

# The Future of High Street Medical Centre. (Drs Anis' Practice)

## Equality Impact Assessment

For each of the options, we explore what the impact might be on people with protected characteristics (P) and three other characteristics we consider important in the Borough.

This Equality Impact Assessment supports the Primary Care Committee to understand the impact of their decision on these people with these characteristics.

### Characteristics:

- |                         |                                   |
|-------------------------|-----------------------------------|
| Age (P)                 | Ethnicity / Race (P)              |
| Carers                  | Marriage & Civil Partnerships (P) |
| Deprivation             | Pregnancy & Maternity (P)         |
| Disability(P)           | Religion / Faith (P)              |
| Gender (P)              | Sexuality (P)                     |
| Gender Reassignment (P) | Veterans                          |

### Sources of data

Feedback from patients  
Practice data (limited) & English Indices of Deprivation  
Feedback from previous engagement, including APMS review – from 2016-17, but valid for this patient population as included practice within building /area and proposal similar.

# Equality Impact Assessment

Protected Characteristic	Option 1: Keep practice open		Option 2: Close practice	
	Is there an impact?	How can it be mitigated?	Is there an impact?	How can it be mitigated?
Age (P)	Older people expressed a preference for this option due to it being better around continuity of care, travel and trust. It is on a bus route and easy to get to on a mobility scooter.		Older people were highlighted as potentially disadvantaged under this as they are most likely to use the GP practice and will be most affected. They are more likely to find it harder to travel, due to mobility issues or no car. They are more likely than the general practice population to have a named GP, so continuity of care will be interrupted.	Transfer those patients to practices within the building or nearer to their home if possible.
Carers	Carers of people with autism, children, older members of the family and dementia preferred this as an option due to it being better for the people they care for.		Carers of people with autism, children, older family members and dementia raised that this would cause the people they care for considerable distress and potentially set back their illness. Some agreed this could be mitigated if a practice in the same building was available to them, but this would still interrupt relationships and continuity of care. The travel for carers with limited time, could cause issues for attendance.	Transfer those patients to practices within the building to minimise impact.  Work closely with these patients to help them choose the best practice for their needs.

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Protected Characteristic	Option 1: Keep practice open		Option 2: Close practice	
	Is there an impact?	How can it be mitigated?	Is there an impact?	How can it be mitigated?
Deprivation	No known impact		The additional cost of travel to an alternative practice was mentioned for people on low incomes. The practice is amongst the 40% most deprived in the country.	Transfer those patients to practices within the building or nearer to their home if possible
Disability (P)	People with disabilities, particularly mental ill health, long term conditions and mobility issues highlighted that this was a better option for them. It is on a bus route and easy to get to on a mobility scooter.		People with disabilities, particularly mental ill health, long term conditions and mobility issues were concerned that changing practice and travelling to a new practice could be difficult for them, interrupt continuity of care and exacerbate illnesses such as anxiety/depression. Autism and dementia was raised several times with concerns that it will cause them distress.	Work closely with these patients to help them choose the best practice for their needs.  Transfer those patients to practices within the building or nearer to their home if possible
Gender (P)	Under current staffing levels this would leave the practice with only 1 female GP, which could be difficult for men requiring a male GP or chaperone.	The new provider would need to consider that both male and female GPs may need to be made available.	Local practices have both male and female GPs, so there should be no impact based on gender.	

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Protected Characteristic	Option 1: Keep practice open		Option 2: Close practice	
	Is there an impact?	How can it be mitigated?	Is there an impact?	How can it be mitigated?
Gender Reassignment (P)	This is likely to be the best option for people going through or who have gone through gender reassignment, due to minimising disruption.		People going through or who have been through gender reassignment are more likely to benefit from continuity of care and experience significant mental ill health. It is possible that this could be exacerbated by changing practice.	Work closely with these patients to help them choose the best practice for their needs.
Ethnicity/ Race (P)	Under current staffing levels, this would leave the practice with only 1 female GP, which could be difficult for men of some cultures who can't be examined by a female outside the family.	The new provider would need to consider that both male and female GPs may need to be made available.	Local practices have both male and female GPs, so there should be no impact based on race or ethnicity.	
Marriage & Civil Partnerships (P)	No known impact.		No known impact.	
Pregnancy & Maternity (P)	No known impact.		Pregnant women have certain appointments at certain times and this may be disrupted by the transfer.	Carefully manage the transfer of these patients.

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Protected Characteristic	Option 1: Keep practice open		Option 2: Close practice	
	Is there an impact?	How can it be mitigated?	Is there an impact?	How can it be mitigated?
Religion/ Faith (P)	Under current staffing levels, this would leave the practice with only 1 female GP, which could be difficult for men of some cultures who can't be examined by a female outside the family.	The new provider would need to ensure that both male and female GPs are available.	Local practices have both male and female GPs, so there should be no impact based on religion or faith.	
Sexuality (P)	No known impact.		Lesbian, Gay, Bisexual, Transgender and Questioning people are more likely to suffer from mental ill health. This could possibly be exacerbated by changing practice.	Work closely with these patients to help them choose the best practice for their needs.
Veterans	No known impact.		Veterans are more likely to suffer from mental ill health. This could possibly be exacerbated by changing practice.	Work closely with these patients to help them choose the best practice for their needs.