

EQUALITY ANALYSIS QUALITY ASSURANCE CHECKLIST

Name of 'proposal' and how has it been implemented (proposal can be a policy, service, function, strategy, project, procedure, restructure/savings proposal)	Healthcare ICT Infrastructure Proposals for the development of online access to GP services and for an upgrade to ICT hardware in GP surgeries and urgent care.
Directorate / Service	Public Health
Lead Officer	Dominic Hinde
Signed Off By (inc date)	Matthew Phelan Somen Banerjee 31 August 2018
Summary – to be completed at the end of completing the QA (using Appendix A) (Please provide a summary of the findings of the Quality Assurance checklist. What has happened as a result of the QA? For example, based on the QA a Full EA will be undertaken or, based on the QA a Full EA will not be undertaken as due regard to the nine protected groups is embedded in the proposal and the proposal has low relevance to equalities)	<div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="width: 20px; height: 20px; background-color: #00b050; margin-right: 10px;"></div> <div>Proceed with implementation</div> </div> <p>As a result of performing the QA checklist, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>

Stage	Checklist Area / Question	Yes / No / Unsure	Comment (If the answer is no/unsure, please ask the question to the SPP Service Manager or nominated equality lead to clarify)
1	Overview of Proposal		
a	Are the outcomes of the proposals clear?	Yes	This project proposes to deliver online access to GP registration, an online app to act as a central hub for Tower

			<p>Hamlets health services, and new hardware for GP surgeries including iPads, surgery pods, arrival screens, and telephone systems.</p> <p>The project will have borough-wide benefits. Providing online access will greatly increase the ease of accessing services, while moving patient interactions with primary care away from staff and towards digital alternatives will increase the availability of primary care appointments.</p>
b	<p>Is it clear who will be or is likely to be affected by what is being proposed (inc service users and staff)? Is there information about the equality profile of those affected?</p>	Yes	<p>This project will affect all users of primary care in the borough. The 92% of the borough's residents who have internet access will be able to make remote use of the online registration and the app. Elderly people and DDA disabled people are the most likely to not have access to the internet according to a 2014 report¹, and most likely to not make full use of technology within the surgeries. However, as other patients take more appointments online, it will free up the availability of face to face appointments for those patients without access to the internet.</p> <p>GP services work on a model whereby funding is determined by the number of registered patients – the majority of residents are in good health, and the funding which they provide by being registered in the borough helps to fund the care for the minority who are in poor health. By moving the interactions that those in good health have with General Practice into a digital sphere, it will free up capacity for those in poorer health (who are more likely to be elderly).</p> <p>34% of the borough's residents do not speak English as their main language and 8% cannot speak English well or at all. The online registration and health app aspects of this project aim to enable access to health services for this population through multi-language access.</p>

¹ Internet Access and Use Statistics 2014 https://www.towerhamlets.gov.uk/Documents/Borough_statistics/Digital_inclusion/Internet-access-and-use-statistics-2014-06-17.pdf

			The online GP registration will act as a valuable tool for both council and NHS staff to ensure that the most vulnerable populations are encouraged to register for GP services when they make contact with health or social services, helping to improve their health outcomes through improved access.
2	Monitoring / Collecting Evidence / Data and Consultation		
a	Is there reliable qualitative and quantitative data to support claims made about impacts?	Yes	<p>The project has been developed in light of Tower Hamlets CCG's projections of future demand for primary care services, which show that at current usage there will be a deficit of 38 GPs by 2033/34. This project aims to reduce the demands on GP time, in order to increase capacity.</p> <p>It draws on data outlining the prevalence of individuals who are not registered for GP services, the effectiveness of a trial of online registration, and the demand for online GP services. It also draws on the experience of having installed aspects of the project in health facilities across the borough.</p>
	Is there sufficient evidence of local/regional/national research that can inform the analysis?	Yes	<p>There has been extensive research and consultation undertaken by Tower Hamlets CCG informing a vision for the future delivery of primary care services. This project forms part of this vision.</p> <p>Many of the hardware aspects of this project have been trialled at GP surgeries in the borough, and online registration has been subject to a local trial in which it proved effective.</p>
b	Has a reasonable attempt been made to ensure relevant knowledge and expertise (people, teams and partners) have been involved in the analysis?	Yes	The project has been developed in partnership with Tower Hamlets Clinical Commissioning Group and with input from General Practitioners, public health professionals and commissioners, and those with experience of providing multi-language projects within the borough. It has drawn on evidence from the NHS, the council, and the residents' survey.
c	Is there clear evidence of consultation with stakeholders and users from groups affected by the proposal?	Yes	TH CCG has conducted consultation which has informed this vision for future delivery of primary care services within the borough.

3	Assessing Impact and Analysis		
a	Are there clear links between the sources of evidence (information, data etc) and the interpretation of impact amongst the nine protected characteristics?	Yes	A review of evidence was undertaken and this project was identified within the Infrastructure Delivery Framework: Evidence Base 2018. General population will have increased access and engagement with primary care, which should greatly improve health outcomes for all of our current population as well as support growing need in line with population growth.
b	Is there a clear understanding of the way in which proposals applied in the same way can have unequal impact on different groups?	Yes	It is understood that there will be differing levels of access to the internet and proficiency in using digital solutions. However, 92% of the borough's residents have access to the internet, and those who do not can still benefit from the increase in appointment availability which the project aims to provide through reduced demand on primary care. The online registration will be available at each healthcare facility which receives a tablet, where individuals without access can register.
4	Mitigation and Improvement Action Plan		
a	Is there an agreed action plan?	Yes	See the attached PID.
b	Have alternative options been explored	Yes	The Maximising Health Infrastructure programme has allocated £20m to upgrading and expanding primary care facilities within the borough. This project builds on that programme.
5	Quality Assurance and Monitoring		
a	Are there arrangements in place to review or audit the implementation of the proposal?	Yes	<p>The Project will be managed by NHS Tower Hamlets Clinical Commissioning Group who have established robust programme management arrangements to ensure consistent completion of S106 healthcare infrastructure schemes within the required programme and budget parameters.</p> <p>The Project Board will manage project delivery against programme milestones and the benefits realised against project objectives and the benefits sought. Project evaluation will be an integral part of the overall project management,</p>

			contract management and commissioning processes. Public Health who sponsor this project are members of the programme board that oversee the NHS Health Infrastructure Programme.
b	Is it clear how the progress will be monitored to track impact across the protected characteristics?	Yes	All works delivered through this project will be fully compliant with the requirements and philosophy of the 2010 Equality Act and the Disability Equality Duty contained within the Disability Discrimination Act. All referenced standards and planning guidance within these documents will be adhered to. However, if services users experience is impacted, monitoring will take place through the NHS complaints procedure.
6	Reporting Outcomes and Action Plan		
a	Does the executive summary contain sufficient information on the key findings arising from the assessment?	Yes	

Appendix A

Equality Assessment Criteria

Decision	Action	Risk
As a result of performing the QA checklist, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.	Proceed with implementation	Green: 