

# Equality and Human Rights Screening Template

The Health and Social Care Board is required to address the 4 questions below in relation to all its policies.

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)

Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?

To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)

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

# SCREENING TEMPLATE

See [Guidance Notes](#) for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template.

## (1) INFORMATION ABOUT THE POLICY OR DECISION

### 1.1 Title of policy or decision:

*Provision of General Medical Services (GMS) to the patients of:*

*Roslea Surgery following the retirement of Dr Collins (Single handed GP) on 30<sup>th</sup> June 2016*

*Newtownbutler Surgery following the retirement of Dr Devlin (single handed GP) on 8<sup>th</sup> February 2017*

*Dr Leary's Practice, Lisnaskea following the retirement of Dr Leary (single handed GP) on 14<sup>th</sup> April 2017*

### 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)**

*To ensure that the patients of Roslea Surgery, Newtownbutler Surgery and Dr Leary's Practice will not be left without access to GMS services following the retirement of single handed GPs.*

*To be achieved through the dispersal/allocation of the patient list to Maple Group Practice, Lisnaskea.*

*Key constraints are:*

- *Need for continuity of care and minimisation of impact for patients*
- *The short period of time for implementation*
- *The number of patients to be accommodated – Roslea Surgery - 1,499,*

*Newtownbutler Surgery – 1,900, Dr Leary’s Practice – 2,350*

- *Shortage of GPs regionally, made more difficult to secure in rural/remote areas far from Belfast.*
- *Impact on receiving practice of large numbers of patients trying to register within a short period of time.*

### **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**

- *Patients of Roslea Surgery – 1,499*
- *Patients of Newtownbutler Surgery -1,900*
- *Patients of Dr Leary’s Practice, Lisnaskea – 2,350*
- *Patients of Maple Group Practice, Lisnaskea – 8,871*
- *Neighbouring GP Practices*
- *Employees of Roslea Surgery*
- *Employees of Newtownbutler Surgery*
- *Employees of Dr Leary’s Practice, Lisnaskea*
- *Acute hospitals in Trust*
- *Community Clinics*

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

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

*GMS Contract – Investing in General Practice (February 2003) provides that when a single-handed GP resigns, the Commissioner has an obligation to ensure the provision of primary medical services to that former GP’s patients. This may include entering into a contract with existing or new providers. The decision to disperse a GMS Contractors list of patients is taken in line with the HSCB “Guidelines for Dealing with Partnership Resignations, Dissolutions, or Such Other Circumstances where the Board considers that the Contract has been Terminated”. This would normally be as a consequence of: a single-handed practitioner deciding to retire or resign, or death of a single-handed practitioner, but may also be in the event of a non-viable practice.*

*HSCB (Health & Social Care Board) received Dr Collins' (Roslea) resignation letter on 11/4/16 to be effective from 30<sup>th</sup> June 2016. HSCB immediately advertised the contract widely (in Pulse, Pulse On-line, Belfast Telegraph, IrishTimes, Irish Medical Times, BMJ and the Irish College of General Practitioners website) as well as e-mails to all currently contracted GPs, sessional GPs and on Primary Care Intranet site, and Twitter. The closing date for expressions of interest was Friday 13<sup>th</sup> May 2016.*

*No applications were received.*

*In May 2016, HSCB organised a meeting with the Fermanagh GP Practices in South East Fermanagh to discuss the wider issue of the future provision of Primary Care Services to patients in this area. Representatives from eight GP Practices were invited, including all GPs and Practice Managers. It was agreed to hold further meetings to explore potential options. Meanwhile Western Rural Health Care agreed to provide temporary cover in Roslea surgery in July and August 2016. Maple Group Practice agreed to provide temporary cover from September 2016 onwards until a final solution could be agreed and implemented.*

*Further meetings between the HSCB and these Practices were held on the following dates:*

*1<sup>st</sup> June 2016  
30<sup>th</sup> June 2016  
4<sup>th</sup> August 2016  
25<sup>th</sup> August 2016  
28<sup>th</sup> September 2016*

*A number of options were discussed at these meetings including the formation of 1 larger Practice in SE Fermanagh and the formation of 3 medium sized Practices.*

*Further meetings were then held with Maple Group Practice as listed below:*

*1<sup>st</sup> November 2016  
23<sup>rd</sup> November 2016  
25<sup>th</sup> January 2017  
2<sup>nd</sup> February 2017  
8<sup>th</sup> March 2017*

*In the interim, 2 other single-handed GPs submitted their intention to retire:*

*Dr Leary, Lisnaskea submitted a letter on 5/9/16 with a retirement date effective from 8<sup>th</sup> February 2017*

*Dr Devlin, Newtownbutler submitted a letter on 10/11/16 with a retirement date effective from 14<sup>th</sup> April 2017.*

*A Dispersal results in a situation where after a given date a practice no longer exists as a GMS Contractor. The HPSS (GMS) Regulations (NI) 2004 dictate that the Board and the contractor may agree in writing to terminate the contract and agree on the effective date of the termination. The contractor may also give notice to terminate the contract in writing at any time. The Regulations indicate that where the Contractor is single-handed the termination date will be 3 months after the date on which the notice is served.*

*Approaching Dr Leary's retirement date no definitive solution had been agreed. Dr Leary confirmed that in order to maintain services he would return to the Practice on a locum GP basis until Friday 14<sup>th</sup> April 2017.*

*Given that this was also the date of Dr Devlin's (Newtownbutler) retirement, it was imperative that a permanent solution be agreed and implemented by this date.*

*Following extensive discussions, Maple Group Practice offered to take on the patients of Roslea, Newtownbutler and Dr Leary effective from 15<sup>th</sup> April 2017.*

*Maple Group Practice felt that in order to provide a comprehensive, quality General Medical Service to all patients, and also in order to attract young GPs to the area, it was only possible to operate from 2 sites – Lisnaskea and Newtownbutler.*

*No other Practice in the area indicated that they were interested in a merger/takeover of patients of the 3 affected Practices.*

*In the absence of any alternative option, the proposal is that HSCB accepts the transfer of patients of Roslea Surgery, Newtownbutler Surgery and Dr Leary's Practice to Maple Group Surgery.*

*It is proposed that each patient will be asked to remain with Maple Group up until 31<sup>st</sup> August 2017 to allow a period of stability where there is no further movement of patients between practices in the period immediately following the dispersal. This is because of the significant number of patients which have to be dispersed/transferred within a short period of time. This is because there is potential for a significant number of patients to naturally descend on one practice*

*with the potential to overwhelm the practice, with little time to plan and prepare for these patients care. This could disrupt patient care and seriously compromise patient safety (of both current and new patients) and cause the practice to breakdown.*

*Also Maple Group Practice has indicated that they are able to recruit an additional 3 GPs to deal with the additional patients. This recruitment could only be viable if all patients transfer to Maple. Maple has also confirmed that they will take on all staff employed in Roslea Surgery, Newtownbutler Surgery and Dr Leary's Practice.*

*Recent legal advice is that where the HSCB have good logical and business grounds for seeking to restrict patient choice and movement for a short period (eg to implement a large-scale dispersal of patients) that this approach could be justifiable in the circumstances.*

*Within GMS Contract, individual practices sign up to provide GMS services to patients within a specified "Patient Registration Area" Practices are not contractually bound to register patients who live outside their Patient Registration Area, neither can HSCB force practices to extend their patient registration area nor register patients outside of it.*

## **(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.**

*Regular meetings with Se Fermanagh Practices.*

*Patient Posters where provided to be displayed in Roslea Surgery confirming temporary cover following Dr Collins' retirement*

*Patients of Roslea Surgery, Newtownbutler Surgery, Dr Leary's Practice and Maple Group Practice were informed of only available option via letters issued in April 2017. The letter included contact details for HSCB should patients have any queries*

*Western Local Medical Committee (WLMC) was informed from the outset and throughout this process. The WLMC is the representative body of GPs in the western area.*

*HSCB liaised with Maple Group Practice on numerous occasions (via teleconference, e-mails, phone calls and face to face meetings to discuss the process and investment required to implement the transfer of 5,749 patients from the 3 affected Practices.*

*In early April 2017, Maple Group Practice entered into final agreement with HSCB to register all patients from Roslea Surgery, Newtownbutler Surgery and Dr Leary's Practice.*

## **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. Also give consideration to multiple identities.**

<b>Category</b>	<b><i>What is the makeup of the affected group? ( %) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i></b>
Gender	818 males & 681 females
Age	0-15 years - 270 16-64 years - 966 65+ years - 263
Religion	Catholic 79.51% Protestant 12.41% Other Christian 1.25% Other Religion 0.18% No Religion 1.89% Not stated 4.75%
Political Opinion	The political opinion of the affected group cannot be identified
Marital Status	Single 38.1% Married 49.3% Same sex civil partnership 0% Separated 3.8% Divorced 2.6% Widowed 6.2%
Dependent Status	The Dependent status of the affected group cannot be readily identified.
Disability	The Disability status of the affected group cannot be readily identified.
Ethnicity	White 99.58% Chinese 0.05% Irish Traveller 0% Indian 0.05% Pakistani 0% Bangladeshi 0% Other Asian 0.09% Black Caribbean 0% Black African 0% Black Other 0% Ethnic Mixed 0.18% Ethnic Other 0.05%
Sexual Orientation	The sexual orientation of the affected group cannot be readily identified.



## **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. Also give consideration to multiple identities (such as single parents for example).**

<b>Category</b>	<b>Needs and Experiences</b>
Gender	<p>Roslea , Newtownbutler and Dr Leary's Practice were all single handed male GPs. Maple Group have both male and female GPs, so all patients will now have a choice of seeing either male or female GPs.</p> <p>Transgender people having to disclose their gender identity to a new set of health care staff may experience particular challenges if they are in the process of transitioning.</p>
Age	<p>Some older patients may have difficulty in travelling from Roslea to Lisnaskea.</p> <p>Patients of Newtownbutler, Maple Group and Dr Leary's Practice will be unaffected.</p>
Religion	None
Political Opinion	None
Marital Status	None
Dependent Status	<p>Some patients with dependents may have difficulty in travelling from Roslea to Lisnaskea. This may make balancing caring responsibilities more difficult.</p> <p>Patients of Newtownbutler, Maple Group and Dr Leary's Practice will be unaffected.</p>
Disability	<p>Some patients with a disability may have difficulty in travelling from Roslea to Lisnaskea.</p> <p>Patients of Newtownbutler, Maple Group and Dr Leary's Practice will be unaffected.</p> <p>Patients with sensory impairments, those with a learning disability and those living with dementia have particular needs as to how they are communicated with and in what format information is provided to them.</p>
Ethnicity	<p>Some patients from black and minority ethnic backgrounds may face language barriers and need information in translation and or interpreters for personal communication. Any translation/interpreting needs can be met by HSCB through existing contracts with the appropriate providers.</p>
Sexual Orientation	<p>Lesbian, Gay and Bisexual people may have to disclose their sexual orientation to a new set of healthcare staff.</p>

## 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.**

## 2.5 Making Changes

**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?**

<b><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></b>	<b><i>What do you intend to do in future to address the equality issues you identified?</i></b>
<p>The Director of Integrated Care and the HSCB Lead Commissioner for Ambulance Service have been in discussions with Head of Operations at the NI Ambulance Service.</p> <p>A number of potential options have been identified to address the issue of transport from Roslea to Lisnaskea Health Centre:</p> <ul style="list-style-type: none"><li>• A minibus shuttle, perhaps 2 per morning, 2 per afternoon, for walking patients from an agreed departure point</li></ul>	

<ul style="list-style-type: none"><li>• A volunteer car service-NIAS holds a list of volunteers who will assist individuals needing transport, particularly relevant where door to door is required</li><li>• Voluntary sector providers – NIAS has contracts with third sector organisations and can commission the work through them (alternatively a provider could do this on their own initiative). Again door to door or central point both possible.</li></ul> <p>Maple Group Practice has been asked to co-ordinate appointments to accommodate any transport service.</p> <p>Maple Group Practice has provided an assurance that home visits (based on clinical need) will continue to be carried out for patients in Roslea area.</p> <p>If required, Maple Group and HSCB will ensure that the appropriate communication format/language is produced for learning disabled or ethnic minority patients</p>	
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## 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><b>Group</b></i>	<i><b>Impact</b></i>	<i><b>Suggestions</b></i>
Religion	No further impact	None
Political Opinion	No further impact	None
Ethnicity	No further impact	None

**(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)**

**Please tick:**

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

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

**Please tick:**

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

Please give reasons for your decisions.

HSCB made every effort to recruit a replacement GP contractor for Roslea. However, a shortage of GPs regionally, combined with no applications, meant that it was not possible to do this.

The definitive 'cut-off' date of 14<sup>th</sup> April 2017 resulted in HSCB needing to have a solution in place to ensure the provision of a safe, comprehensive and quality GP service to patients of Roslea Surgery, Newtownbutler Surgery and Dr Leary's Practice.

The HSCB was left with no option other than to transfer the patient lists in a planned and managed way. This was to ensure that by 15<sup>th</sup> April 2017, no patient was left without immediate access to GP services and that patient records were available to the receiving GP practice in a timely manner.

The HSCB therefore accepted the proposal from Maple Group Practice as outlined above.

The HSCB will continue to liaise with Maple Group Practice regarding the transfer of patients to ensure that the change is implemented as smoothly as possible.

**(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>
N/A	N/A

**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>
N/A	N/A

## (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	No
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 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1 <sup>st</sup> protocol Article 2 – Right of access to education	No

*If you have answered no to all of the above please move on 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 legal issues?*
			Yes/No
<p style="text-align: center;">Article 8</p> <p>The intention is positive with the aim being to ensure that no patient is left at short notice without access to a GP and to provide safe and effective GP services to all patients</p>	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.**

**(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)?**

<b>Equality &amp; Good Relations</b>	<b>Disability Duties</b>	<b>Human Rights</b>
None	None	None

Approved Lead Officer: Dr Margaret O'Brien  
Position: Assistant Director of Integrated Care  
Date: April 2017  
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Any request for the document in another format or language will be considered.  
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