

Cressex Health Centre  
Application to close Lynton House branch  
surgery  
June 2016



# **Equality and Health Inequalities Analysis: Standard Template for NHS England**

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## **Standard template for NHS England**

Version number: 2.0

Prepared by: Equality and Health Inequalities Unit

# 1. Equality Analysis

**Title: CRESSEX HEALTH CENTRE proposed closure of LYNTON HOUSE BRANCH SURGERY**

**What are the intended outcomes of this work?** Include outline of objectives and function aims

The Cressex Health Centre propose to close their branch surgery at Lynton House, London Road, High Wycombe.

**Please outline which Equality Delivery System (EDS2) Goals/Outcomes this work relates to?** See Annex B for EDS2 Goals and Outcomes

Better Health Outcomes: 1.1,1.2,1.4

Improved Patient Access & Experience: 2.3

**Who will be affected by this work?** e.g. staff, patients, service users, partner organisations etc.

Patients and staff at Lynton House Surgery, especially patients who use the branch surgery.

## Evidence

**What evidence have you considered?** List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them in the Evidence based decision making section on page 9 of this template.

- Registered list data: numbers of patients using Lynton House Surgery on a regular basis, breakdown by age/sex.
- Lynton House branch surgery appointment data: opening hours of surgery, number of appointments offered.
- Evidence provided by Cressex Health Centre through consultation with patients, local community and stakeholders.

**Age** Consider and detail age related evidence. This can include safeguarding, consent and welfare issues.

Elderly patients who use Lynton House Surgery and have no private transport will not be able to access the main surgery site at Hanover House as there is no direct bus service. For this reason, Cressex Health Centre propose to run a clinic at the Minor Injuries and Illness Unit at Wycombe Hospital. The MIU is half a mile from Lynton House and is on a direct bus route.

The consultation run by Cressex Health Centre on the closure of Lynton House has highlighted the problem of access to both Hanover House and the MIU.

**Disability** Consider and detail disability related evidence. This can include attitudinal, physical and social barriers as well as mental health/ learning disabilities.

As above, patients without private transport will not be able to access the main surgery at Hanover House.

**Gender reassignment (including transgender)** Consider and detail evidence on transgender people. This can include issues such as privacy of data and harassment.

No impact, apart from the general impact for patients who do not have private transport.

**Marriage and civil partnership** Consider and detail evidence on marriage and civil partnership. This can include working arrangements, part-time working, caring responsibilities.

No impact, apart from the general impact for patients who do not have private transport.

**Pregnancy and maternity** Consider and detail evidence on pregnancy and maternity. This can include working arrangements, part-time working, caring responsibilities.

Pregnant women and mothers with babies/young children unable to drive will have difficulty accessing services at the main site as there is no public transport. It should be noted that midwifery, ante-natal and post-natal services are no longer provided at Lynton House branch surgery and patients already have to travel to the main site for these services.

**Race** Consider and detail race related evidence. This can include information on difference ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers.

General impact for patients who do not have private transport. The consultation process for the closure of Lynton House has been critical of the engagement of patients whose first language is not English.

Cressex Health Centre have confirmed that although the original letter sent to patients was not available in alternative languages to English, the Q&A sheet produced by the practice did offer Easy Read, large print and alternative language versions by contacting the practice manager. Both the letter to patients and Q&A was approved by the Patient Participation Group prior to circulation. The group felt that English speakers in the household would be able to translate the letter to other members if necessary.

**Religion or belief** Consider and detail evidence on people with different religions, beliefs or no belief. This can include consent and end of life issues.

No impact, apart from the general impact for patients who do not have private transport.

**Sex** Consider and detail evidence on men and women. This could include access to services and employment.

No impact, apart from the general impact for patients who do not have private transport.

**Sexual orientation** Consider and detail evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers.

No impact, apart from the general impact for patients who do not have private transport.

**Carers** Consider and detail evidence on part-time working, shift-patterns, general caring responsibilities.

General impact for patients who do not have private transport. Additional burden to carers of transporting patients who use Lynton House to the main site or the MIU.

**Other identified groups** Consider and detail evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include different socio-economic groups, geographical area inequality, income, resident status (migrants, asylum seekers).

General impact for patients who do not have private transport.

The consultation process for the closure of Lynton House has challenged the thoroughness of communication with patients on the proposal. Cressex Health Centre have confirmed that a letter was sent to each household of patients on the registered list. Where patients indicated they had not received a letter, copies were sent to them, made available at reception at both Lynton House and Cressex Health Centre as well as being posted on the practice website.

## Engagement and involvement

How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

The NHS England SOP for the closure of branch surgeries has been followed, which requires the practice to consult widely on their proposal. The practice ran a 12 week consultation for patients, the local community and stakeholders and the results are included in their application.

How have you engaged stakeholders in testing the policy or programme proposals?

The consultation has raised issues about general practice coverage in the East of High Wycombe particularly with reference to the housing development planned for that part of the town. Chiltern CCG are looking at this issue as part of their Strategic Estates Plan and at alternatives for reprovision of Lynton House Surgery in the local area.

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

The details of the consultation are contained within the practice application to close the branch surgery.

## Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impacts, if so state whether adverse or positive and for which groups and/or individuals. How you will mitigate any negative impacts? How you will include certain protected groups in services or expand their participation in public life?

The closure of Lynton House branch surgery will impact on all people who do not have access to private transport as there is no direct bus route to the main

surgery at Hanover House. Objections have also been raised about the accessibility of reprovion at the MIU. The groups that may be particularly affected are: Age, Disability and Carers.

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.

### **Eliminate discrimination, harassment and victimisation**

Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation).

No impact.

### **Advance equality of opportunity**

Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation).

No impact.

### **Promote good relations between groups**

Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation).

No impact.

## **Evidence based decision-making**

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to eliminate discrimination issues, partnership working with stakeholders and data gaps that need to be addressed through further consultation or research.

Chiltern CCG is undertaking work to assess whether the current premises at Lynton House could be refurbished to a standard so that it can remain open, or looking at alternative provision options in the local area.

How will you share the findings of the Equality analysis? This can include corporate governance, other directorates, partner organisations and the public.

Equality Analysis to be included in the decision-making paper to be submitted to

NHS England South Central Primary Care Contracting & Quality Group. This will be shared prior to submission with Chiltern CCG.



## 2. Health Inequalities Analysis

### Evidence

**1. What evidence have you considered to determine what health inequalities exist in relation to your work?** List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them in the Evidence based decision making section on the last page of this template.

- What health inequalities currently exist with regard to the health issue that your policy/procedure aims to address?  
N/A operational change.
- What factors have created, maintained or increased health inequalities in access to, and outcomes from healthcare services?  
Location of Lynton House branch surgery and lack of public transport from Lynton House to the main site.
- Who will be affected by your work and what are the demographics of the population affected?  
Patients who use Lynton House, this includes a significant number of elderly people.
- How is the health issue that your work is aiming to address distributed across different population groups and across different geographical locations?  
N/A operational change.

### Impact

**2. What is the potential impact of your work on health inequalities?** Can you demonstrate through evidenced based consideration how the health outcomes, experience and access to health care services differ across the population group and in different geographical locations that your work applies to?

- How will your work affect health inequalities?  
Will increase health inequalities for patients without private transport, particularly the groups identified in the Equality Analysis.
- Can you demonstrate through evidenced based consideration how the health outcomes, experience and access to health care services differ across the population group and in different geographical locations that your work applies to?  
N/A operational change.
- Will the work address need across the social gradient or focus on specific groups?

N/A operational change.

- Will the policy/procedure have an unintended differential impact on different population groups and across different geographical locations?  
N/A operational change.
- Would providing services in an integrated way reduce health inequalities?  
N/A operational change.

### **3. How can you make sure that your work has the best chance of reducing health inequalities?**

- What can you do to make it more likely that the work reduces health inequalities?

Chiltern CCG is undertaking work to assess whether the current premises at Lynton House could be refurbished to a standard so that it can remain open, or looking at alternative provision options in the local area.

- What have you done to mitigate against any failure to reduce health inequalities?  
As above.
- Are there any dependencies or interdependencies that may impact on the work's ability to address health inequalities? For example, are delivery partners sufficiently engaged in addressing health inequalities? Are there any resource implications that may affect the delivery?  
Continued monitoring of health inequalities by Cressex Health Centre and Chiltern CCG.
- Will the work be equitably delivered to all population groups, with a scale and intensity proportionate to the level of disadvantage?  
N/A operational change.

## **Monitor and Evaluation**

### **4. How will you monitor and evaluate the effect of your work on health inequalities?**

- How will you know whether your work has an impact on reducing health inequalities?  
It is proposed that the application to close Lynton House branch surgery is not approved pending work by Chiltern CCG as described above.
- Have you captured the evidence and recorded how the need to reduce health inequalities has been taken into account in the development of this work?  
Part of practice application.

- Are there any gaps in the evidence that need to be addressed through further consultation or research?  
No.
- What will you do based on the gaps, challenges and opportunities you have identified in the evidence?  
N/A
- Can you produce both whilst developing this work and at the end of the work, for assurance and risk mitigation, accessible records of all decisions and the decision making processes?  
Yes.

### For your records

**Name of person(s) who carried out these analyses:** Jessica Newman, Assistant Contract Manager - Medical

**Name of Sponsor Director:** Debra Elliott, Director of Commissioning

**Date analyses were completed:** 20.06.2016

**Review date:** Review when Chiltern CCG has completed work to find alternative to proposed closure of Lynton House.

## **Annex A. Health Inequality Analysis - supporting questions**

The following questions have been developed to work as a prompt and help to guide you through each of the sections in the Health Inequalities analysis template. Please apply each question below to your work, referring to the best available evidence and record the outcome in the template above. We advise that you keep more extensive records and note where the evidence can be found for each answer.

These questions should also be asked throughout the planning and development of your work from initial development, through design and implementation, to evaluation of effectiveness.

### **1. What evidence have you considered to determine what health inequalities exist in relation to your work?**

- What health inequalities currently exist with regard to the health issue that your policy/procedure aims to address?
- What factors have created, maintained or increased health inequalities in access to, and outcomes from healthcare services?
- Who will be affected by your work and what are the demographics of the population affected?
- How is the health issue that your work is aiming to address distributed across different population groups and across different geographical locations?

### **2. What is the potential impact of your work on health inequalities?**

- How will your work affect health inequalities?
- Can you demonstrate through evidenced based consideration how the health outcomes, experience and access to health care services differ across the population group and in different geographical locations that your work applies to?
- Will the work address need across the social gradient or focus on specific groups?
- Will the policy/procedure have an unintended differential impact on different population groups and across different geographical locations?
- Would providing services in an integrated way reduce health inequalities?

### **3. How can you make sure that your work has the best chance of reducing health inequalities?**

- What can you do to make it more likely that the work reduces health inequalities?
- What have you done to mitigate against any failure to reduce health inequalities?
- Are there any dependencies or interdependencies that may impact on the work's ability to address health inequalities? For example, are delivery partners sufficiently engaged in addressing health inequalities? Are there any resource implications that may affect the delivery?
- Will the work be equitably delivered to all population groups, with a scale and intensity proportionate to the level of disadvantage?

### **4. How will you monitor and evaluate the effect of your work on health inequalities?**

- How will you know whether your work has an impact on reducing health inequalities?
- Have you captured the evidence and recorded how the need to reduce health inequalities has been taken into account in the development of this work?
- Are there any gaps in the evidence that need to be addressed through further consultation or research?
- What will you do based on the gaps, challenges and opportunities you have identified in the evidence?
- Can you produce both whilst developing this work and at the end of the work, for assurance and risk mitigation, accessible records of all decisions and the decision making processes?

#### **Definition of 'population groups'**

Health inequalities have been defined as "Differences in health status or in the distribution of health determinants between different population groups." [World Health Organisation Glossary of terms]

Health inequalities can therefore occur across a range of social and demographic indicators, including socio-economic status, occupation, geographical locations and the nine protected characteristics of the Equality Act 2010 (age, disability, ethnicity, gender reassignment, marriage and civil partnership, religion, pregnancy and maternity, sex (gender) and sexual orientation). The term 'population groups' is therefore used above to capture all such variables. The legal duties do not define specific groups - they are pertinent to any health inequalities on any dimension.

## Annex B. EDS2 Goals and Outcomes

Goal	Number	Description of outcome
<b>Better health outcomes</b>	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities
<b>Improved patient access and experience</b>	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care
	2.3	People report positive experiences of the NHS
	2.4	People's complaints about services are handled respectfully and efficiently
<b>A representative and supported workforce</b>	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
	3.3	Training and development opportunities are taken up and positively evaluated by all staff
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6	Staff report positive experiences of their membership of the workforce
<b>Inclusive leadership</b>	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

More information on EDS2, including the EDS2 policy document, can be found at:  
<http://www.england.nhs.uk/ourwork/gov/equality-hub/eds/>