

Stage 1 Equality, Health Inequality Impact and Risk Assessment

- Title of Assessment: **Same Day Access services in Rutland**
- Person Responsible Debra Mitchell, debra.mitchell3@nhs.net, 07969910333
- Service Area: Minor Injuries and UCC: improving on the day urgent access for patients, as alternative to GP appointments.

- Overview of proposal, policy, service etc:

Leicester, Leicestershire and Rutland (LLR) Integrated Care Board (ICB) is currently in the process of reviewing all same day Primary Care access offers in line with:

- The Recommendations made in the Fuller Report
- The Delivery Plan for Recovering Access to Primary Care.

In addition, work is also being undertaken locally around the amalgamation and re-alignment of the extended opening hours in primary medical care, minor injury service and same day access for urgent primary care whilst improving care closer to home. This is in line with the LLR Model for Urgent Care.

This system wide initiative resonates with Rutland's Joint Health and Wellbeing Strategy (JHWS). The JHWS has six strategic Priorities and of relevance are the priorities to ensure equitable access to health and wellbeing services and preparing for population growth and change.

The proposal in Rutland seeks to simplify and consolidate existing services for on the day care, eliminating the confusion which exists with current service provision. The proposal is:

- Replace the current minor injury service and urgent care service with a service for Minor Illnesses and minor injury that runs from upgraded accommodation in Rutland Memorial Hospital (RMH).
- The service will run for 8 hours a day, 7 days a week. Suggested opening times are 1.00pm - 9.00pm Monday – Sunday.
- This service will be primarily appointment based, pre-bookable through either 111 or GP surgeries with minimal walk-in capacity. EMAS and LLR Clinical Assessment Service will also be able to access capacity.

Key benefits include:

- Ensuring 7-day local access for Rutland patients with a same day (up to 24 hrs) need via a combination of Primary Care, Pharmacy First and this service.
- Increasing the availability of more on the day appointments to Rutland residents

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- By providing a local, centralised service, reduce the need for patients to travel out of area (OOA) for care where appropriate, thus reducing OOA charges in the long from other ICBs such as Peterborough and Cambridge. NB this has not been factored into the activity or financial assumptions as behaviour change will take time. It is, however, anticipated that when this happens there will be a saving to the ICS, albeit small.
- Deliver improved economies of scale and reduced service duplication complimenting the long-term plan for same day emergency care whilst provide a clear and consistent patient pathway.
- Creating the opportunity to support the implementation of the Modern General Practice model thus enabling GP practices to prioritise the Joint Health and Wellbeing Strategy (JHWS) priorities:
 - **Priority 1** – Best start in Life
 - **Priority 2** – Staying Health and Independent: Prevention
 - **Priority 3** – Health Aging and Living with Long Term Conditions
 - **Priority 4** – Ensuring Equitable Access to Services for all Rutland Residents.
 - **Priority 5** – Preparing for Significant Population Growth and Change.
 - **Priority 6** – Ensuring People are Well Supported in their last phase of their Lives.
 - **Priority 7** – Cross Cutting themes – a) Mental Health, b) Reducing inequalities and c) Covid recovery.
- A single same day access for minor illness and injury that reduces confusion and enables clear pathways of care to ensure that patients are seen in the right place at the right time.
- Improved patient experience with a clear and consistent offer.
- Improved quality outcomes for patients with them having to only tell their story once.
- Improvement in Rutland Memorial Hospital estate that will be supported as a part of the business case utilising ring fenced Community Infrastructure Levy (CIL) as well as improved transport infrastructure as a part of the Levelling Up investment. We can deliver an improved physical environment and access for patients attending the service and demonstrate the ICB's long term commitment to not only the retention of Rutland Memorial Hospital which is dear to the public's heart but its sustainability by increased use of space for delivery of local health services.

Case for Change

The NHS Five Year Forward View (5YFV) set out the need to redesign access to care services for people of all ages, for people with physical health problems, disabilities, mental health problems and learning disabilities and instigated the need for new models of care to address this.

The five key principles to be considered when commissioning any part of an Urgent and Emergency Care system remain and are as follows:

- Providing better support for people and their families to self-care or care for their dependents.

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- Helping people who need urgent care to get the right advice in the right place, first time.
- Providing responsive, urgent physical and mental health services outside of hospital every day of the week, so people no longer choose to queue in hospital emergency departments.
- Ensuring that adults and children with more serious or life-threatening emergency needs receive treatment in centres with the right facilities, processes, and expertise in order to maximise their chances of survival and a good recovery.
- Connecting all urgent and emergency care services together so the overall physical and mental health and social care system becomes more than just the sum of its parts.

The contract for the Urgent Care Centre and the Minor Injury Unit with the current provider are due to end on 31st March 2025. Each place-based locality has the opportunity to plan and design a model to meet the identified needs of their local population.

The proposed model of care for Rutland Place is illustrated in the **Figure** below:

Rutland Local Healthcare System



In Rutland, the Extended Access Service was commissioned as the Oakham Urgent Care Centre located in Rutland Memorial Hospital. This is open from

- Monday to Friday 6.30pm – 9.00pm
- Saturday, and Sunday, 9.00am – 7.00pm

LLR ICB also commission a minor injury service in Rutland, provided at Rutland Memorial Hospital. This Service is open weekdays 10.00am – 6.30pm, with X-ray 8.30am – 4.30pm Wednesdays and Thursdays only.

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A clinical audit (undertaken in 2022) of the current Urgent Care Centre provision across LLR demonstrated:

- Over 60% of the activity seen in the current hubs is Primary Care type presentations.
- Circa 40% of this activity could be managed through Community Pharmacy Consultation Service.
- Circa 20% of the activity coming through the hubs is appropriate for urgent care.

Whilst the audit needs to be repeated in Rutland, this suggests that there is a need to develop and implement consistent care pathways, which:

- facilitates improved patient flow locally,
- enables clear patient pathways,
- improves referrer access to additional patient support and,
- generates economies of scale for the system.

Access to Health Care in Rutland

As a part of the formulation of the Joint Health and Wellbeing Strategy for Rutland, a place led plan, with six strategic priorities was developed, one of those priorities was to enhance equitable access to services for all Rutland residents.

Rutland is a rural county that borders several other local authorities and healthcare systems and has no acute healthcare facilities within its boundaries and patients who are resident in Rutland often opt for using out of county providers for acute services, out of speed and convenience instead of those that are within the LLR borders. This creates challenges for people in accessing services which can often be distant, require long travel times by car and even longer times by public transport. The challenge of accessing services in Rutland is one of the public's most frequently raised health and care issues including the sufficiency of GP services.

All Rutland practices deliver higher numbers of appointments per 1000 registered patients comparatively and are confident that they meet all the "reasonable access" criteria for GMS contracting purposes.

All the practices have on-the-day appointments including ringfenced appointments for 111 and systems in place to direct patients to appropriate healthcare when no other appointments are available.

Rutland PCN report that their Rutland Enhanced Access appointments have had a consistent high utilisation rate and have high patient satisfaction rates.

However, there are confusing service configurations and pathways for Rutland patients requiring same day care. Feedback from Healthwatch, residents and Rutland Council has confirmed this. Services open at different times in different locations, signage is reported as confusing, and feedback suggests that the public struggle to independently navigate to the appropriate service that meets their needs.

As an illustration, Rutland Minor Injuries service is a walk-in service that runs from 10.00am - 6.30pm Monday to Friday with X-ray only available on a Wednesday and Thursday from 8.30 am– 4.30pm. Rutland Urgent Care Centre is by appointment only, booked through 111.

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Services are available from 6.30pm – 9.00pm, Monday to Friday and at weekends and bank holidays from 9.00 am to 7.00 pm by appointment only.

Because both are run and staffed by the same provider, DHU, patients who arrive after 6.30pm on a weekday can be confused at being turned away if their need relates to a minor injury. However, in practice, a proportion of these patients are seen on occasions when capacity allows, which has a longer-term impact on service capacity and further blurs the lines between the two separately commissioned services.

Patients who have 'walked in' during the prescribed hours, find that if they need an X-ray on any day other than Wednesday or Thursday, they can be redirected, for example to St Luke's Treatment Centre in Market Harborough (x-ray only available until 5pm), to Melton Mowbray Community Hospital) but primarily Stamford MIU (which is a walk-in service).

As a result, some patients elect to use these services for same day care and also choose to access the services in Stamford, Corby, and Grantham.

A recent Healthwatch report looking at Oakham Minor Injuries unit, articulated these points explicitly:

"The issue of confusion among the local population regarding the services available at the MIU is highlighted in various reports and patient feedback Several factors contribute to this confusion:

- 1. Ambiguous physical signage in the local area and a lack of clarity among the population, GP surgeries, and Pharmacies regarding terminology like Urgent Care Centre (UCC)/Urgent Treatment Centre (UTC)/Minor Injuries Unit (MIU).*
- 2. Inaccurate information on NHS and DHU websites regarding MIU availability and access.*
- 3. Improper referrals and redirections to the MIU from other providers, leading to patient frustration and placing strain on our Reception and Clinical staff when redirecting patients to their GP Practices or NHS111."*

Equality, Health Inequality Impact and Risk Assessment

Section one: equality impact

For each question, please answer **Yes** or **No**, and provide a brief rationale for your answer.

1. Will this (decision / proposal / change) affect / impact on people in any way? (e.g. population, patients, carers, staff)?

YES:

This will have a positive impact on the local population, (as patients and their carers), and healthcare staff in the local community/neighbourhood.

The fundamental principle, (and aim), of “Right Care”, from the “Right Person”, at the “Right Time” is echoed in the LLR Five Year Joint Plan and the LLR Clinical and Primary Care Strategies, as is ensuring the appropriate blend of “continuity of care” – for scheduled or planned care for complex/frail patients and LTCs management - and “un-scheduled” access as and when indicated.

From a quality and equality perspective, the benefits will be:

- Access at shorter notice for Older patients to a service , that they can easily reach at a time that best suits both their needs and also at the convenience of their carers or family members.
- Enabling access for Patients with disabilities ., RMH offers wheelchair friendly, one level entry with disabled parking and accessible doors. This is also pertinent as Rutland has care homes which are specific facilities for patients with learning disabilities and may need to access services out of hours.
- Accessible and gender neutral toilets The availability, on request , of language interpreters and BSL interpreters via the standard contracting arrangement available to this service
- Access to healthcare after school for patients with young families or children of a school age .
- Access to after working hours .Patients in full or part time employment will have the opportunity to quickly access healthcare after work , , which negates the need for them to take time off to attend an appointment.
- Access to a same day need service locally, avoiding the need for excess travel. A trip for a patient in Rutland to the Leicester Royal Infirmary or Minor Injury and Minor illness service constitutes a 60-mile round trip, taking an hour each way. A same day access service based at RMH will could ensure that patients could be seen, treated, and discharged and back at home within an hour. Not forgetting the carbon footprint benefits that this will also bring.
- Better understanding of the availability and nature of the service . Through effective and planned social marketing and communications, Patients will know that if they have a minor injury or a minor illness which needs to be addressed on the same day , when they can't get an appointment at their registered GP , that they can access the Same Day access service at RMH.

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- Clear and well understood patient pathways, with right place right time” and ‘talk before you walk’ principles , will change established habits of behaviour .. The implementation of the SDA pathway in Rutland will allow us to standardise posters, adverts, websites, and all communication with recognisable branding, to ensure that the same message is given to all. Road signs will correlate to the services that are provided and any historical confusion over service provision will be rectified.. A comprehensive communications plan, considering differing communication channels and approaches will be developed and implemented.
- A modernised and improved environment for both patients and staff Patients and Staff – with the approval of the Rutland SDA business case will also mean that we can make the necessarily capital improvements to the Rutland Memorial Hospital through collaboration with Rutland County Council and the utilisation of the ringfenced CIL funding.

2. Is this decision or change part of a transformation programme or commissioning / decommissioning review?

YES

As well as the national and LLR drivers for the encompassing wider change described previously, the specifics of the decommissioning of the Extended Access Hubs was part of the LLR review of System Level Emergency Care Provision. This recommended the consolidation of Tier 4 and Tier 3 emergency care services(.e. ED and the Urgent Treatment Centres) and that “Extended Access” activity (that is predominantly primary care activity) should be re-positioned within primary care/MIU and UCC, (including Community Pharmacy, Optometry, and other community based services).

3. Is this a decision that may change or potentially change the delivery of a service / activity or introduce a charge?

YES

The opening hours will change and additional capacity for appointments will be available. The exact opening times will be determined following consultation. By merging the Minor injury and minor illness service into one service, patients will have a clearer pathway than they currently do .

4. Will this (decision / proposal / change) potentially reduce the availability of a service or activity or product (e.g. prescriptions)?

NO

All service responses and activities will be maintained if not enhanced.

5. Is this a review of a policy, procedure, protocol, or strategy?

YES

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As described previously, national policy and direction of travel, reflected in LLR strategies and evidenced by national and local reviews.

6. Is this (decision / proposal / change) about improving access or delivery of a service?

YES

Rationalisation of access to the whole primary care offer, including this new “same day access” capacity will improve access overall, and enable more efficient, patient centred care, and “care closer to home” overall.

7. Will this (decision / proposal / change) potentially negatively impact groups covered by the Equality Act and other vulnerable groups?

NO

One of the key aims and objectives of the national drivers described, and therefore the Place Plans reflecting the provision of service from April 2025, is to ensure easier access to services – be that in person or digitally – whilst also ensuring that presenting needs are expedited then and there, eliminating any need to “join the queue again”.

Two workshops have taken place which included representatives from all the GP Practices, Healthwatch and the current provider of the MIU and UCC to fully understand Patient access needs and design their processes accordingly. Particular emphasis in this has been given to vulnerable and seldom heard patient cohorts to ensure their needs are given equal consideration and reasonable adjustments are made as to avoid any, unintentional, increase in inequalities.

Enhancing continuity of care and personalised care, and bringing services “closer to home”, will also support these patients.

8. Will this (decision / proposal / change) affect Employees or levels of training for those who will be delivering the service?

No

The service specifications and clinical delivery model will not change.

9. Will this (decision / proposal / change) have any **positive** effect / impact in reducing health inequalities?

YES

As previously described.

10. Will this (decision / proposal / change) have any **negative** effect / impact on health inequalities?

NO

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Aim is to improve inclusive access over all, ensuring the needs of all the local populations are best met.

Section two: equality risk

For each question, please answer **Yes** or **No**, and provide a brief rationale for your answer.

11. To reach your (decision / proposal / change) have you considered any information / supporting documents?

YES

National and LLR directives and policy guidelines, audits conducted as part of System Emergency Care Review, current service utilisation by practice, PCN, and Place.

The development of the proposals has been informed by the public through a range of engagement undertaken from 2019 to the present including, but not exclusive to:

- Leicester, Leicestershire and Rutland Urgent and Emergency Care Insights (July 2024) – Understanding patients’ needs when accessing health services.
- National GP Patient Survey (July 2024) including trends for 2021, 2022 and 2023.
- Leicester, Leicestershire and Rutland System-wide Consolidation of Enhanced Access Engagement (January 2023)
- Leicester, Leicestershire and Rutland GP Patient Survey (May 2024) including trends for 2021, 2022 and 2023.
- Healthwatch Enter and View Report – Oakham Minor Injuries Unit (March 2024)
- Leicester, Leicestershire and Rutland Community Insights Report (January 2024)
- Leicester, Leicestershire and Rutland Community Services Redesign Report (January 2019)

Conversations have also been undertaken individually and through the Integrated Delivery Group comprising of

- Local authority partners
- Rutland GP and the Primary Care Network
- Healthwatch Rutland
- Voluntary and Community Sector partners
- NHS providers

12. Have you engaged or consulted with people or stakeholders / staff that may be affected by the (decision / proposal / change)?

YES

Please see response to question 11. In addition a Public Consultation exercise will commence on 25th November 2024 for 8 weeks and the proposals will also be taken before the Rutland Health and Wellbeing Board and Rutland Scrutiny Committee in November 2024.

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13. Have you taken specialist advice in regard to impacts of the (decision / proposal / change)?

YES

The Patient Engagement and Insights Team have sought and applied legal advice to the need to consult on the changes proposed.

14. Have you considered how this can address and eliminate discrimination, harassment, and victimisation?

YES

As previously described, and Quality and Equality Impact Assessments have been undertaken and these along with the evaluation of the Public Consultation will be used to address needs in this area.

Practice staff would have to adhere to the policies under Discrimination, harassment and victimisation. Contract regulations to manage these processes and ensure both patients and staff feel staff and treated with dignity and respect.

15. Have you considered how this can help to address inequality issues to enable all groups to access services?

YES

As previously described.

Improve access, offer care closer to home, Access to MDT team, benefit for Self-care/ Preventive care

16. Have you considered how this can help foster good relations and community cohesion within communities?

YES

Development and implementation of this Same Day Minor Illness and Injury Service and the evolution of general practice is intertwined with the development of Integrated Neighbourhood Teams. (Fuller and Hewitt Report recommendations). These are fundamentally about the bringing together and the harnessing of all community assets – people, places, knowledge, networks etc., – to collectively address the community's health and wellbeing priorities. Working jointly with Rutland County Council, we are also addressing the poor estate that the current services are delivered from (in Rutland Memorial Hospital) by utilising CIL (Community Infrastructure Levy) monies to upgrade and modernise the facilities.

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17. Can you address or minimise any negative impacts that may represent an equality risk?

YES

Clinical Leadership and engagement with all Stakeholders has been and remains key to successfully progressing these plans and innovations.

Outcomes and impacts of implementation will be monitored and remedial action taken when/if indicated.

Through consultation and engagement

18. Will your decision reports be available to the public?

YES

As part of the formal consultation process and subsequent comms plan

Section three: human rights impact

For each question, please answer **Yes** or **No**, and provide a brief rationale for your answer.

19. Is there any concern that Article 2: Right to life may be breached?

NO

There will be no changes to any of the under-pinning principles or associated quality standards and expectations of the Services.

20. Is there any concern that Article 3: Right not to be treated in an inhuman or degrading way may be breached?

NO

As previous response

21. Is there any concern that Article 5: Right to liberty may be breached?

NO

As previous response

22. Is there any concern that Article 6: Right to a fair trial or hearing (this includes right to fair assessment, interview, or investigation) may be breached?

NO

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As previous response

23. Is there any concern that Article 8: Right to respect for private and family life may be breached?

NO

As previous response

24. Is there any concern that Article 9: Right to freedom of thought, conscience and religion may be breached? E.g. right to participate (individually or as a group) religion / belief

NO

As previous response

25. Is there any concern that Article 10: Right to freedom of expression may be breached? E.g. concern that people won't be able to have opinions and express their views on their own or in a group

NO

As previous response

26. Is there any concern that Article 14: Right not to be discriminated against in relation to any human rights, may be breached?

NO

As previous response

27. Is there any concern the obligation to protect human rights may be breached? E.g. concern that systems, processes and monitoring will not identify human rights breaches.

NO

As previous response

Section four: Assessment Comments

28. Further comments from individual / team drafting this assessment:

We will be continuing to monitor the contract for any potential negative impacts. This will include regular review of patient demographics to identify any patient groups not accessing or being able to access the service . Action will be taken to ensure that barriers to access are addressed

- Stage 1 Assessment / Approval comments from MLCSU Equality and Inclusion Business Partner: **Approved 4/11/24**