

## Equality Impact Assessment – Draft

The Groups Engaged With on GP Practice Reform		
<b>Gender</b>	All Groups, Patient Forum	
<b>Religion/Belief</b>	Citizen's Advice Bureau (CAB), SWAP	
<b>Age</b>	Age UK, Byou+, Ashton YMCA, Patient Forum, Embrace Wigan and Leigh, Healthwatch Wigan Think Ahead Community Stroke Group, Wigan and Leigh Carers Centre	
<b>Disability</b>	Embrace Wigan and Leigh, Think Ahead Community Stroke Group, Patient Forum, Autistic Wigan, CAB, Healthwatch Wigan, Wigan Inclusion and Independent Living	
<b>Ethnicity/Race</b>	SWAP	
<b>Sexual Orientation</b>	Byou+, LGBTQ Foundation	
<b>Carers</b>	Wigan and Leigh Carers Centre Wigan and Leigh Hospice, CAB, Healthwatch Wigan, Think Ahead Community Stroke Group	
<b>Deprivation</b>	Innovate and Inspire, Wigan Inclusion and Independent Living, CAB, Embrace Wigan and Leigh, The Brick, YMCA, Abram Ward Community Co-operative,	
<b>Pregnancy &amp; Maternity</b>		No engagement to date
<b>Gender Reassignment</b>	Age Uk, Byou+, LGBTQ Foundation	
<b>Marriage &amp; Civil Partnership</b>	CAB	No engagement to date
<b>Veterans</b>	CAB, Walking with the Wounded,	More engagement needed

<b>Will this have positive or negative impact</b>		
	<b><i>POSITIVE</i></b>	<b><i>NEGATIVE</i></b>
<b>Gender</b>	Consultants available in practice is seen as a positive for all groups.	
<b>Religion &amp; Beliefs</b>	Consultants available in practice is seen as a positive for all groups.	<p>If change in service affects staff availability, need to be aware that some religion/cultures females cannot interact with male health and social care staff, e.g. Muslim females cannot see male doctors.</p> <p>More time required with GP's on first visit for registration and initial checks.</p>
<b>Age</b>	<p>Phone and video consultation seen as positive for younger people.</p> <p>Consultants available in practice is seen as a positive for all ages.</p>	<p>Potential ageism with gps older people with mental health issues for example may not get the best advice and issues may be put down to age.</p> <p>Older people sometimes feel like a burden.</p> <p>Attending the gps and getting comments like oh it's you again when they have multiple conditions and need to see the GP more so sometimes stops people attending.</p> <p>More money and investment needed to improve end of life care.</p> <p>District nurse and GP availability is very poor for end of life care.</p> <p>Staff very hard to get hold of and not enough GPs for night visits if patients wish to die at home sometimes they need to</p>

		<p>ring 999 rather than dying at home.</p> <p>Receptionist can be a barrier.</p> <p>Phone and video consultation seen as negative for older people.</p> <p>There is confusion over the role of named GPs for older patients this needs clearly explain as they think they have to see the same GP all the time.</p> <p>Concern's that older patients will face a negative impact if the refuse any appointment at other GP practices there needs to be no negative impacts for them if they cannot get there.</p>
<p><b>Disability</b></p>	<p>A consultant available in practice is seen as a positive for all groups.</p> <p>Seven day access.</p> <p>Mental health and long term conditions patients are frustrated of sharing their story over again it can be painful and regressive for them. Share to care is a good system.</p>	<p>Concern's that patients will face a negative impact if the refuse any appointment at other GP practices there needs to be no negative impacts for them if they cannot get there.</p> <p>Phone and video consultation seen as a negative for some disabilities.</p> <p>Flags needed on system to show service user's needs.</p> <p>People will have an issue going to different GP's due to trust issues especially people with mental health conditions and learning disabilities.</p> <p>Accessibility of information in GP practices is a problem including notice boards and the huge number of posters.</p> <p>People with visual or sensory impairment have issues accessing deferent premises and need the familiarity of the place they have learned to navigate.</p> <p>Accessibility of services for people with Autism / LD. Standard appointment time, i.e. 10-15 minutes is an issue. Too short,</p>

		<p>may result in repeat attendances or need to use an advocate which takes away independence.</p> <p>All information must be accessible (feedback from Autism group crosses all services).</p>
<b>Ethnicity/Race</b>	<p>A consultant available in practice is seen as a positive for all groups.</p>	<p>Language barriers more work needed.</p>
<b>Sexual Orientation</b>	<p>A consultant available in practice is seen as a positive for all groups.</p>	<p>Better GP educations as GPs don't have enough information. There is a wide variation of service from GP's in the borough some are really good and some are not.</p> <p>Variation in same practice due to better service from some GP's.</p>
<b>Carers</b>	<p>A consultant available in practice is seen as a positive for all groups.</p> <p>Increasing accessibility of GP service is great as it can be difficult for carers. If a carer has to wait 2 weeks to see a GP this can potentially impact on the person they are caring for.</p>	<p>Concern's that patients will face a negative impact if the refuse any appointment at other GP practices there needs to be no negative impacts for them if they cannot get there.</p> <p>Receptionists are a barrier.</p> <p>Some GPs are not working to the gold standard framework a carer should get seen straight away or as soon as possible when they attend for an appointment so it does not impact on their caring responsibility.</p>
<b>Deprivation</b>	<p>A consultant available in practice is seen as a positive for all groups.</p> <p>Community link workers are helpful for homeless but they can't refer into the service themselves and neither can a charity. Going through a GP adds barriers and slows the</p>	<p>Concern's that patients will face a negative impact if the refuse any appointment at other GP practices there needs to be no negative impacts for them if they cannot get there.</p> <p>Traveling to other GPs may be expensive.</p> <p>Communication to homelessness from GPs is a problem they have no Phone, no home, no money and they can't get</p>

	process down.	reminders and letters. There are concerns these solutions in the locality plan will make things worse for the homeless. Too few options available for the homeless.
<b>Pregnancy and Maternity</b>	A consultant available in practice is seen as a positive for all groups.	
<b>Gender Reassignment</b>	A consultant available in practice is seen as a positive for all groups.	Concern's that patients will face a negative impact if the refuse any appointment at other GP practices there needs to be no negative impacts for them if they cannot get there. There is a wide variation of service from GP's in the borough some are really good and some are not.
<b>Marriage and civil partnership</b>	A consultant available in practice is seen as a positive for all groups.	
<b>Veterans</b>	A consultant available in practice is seen as a positive for all groups.	Better information regarding veterans is not available with GPs