

# 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 Antrim Coast Medical Practice, 7 The Cloney, Glenarm following the retirement of Dr Glover (Single handed GP) on 31<sup>st</sup> March 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 Antrim Coast Medical Practice will not be left without access to GMS services following the retirement of Dr Glover on 31<sup>st</sup> March 2017.

To be achieved through the dispersal/allocation of the patient list across neighbouring GP practices in Cushendall/Carlough, Broughshane and Larne.

Key constraints are:

- Need for continuity of care and minimisation of impact for patients
- The short period of time for implementation – 3 months
- The number of patients to be accommodated – 2018
- Shortage of GPs regionally, made more difficult to secure in rural/remote areas far from Belfast.
- Availability of suitable premises in Glenarm at this notice
- Impact on receiving practices of large numbers of patients trying to register within a short period of time.
- Transfer of patient records to the receiving practices requires approx. 7-8

weeks for this size of list. The transfer would need to commence at start of February 2017.

- Public Opinion – there has been considerable interest shown by MLAs, local councillors, local press. All concerned about the village being left with no GP practice.

### **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 Antrim Coast Medical Practice
- Neighbouring GP Practices
- Employees of Antrim Coast Medical Practice
- Trust employed staff working in Antrim Coast Medical Practice
- 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 Glover's resignation letter on 30<sup>th</sup> September 2016 to be effective from 31<sup>st</sup> March 2017. HSCB immediately advertised the contract widely (in Pulse, Pulse On-line, Belfast Telegraph,

IrishTimes, Irish Medical Times, BMJ) as well as e-mails to all currently contracted GPs, sessional GPs and on Primary Care Intranet site, HSCB Intranet Site and Twitter. The closing date for expressions of interest was Friday, 18<sup>th</sup> November, with shortlisting set for Monday, 21<sup>st</sup> November and presentations for 29<sup>th</sup> November 2016.

No applications were received.

On 18<sup>th</sup> November 2016 HSCB phoned seven neighbouring GP practices in Cushendall, Larne and Broughshane and asked them to consider merging with Antrim Coast Medical Practice in advance of Dr Glover's retirement. This was followed up by letter issued 21<sup>st</sup> November 16. Cushendall specified that they did not want to merge with the practice but asking to meet with HSCB. By 15 December other practices indicated they were not interested in a merger.

23<sup>rd</sup> November 2016 HSCB contacted Mid & East Antrim Borough Council seeking their assistance to identify suitable premises in Glenarm area should HSCB secure either a GP for the contract or a merger with another GP practice. 3<sup>rd</sup> January 2017 Council advised that they were not able to identify any suitable premises.

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.

At this stage the HSCB was left with 3 months to Dr Glover's retirement. HSCB approached Dr Glover and asked if he would consider delaying his retirement to allow HSCB further time to put something in place. Dr Glover declined.

Patient consultation takes approximately 12 weeks. By the time it would be completed, there would no longer have been a GP service in Glenarm and 2018 patients would have been left to sort themselves out. The majority of these patients (1400) live in Carnlough/Glenarm area and if they descend on Cushendall practice in their outlying facility in Carnlough (a two room premise with no treatment room facility, with only 2 surgeries per week) this would have serious clinical governance risks and could overload and break the practice.

In a planned dispersal the patient list will be dispersed according to patient choice where timing permits. In the case of Antrim Coast Medical Practice, the

proposal is that each patient will be allocated to one of the neighbouring practices and will be asked to remain with that allocated practice up until 12<sup>th</sup> May 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 within a short period of time. The geography of the area means that there is potential for the majority of the patient list 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. 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.

Compliance with Section 75 of the Northern Ireland Act 1998 and with the Human Rights Act 1998.

The European Convention on the Rights of People with Disabilities.

## **(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 undertaken to identify where the 2018 registered patients resided and alternative availability of GP services for them. (ie which other GP practices covered the area each patient lives in).

Regular meetings with Dr Glover and his Practice Manager.

Patients were kept informed via letters issued in October 2016 and February 2017. February letter included Questions and Answers document with contact details provided both for HSCB and Business Services Organisation (BSO) should patients have a problem with the GP practice they are allocated to and/or should they want to comment on the approach the HSCB have taken.

In addition Patient Posters were provided to be displayed in the practice.

Northern Local Medical Committee (NLMC) were involved from the outset and throughout this process. (LMCs are local representative committees of NHS GPs and represent their interests in their localities to the NHS health authorities).

Patient Client Council were also involved from the outset and throughout this process. They gave advice on the drafting of patient communications to ensure the wording of these was clear and understandable. The practice manager was approached to establish if there were any learning disabled, illiterate or non-English speaking patients who might have difficulty reading or understanding patient letters. The practice knew who these patients were and were able to confirm that all had access to either family members or community staff to help them with this.

HSCB met with neighbouring GP practices on 10th January 2017 and 1<sup>st</sup> March 2017 to discuss the immediate registration of these patients and the timely and efficient transferring of patient records.

On 9<sup>th</sup> February 17, Cushendall practice signed an agreement with HSCB to set up a temporary branch surgery in Carnlough (with a view to establishing permanent premises in the next couple of years) to register approx. 1400 of Glenarm patients who were living either within their current patient registration area or within Glenarm village. This sorted GMS access for 70% of the patient list with their nearest GP practice. This premise to be located on Harbour Road, Carnlough behind the community pharmacy.

The remaining 631 patients were mapped by postcode to establish their location. 33 patients only fell within the Patient Registration area of Victoria Surgery, Larne and were allocated there. Those closest to Broughshane (128) were allocated there it. 13 patients were outside of the Patient Registration area of all the neighbouring practices and those patients were written to and ask to seek registration with a practice of their choice. The remainder (457) were allocated across the 5 Larne GP practices pro rata based on list size. (The Larne GP practices are all located over two sites which are beside each other.) Patients were requested where possible to remain with their allocated GP practice until 12<sup>th</sup> May 2017 and thereafter they can choose to remain with this practice or to

seek registration with another GP practice of their own choosing. Efforts were made to allocate families/residents of the same household together.

HSCB also liaised with Trust regarding the reallocation of Trust Treatment Room and Community staff /time to the neighbouring practices and to ensure the continuation of provision of Trust led clinics for patients from Carnlough/Glenarm in the new Branch Surgery in Carnlough.

## 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.**

A survey of the patient list would have been helpful to establish more accurate data in relation to these areas. However, the advice from the Patient Client Council in regard to patient consultations is that it takes 12 weeks, it is believed that a patient survey and analysis would take at least 4 weeks. The time taken to do this would have left insufficient time to have the patients registered with other GP practices before the closure of Antrim Coast Medical Practice. Patients would have been left with no GP provision and they would have ended up inundating other local GP practices seeking registration and urgent care at no notice and with no clinical records available. This would adversely impact upon safe treatment and services for these patients and GP practices.

| <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          | (Source: Patient Registration information held by Antrim Coast Medical Practice as at January 2017)<br><br>Males= 1030<br>Females = 988   |            |            |            |            |            |            |          |    |     |     |     |     |    |    |
| Age             | (Source: Patient Registration information held by Antrim Coast Medical Practice as at January 2017)<br><br><table border="1"> <thead> <tr> <th>Male 0-4</th> <th>Male 5-15</th> <th>Male 16-44</th> <th>Male 45-64</th> <th>Male 65-74</th> <th>Male 75-84</th> <th>Male 85+</th> </tr> </thead> <tbody> <tr> <td>62</td> <td>124</td> <td>357</td> <td>296</td> <td>110</td> <td>62</td> <td>19</td> </tr> </tbody> </table> | Male 0-4   | Male 5-15  | Male 16-44 | Male 45-64 | Male 65-74 | Male 75-84 | Male 85+ | 62 | 124 | 357 | 296 | 110 | 62 | 19 |
| Male 0-4        | Male 5-15   | Male 16-44 | Male 45-64 | Male 65-74 | Male 75-84 | Male 85+   |            |          |    |     |     |     |     |    |    |
| 62              | 124   | 357        | 296        | 110        | 62         | 19         |            |          |    |     |     |     |     |    |    |

|                            |  |                         |                         |                         |                         |                            |                         |                       |       |                |       |               |       |    |    |
|----------------------------|--|-------------------------|-------------------------|-------------------------|-------------------------|----------------------------|-------------------------|-----------------------|-------|----------------|-------|---------------|-------|----|----|
|                            | <table> <tr> <td><b>Female<br/>0-4</b></td> <td><b>Female<br/>5-15</b></td> <td><b>Female<br/>16-44</b></td> <td><b>Female<br/>45-64</b></td> <td><b>Female<br/>65-74</b></td> <td><b>Female<br/>75-84</b></td> <td><b>Female<br/>85+</b></td> </tr> <tr> <td>58</td> <td>147</td> <td>323</td> <td>248</td> <td>101</td> <td>73</td> <td>38</td> </tr> </table>   | <b>Female<br/>0-4</b>   | <b>Female<br/>5-15</b>  | <b>Female<br/>16-44</b> | <b>Female<br/>45-64</b> | <b>Female<br/>65-74</b>    | <b>Female<br/>75-84</b> | <b>Female<br/>85+</b> | 58    | 147            | 323   | 248           | 101   | 73 | 38 |
| <b>Female<br/>0-4</b>      | <b>Female<br/>5-15</b>   | <b>Female<br/>16-44</b> | <b>Female<br/>45-64</b> | <b>Female<br/>65-74</b> | <b>Female<br/>75-84</b> | <b>Female<br/>85+</b>      |                         |                       |       |                |       |               |       |    |    |
| 58                         | 147  | 323                     | 248                     | 101                     | 73                      | 38                         |                         |                       |       |                |       |               |       |    |    |
| Religion                   | <p>Source: Information not held by the practice, the following statistics are taken from 2011 Census Wards: Cairncastle, Carnlough, Glenarm, Glynn, Kilwaughter, Glenariff, Slemish – 94% of practice patient list are resident in these Wards.</p> <table> <tr> <td>Catholic</td> <td>33.89%</td> </tr> <tr> <td>Protestant</td> <td>44.52%</td> </tr> <tr> <td>Other<br/>Christian</td> <td>6.57%</td> </tr> <tr> <td>Other<br/>Religion</td> <td>0.42%</td> </tr> <tr> <td>No<br/>Religion</td> <td>9.43%</td> </tr> <tr> <td>Not<br/>Stated</td> <td>5.17%</td> </tr> </table> | Catholic                | 33.89%                  | Protestant              | 44.52%                  | Other<br>Christian         | 6.57%                   | Other<br>Religion     | 0.42% | No<br>Religion | 9.43% | Not<br>Stated | 5.17% |    |    |
| Catholic                   | 33.89%   |                         |                         |                         |                         |                            |                         |                       |       |                |       |               |       |    |    |
| Protestant                 | 44.52%   |                         |                         |                         |                         |                            |                         |                       |       |                |       |               |       |    |    |
| Other<br>Christian         | 6.57%  |                         |                         |                         |                         |                            |                         |                       |       |                |       |               |       |    |    |
| Other<br>Religion          | 0.42%  |                         |                         |                         |                         |                            |                         |                       |       |                |       |               |       |    |    |
| No<br>Religion             | 9.43%  |                         |                         |                         |                         |                            |                         |                       |       |                |       |               |       |    |    |
| Not<br>Stated              | 5.17%  |                         |                         |                         |                         |                            |                         |                       |       |                |       |               |       |    |    |
| Political Opinion          | The political opinion of the affected group cannot be easily identified.   |                         |                         |                         |                         |                            |                         |                       |       |                |       |               |       |    |    |
| Marital Status             | <p>Source: Information not held by the practice, the following statistics are taken from 2011 Census Wards: Cairncastle, Carnlough, Glenarm, Glynn, Kilwaughter, Glenariff, Slemish – 94% of practice patient list are resident in these Wards.</p> <table> <tr> <td>Single</td> <td>30.60%</td> </tr> <tr> <td>Married</td> <td>56.02%</td> </tr> <tr> <td>Same sex civil partnership</td> <td>0.07%</td> </tr> <tr> <td>Separated</td> <td>3.34%</td> </tr> <tr> <td>Divorced</td> <td>4.30%</td> </tr> <tr> <td>Widowed</td> <td>5.65%</td> </tr> </table>                      | Single                  | 30.60%                  | Married                 | 56.02%                  | Same sex civil partnership | 0.07%                   | Separated             | 3.34% | Divorced       | 4.30% | Widowed       | 5.65% |    |    |
| Single                     | 30.60%   |                         |                         |                         |                         |                            |                         |                       |       |                |       |               |       |    |    |
| Married                    | 56.02%   |                         |                         |                         |                         |                            |                         |                       |       |                |       |               |       |    |    |
| Same sex civil partnership | 0.07%  |                         |                         |                         |                         |                            |                         |                       |       |                |       |               |       |    |    |
| Separated                  | 3.34%  |                         |                         |                         |                         |                            |                         |                       |       |                |       |               |       |    |    |
| Divorced                   | 4.30%  |                         |                         |                         |                         |                            |                         |                       |       |                |       |               |       |    |    |
| Widowed                    | 5.65%  |                         |                         |                         |                         |                            |                         |                       |       |                |       |               |       |    |    |
| 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                  | Source: Information not held by the practice, the following statistics are taken from 2011 Census Wards: Cairncastle, Carnlough, Glenarm, Glynn, Kilwaughter, Glenariff, Slemish – 94% of practice   |                         |                         |                         |                         |                            |                         |                       |       |                |       |               |       |    |    |

|                    |  |
|--------------------|--|
|                    | <p>patient list are resident in these Wards.</p> <p>White 99.58%</p> <p>Chinese 0.14%</p> <p>Irish Traveller 0.01%</p> <p>Indian 0.01%</p> <p>Pakistani 0.00%</p> <p>Bangladeshi 0.00%</p> <p>Other Asian 0.01%</p> <p>Black Carribean 0.01%</p> <p>Black African 0.02%</p> <p>Black Other 0.01%</p> <p>Ethnic Mixed 0.15%</p> <p>Ethnic Other 0.01%</p> |
| 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>Antrim Coast Medical Practice had a single-handed male GP. Cushendall and Broughshane both have male and female GPs and there is a mix of male and female GPs across Larne practices so patients can 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                | Approximately 20% of patients in Antrim Coast Medical Practice are aged over 65, there may be implications in having to travel further to access GP services  |
| Religion           | None  |
| Political Opinion  | None  |
| Marital Status     | None  |
| Dependent Status   | There are potential implications for older carers. They may have to travel further to access GP services and this may make balancing caring responsibilities more difficult.  |
| Disability         | Whereas HSCB has no information on the numbers, nature or severity of disabled patients, some may find difficulties having to travel further to access GP services.   |
| Ethnicity          | Whilst the representation of minority groups is very low any translation/interpreting needs can be met by HSCB through existing contracts with the appropriate providers.   |
| Sexual Orientation | Lesbian, Gay and Bisexual people may have 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.**

|  |
|--|
|  |
|--|

## 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>In recognition of the extra distance many patients would have to travel to see a GP HSCB worked with Glens of Antrim Medical Centre whose main surgery is in Cushendall to set up a temporary branch surgery in Carnlough. (Previously they operated a small outlying facility in Carnlough which had no treatment room facilities and only opened a few hours on two days per week). The new facility will operate for 9 sessions over 5 days per week with Treatment Room facility. Patients attending this facility will be able to avail of the full range of services offered to their patients in Cushendall. This facility will accommodate approximately 1400 of patients registered with Antrim Coast Medical Practice.</p> <p>In corresponding with patients the HSCB contacted Antrim Coast Medical Practice to establish if there were any learning disabled or ethnic minority</p> | <p>Although the facility in Carnlough is of a temporary nature, the agreement with Glens of Antrim Medical is to secure permanent premises over the next two years.</p> <p>For all the patients allocated to another practice, following a settling down period up until 12<sup>th</sup> May 2017 patients have been advised that they can choose to remain with the practice allocated to or to seek to register with another GP practice of their choice.</p> |

|   |  |
|---|--|
| <p>patients who might have difficulty reading or understanding letters. The practice assured HSCB that all of their patients in these categories had other family members or carers who translated/helped them with correspondence.</p> <p>In advance of the practice closure, medical staff from Cushendall met with Antrim Coast Medical Practice to discuss arrangements in relation to any palliative care patients.</p> <p>All patients allocated to a new practice were given the opportunity to raise any concerns and request to be allocated to a different practice (for example where families in one household had been inadvertently split up). However, it was not always possible to give patients a practice of their choice as on occasions they resided outside of their chosen practice's patient registration area.</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)**

| <b>Group</b>      | <b>Impact</b>     | <b>Suggestions</b> |
|-------------------|-------------------|--------------------|
| 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)**

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

**Please tick:**

|                   |   |
|-------------------|---|
| Major impact      |   |
| Minor impact      | √ |
| No further impact |   |

**Please tick:**

|     |   |
|-----|---|
| Yes |   |
| No  | √ |

Please give reasons for your decisions.

HSCB made every effort in the time available to recruit a GP to maintain a GP practice in Glenarm. However, a shortage of GPs regionally, combined with no applications, no interest from neighbouring GP practices for a merger and lack of available suitable premises in the area meant that it was not possible to do this. The remaining 3 months was not enough time to pursue and implement other options. HSCB was left with no alternative other than to disperse the patient list in a planned and managed way. This to ensure that by 31<sup>st</sup> March 2017 no patient was left without immediate access to GP services and that patient records were available to the receiving GP practices in a timely manner.

There will be an impact on patients having to travel further to see a GP. HSCB has tried to mitigate this for 1400 of the patients living in Carnlough and Glenarm through the creation of a branch surgery of Glens of Antrim Medical Centre. This surgery will provide extra services in addition to those previously provided in Glenarm. However, there will be a small number of patients living to the south west of Carnlough village who although they live closer to Carnlough have been allocated further afield. This is due to the fact that they reside outside of the patient registration area of Glens of Antrim Medical Practice.

Whilst the representation of ethnic minority groups is low these patients will have access to contracted interpreting and translation services at GP practices

across HSCB area.

Records from Antrim Coast Medical Practice show few housecalls made. However, it is recognised that for disabled and or older patients who may now have further to travel to a GP practice that the demand for home visits may increase. The receiving GP practices are aware of this.

All of the neighbouring GP practices to which patients have been allocated to provide a wider range of enhanced services to their patients that those provided previously by Antrim Coast Medical Practice.

**(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.**

The principal reason for the allocation of patients across other GP practices was the closure of Antrim Coast Medical Practice and the retirement of the single handed GP. Despite best efforts HSCB were unable to secure any GP interest in providing a service in this area. The Health and Social Care Board have a duty of care to ensure that all the patients resident in its' area has access to safe and effective GP services. Failure to provide this would have significant 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)?**

| <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

Policy/Decision Screened by: Linda McIlroy, Edith McMullan

**Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.**

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