from patients, in respect of equality, good relations, disability and human rights, during the transition and post closure period.</p> <p>The Board will request that the practice and BSO monitor the number of patients who have re-registered and to document any complaints or suggestions from affected patients.</p>	<p>Monitoring if any complaints are received by the practice from patients, in respect of equality, good relations, disability and human rights, during the transition and post closure period.</p>	<p>Monitoring if any complaints are received by the practice from patients, in respect of equality, good relations, disability and human rights, during the transition and post closure period.</p>

Approved Lead Officer:

Dr Margaret O'Brien

Position:

Assistant Director of Integrated Care

Policy/Decision Screened by: Laura Mullan

Signed: *Laura Mullan*

21 May 2019

Date:

Please note that having completed the screening you will need to ensure that a consultation on the outcome of screening is undertaken, in line with Equality Commission guidance.

Please forward completed template to:
Equality.Unit@hscni.net