Southern Health and Social Care Trust
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Equality, Good Relations and Human Rights Screening Template

*****Completed Screening Templates are public documents and will be posted on the Trust's website*****

See 'Equality, Good Relations and Human Rights Screening Guidance Notes' (on SharePoint) for further background information on the relevant legislation and for help in answering the questions on this template.

(1) Information about the Policy/Proposal

(1.1) Name of the policy/proposal

Relocation of Willowbank GP Surgery Keady

(1.2) Is this a new, existing or revised policy/proposal?

New

(1.3) What is it trying to achieve (intended aims/outcomes)?

Willowbank GP Surgery Keady is currently located on the Crossmore Road, Keady. The surgery is housed in a semi-detached one storey property. Construction is a mixture of traditional and modern build owned by a retired GP. A number of alterations and extensions have been undertaken since the 1980s when the property was converted into a surgery. The roof void was converted into office space in the mid-2000s.

The accommodation is owned by a retired GP, the Practice has been issued with a notice of eviction in 2023.

The Willowbank Surgery has 7 GPs equating to 5 whole time equivalents (WTEs). The building provides 265.6m2 of space for provision of General Medical Services. The recommended Department of Health (DoH) - Schedule of Accommodation for a 5 WTE surgery is between 478 m² and 681 m². As such, the surgery is significantly below the minimum recommended space. **The aim of this proposal is to provide suitable accommodation for the Willowbank GP Surgery to relocate to.**

Strategic Context

The **General Practitioners Committee report *'The Future of GP Practice Premises'***[1] recognised the importance of investment in premises in delivering the quality and range of services which could be provided within the primary care setting. It further recognised the difficulties with recruiting GPs and the role which premises have on this.

The ***'Review of GP-led Primary Care Services in NI'***[2] made a number of recommendations to address the specific challenges and pressures facing GP-led primary care services. These were based around the following strategic themes: *building a stable GP workforce*; *building sustainable out-of-hours services*; *driving innovation in general practice*; *improving general practice infrastructure*; and *delivering high quality, integrated and sustainable primary care services*. The changes in how primary care services are delivered would have an impact on the need for infrastructure, particularly within rural communities.

An important factor for consideration is that it is a recognised fact that there is a shortage of GP partners in Northern Ireland (NI) practices. The Department of Health (DoH) is taking forward work to increase the number of GPs practicing in NI. This also includes more university places being funded. As a result, there is an increased need to provide training within GP practices. The DoH is therefore encouraging GP practices to consider applying to become a training practice. In many cases, practices have shown an interest in becoming a training practice but constraints with premises have meant that this could not be achieved. Therefore, any investment which will result in a practice being able to become a training practice would be seen as a priority investment by the DoH and the Health and Social Care Board (HSCB).

[1] General Practitioners Committee. (2010) *The Future of GP Practice Premises*. London: British Medical Association.
[2] Department of Health, Social Services and Public Safety. (2016) *Review of GP-led Primary Care Services in Northern Ireland*. Belfast: Department of Health, Social Services and Public Safety.

The key reports ***'Health and Wellbeing 2026: Delivering Together'*** and ***'Systems, Not Structures'***[3] both outlined a vision for the future of the HSC, which would involve a shift from traditional care models towards an enhanced primary care service within a reformed HSC. Following the publication of these reports, work has been undertaken to consider the best model for the delivery of care within the primary care setting. It is agreed that the Multidisciplinary Team (MDT) model is the most appropriate model for the future delivery of GMS services and other services, which will support delivery of GMS, to best meet the needs of the population within the primary care setting. The MDT model will require HSC Trust services to be better aligned around and coordinated with, GP practices.

Practice Based Pharmacists (PBPs) are already working in GP practices across NI, with further recruitment of PBPs currently underway. Another component of the MDT model is the **Advanced Nurse Practitioner** (ANP) Scheme, which will provide specialist nurses with an accredited qualification in primary care to support GP practices in delivering services. It is also expected that over the coming years, a range of other staff supporting GPs such as **physiotherapists, mental health workers, occupational therapists** etc., will be located in practices. This MDT model is currently being implemented in the Down, Derry and West Belfast Federations, however it is envisaged that this model will shortly be rolled out across other areas of Northern Ireland. These additional staff will require space within practice premises to carry out their work.

The intended aim of this proposal will be to:

- Provide alternative accommodation prior to the eviction notice in 2023
- Provide sufficient accommodation to enhance patient care this will include:
  - The roll out of the MDT model
  - Improved disability access
  - Ability to become a training practice

[3] Bengoa, R et al. (2016) *Systems, Not Structures: Changing Health and Social Care*. Belfast: Department of Health.

The outcome of this proposal will enable Willowbank Surgery to manage the increasing list of patients over recent years, providing enhanced primary care to the local population. In addition it will enhance the working environment for staff as a number of clinics have been stood down due to lack of space.

(1.4) Are there any Section 75 categories which might be expected to benefit from the intended policy/proposal?

Yes – table 2.3 refers all categories identified will be expected to benefit from the intended proposal.

The Practice consists of 18 staff plus 7 GPs (5 WTE).

The practice list sizes and the percentage change are indicated in the table below:

Year	**2016**	**2017**	**2018**	**2019**	**2020**	**% Increase since 2016**
Practice List Size	9,183	9,226	9,293	9,406	9,461	**3%**

(1.5) Who owns and who implements the policy/proposal - where does it originate, for example DoH, HSCB, the Trust?

This proposal originates from the Department of Health. It is being taken forward by the DoH and the Health and Social Care Board. The Trust is working in partnership with the DoH/HSCB/GP Practice to facilitate the proposal.

(1.6) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal/decision? (Financial, legislative or other constraints?)

- The accommodation is owned by a retired GP, the Practice has been issued with a notice of eviction in 2023, therefore this proposal will support continuity of primary care to the local population
- Improved accommodation will deliver enhanced primary care services and therefore have a positive impact within the rural community
- The existing accommodation does not meet modern DDA requirements. The new accommodation will significantly improve access for those patients and staff with disability.

(1.7) Who are the internal and external stakeholders (actual or potential) that the policy/proposal/decision could impact upon? (E.g. staff, service users, other public sector organisations, trade unions, professional bodies, independent sector, voluntary and community groups etc.)

- Multi-disciplinary Staff
- Patients/carers and their families
- Department of Health
- Health and Social Care Board and
- Southern Health and Social Care Trust

(1.8) Other policies with a bearing on this policy/proposal **(**for example regional policies) - what are they and who owns them?

An overview of the strategic policy direction aligned to this proposal is described at Section 1.3 above. Strategic policies include for example:

- The General Practitioners Committee report *'The Future of GP Practice Premises'*[4]
- The *'Review of GP-led Primary Care Services in NI'*[5]

[4] General Practitioners Committee. (2010) *The Future of GP Practice Premises*. London: British Medical Association.

- The key reports *'Health and Wellbeing 2026: Delivering Together'* and *'Systems, Not Structures'*[6] both outlined a vision for the future of the HSC, which would involve a shift from traditional care models towards an enhanced primary care service within a reformed HSC.
- An important factor for consideration is that it is a recognised fact that there is a shortage of GP partners in Northern Ireland (NI) practices. The Department of Health (DoH) is taking forward work to increase the number of GPs practicing in NI. This also includes more university places being funded. As a result, there is an increased need to provide training within GP practices. The DoH is therefore encouraging GP practices to consider applying to become a training practice. In many cases, practices have shown an interest in becoming a training practice but constraints with premises have meant that this could not be achieved. Therefore, any investment which will result in a practice being able to become a training practice would be seen as a priority investment by the DoH and the Health and Social Care Board (HSCB).

[5] Department of Health, Social Services and Public Safety. (2016) *Review of GP-led Primary Care Services in Northern Ireland*. Belfast: Department of Health, Social Services and Public Safety.
[6] Bengoa, R et al. (2016) *Systems, Not Structures: Changing Health and Social Care*. Belfast: Department of Health.

(2) Available evidence

Evidence to help inform the screening process may take many forms. What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? *NB: Specify the details for each of the Section 75 categories for any staff affected, the Trust Workforce, any patients/clients affected and the Trust general population in the following tables* ***if appropriate****.*

2.1 Staff Affected by this Policy/Proposal

As the Trust is not the direct employer of GP staff this information is not readily available however the Trust has been advised that all staff will transfer to the relocated GP Surgery. Trust primary care staff will all be retained and also located to the new GP surgery

Section 75 Group	*Make up of Staff Affected*	*Percentage*
Gender	Female Male	The Practice consists of 18 staff plus 7 GPs
Religion	Protestant Roman Catholic Not Known/Other	
Political Opinion	Broadly Unionist Broadly Nationalist Other Do Not Wish To Answer/Not Known	
Age	16-24 25-34 35-44 45-54 55-64 65+	
Marital Status	Single Married/Civil Partnership Other/Not Known	
Caring Responsibility	Caring for a Child/Children/Dependant Older Person/Person(s) With a Disability None Not Known	
Disability	Yes No Not Known	
Ethnicity	Bangladeshi Black African Black Caribbean Black Other Chinese Filipino Indian Irish Traveller Mixed Ethnic Pakistani White Not Known	

Sexual Orientation *towards:*	Opposite Sex Same Sex Same and Opposite Sex Do Not Wish To Answer/Not Known	

2.2 Patients / Clients Affected

Patients on Practice List = 9,461

Section 75 Group	*Make up of Patients/Clients Affected*	*Percentage*
Gender	Female Male	**49%** **51%**
Religion	Protestant Roman Catholic Other Keady Electoral Ward (KS212NI)	**Not held by Practice** *2011 Census (Nisra) shows:* *Protestant: 7.47%* *Roman Catholic 90.86%* *Other 1.67%*
Political Opinion	Broadly Unionist Broadly Nationalist Other Do Not Wish To Answer/Not Known	**Not held by Practice**
Age	0-15 16-44 45-64 65-84 85+	**22%** **41%** **24%** **12%** **1%**
Marital Status	Single Married/Civil Partnership Other/Not Known	**Not held by practice**
Caring Responsibility	Caring for a Child/Children/Dependant Older Person/Person(s) With a Disability None Not Known	**Not held by practice**
Disability	Yes No Not Known	 **100%**
Ethnicity	Bangladeshi Black African Black Caribbean Black Other Chinese Filipino Indian Irish Traveller Mixed Ethnic Pakistani White Not Known	**0.01%** **0.02%** **0%** **0.02%** **0.02%** **0.01%** **0.01%** **0.06%** **0%** **0.01%** **99%** **0%**
Sexual Orientation	Opposite Sex	**Not held by Practice**

towards:	Same Sex Same and Opposite Sex Do Not Wish To Answer/Not Known	

2.3 Southern Trust's Area Population Profile – Census 2011

(NB: in some instances you may need to be more specific and use local District Council areas – please contact the Equality Unit on 028 375 64152).

Section 75 Group	*Trust's Area Population Profile (Population of 358,034)*	*Percentage*
Gender	Female Male	**50.36** **49.64**
Religion	Protestant Roman Catholic Other	**39.15** **56.69** **4.16**
Political Opinion	Not collected	
Age	0-15 16-24 25-44 45-64 65-84 85+	**22.73** **12.25** **28.45** **23.40** **11.69** **1.48**
Marital Status (aged 16+ years)	Single Married/Civil Partnership Other	**34.99** **50.24** **14.77**
Dependent Status	Caring for a Child/Children/Dependant Older Person/Person(s) With a Disability	**11.34% of usually resident population provide unpaid care**
Disability	Yes No	**19.64** **80.36**
Ethnicity	Asian Other Bangladeshi Black African Black Caribbean Black Other Chinese Indian Irish Traveller Mixed Ethnic Group Other Pakistani White	**0.20** **0.01** **0.11** **0.01** **0.10** **0.22** **0.17** **0.15** **0.29** **0.16** **0.07** **98.51**
Sexual Orientation	Estimated 6-10% of persons identify as lesbian, gay, bisexual – *Source: 2012 report by Disability Action & Rainbow Project*	

(3) Needs, experiences and priorities

(3.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories and for both service users and staff. ***(NB: Use relevant statistical and qualitative data to complete the table below)***

Section 75 Category	***Details of Needs, Experiences and Priorities***	
	Staff	***Service Users***
Gender	The practice staff will benefit from improved working conditions, including better quality accommodation for service delivery to patients as well as better staff room, toilet facility, meeting and training room spaces.	This proposal is seeking to continue to provide accommodation for patients on the GP Willowbank surgery list to meet the specific needs of all patients. The increase in access to all services based on the assessed needs of the population will improve the patients' experience of the services and improve health outcomes.
Age		13% of the practice patients are aged 65+. Physical access to the building will be improved as well as access to services for the patients.
Religion		
Political Opinion		
Marital Status		
Dependent Status		
Disability		This proposal is seeking to upgrade disability access to patients/carers/families/staff attending Willowbank GP Surgery
Ethnicity		There are no core ethnic groups that the practice is aware of.

Section 75 Category	***Details of Needs, Experiences and Priorities***	
	Staff	***Service Users***
Sexual Orientation		

(3.2) Provide details of how you have involved stakeholders, views of colleagues, service users and staff etc when screening this policy/proposal.

- A number of meetings have been facilitated by the HSCB to engage with GPs from the Surgery. Meetings were attended by HSCB colleagues and Trust Estates staff.
- As is normal process, the patients of the practice will be consulted in advance of relocation of the surgery and any issues addressed. However, it should be noted that the relocation of the surgery is within 1 mile of the current premises and therefore not likely to impact adversely.

(4) Screening Questions

You now have to assess whether the impact of the policy/proposal is major, minor or none. You will need to make an informed judgement based on the information you have gathered.

(4.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?			
Section 75 category	***Details of policy/proposal impact***		***Level of impact? Minor/major/none***
	Staff	***Service Users***	
Gender	Minor	Minor	Overall impact minor
Age	Minor	Minor	Overall impact minor
Religion	Minor	Minor	Overall impact minor
Political Opinion	Minor	Minor	Overall impact minor
Marital Status	Minor	Minor	Overall impact minor
Dependent Status	Minor	Minor	Overall impact minor
Disability	Minor	Minor	Overall impact minor
Ethnicity	Minor	Minor	Overall impact minor
Sexual Orientation	Minor	Minor	Overall impact minor

(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?	
Section 75 category	***Please provide details***
Gender	There is a positive impact in that clinics stood down due to lack of accommodation can be re-instated. The roll out of MDT model to service users will be facilitated which will deliver enhanced primary care to this rural community.
Age	
Religion	
Political Opinion	
Marital Status	
Dependent Status	
Disability	Disability Access is poor within the current accommodation, this will be significantly improved by the relocation of the practice
Ethnicity	
Sexual Orientation	

(4.3) To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? minor/major/none		
Good relations category	***Details of policy/proposal impact***	***Level of impact Minor/major/none***
Religious belief	All patients of the practice have equal access to services. The improvements to the surgery will provide benefits to all people from all backgrounds.	Minor

Political opinion		As above
Racial group		As above

(4.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?	
Good relations category	***Please provide details***
Religious belief	
Political opinion	
Racial group	

(5) Consideration of Disability Duties

(5.1) How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?

The proposed new accommodation will improve upon disability access with significantly improved car parking arrangements; automatic opening doors; appropriate wayfinding signage and sanitary accommodation; and provision of clinical spaces and circulation areas that meet recommended space requirements.

The communication needs of persons with a disability will be taken into account.

Consideration of the Disability Duties is an integral part of Section 75 equality screening and policy development process.

(6) Consideration of Human Rights

The Trust has a duty to act compatibly and must take Human Rights considerations into account in its day-to-day functions/activities.

(6.1) How does the policy/proposal impact on Human Rights?
Complete for each of the articles

Article	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
Article 2 – Right to life			x
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			x
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			x
Article 5 – Right to liberty & security of person			x
Article 6 – Right to a fair & public trial within a reasonable time			x
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			x
Article 8 – Right to respect for private & family life, home and correspondence.			The proposal takes into account the need to maintain/ enhance primary care services to Willowbank Surgery
Article 9 – Right to freedom of thought, conscience & religion			x
Article 10 – Right to freedom of expression			x
Article 11 – Right to freedom of assembly & association			x
Article 12 – Right to marry & found a family			x
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			x
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of			x

Article	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
property			
1st protocol Article 2 – Right of access to education			x

Please note: If you have identified potential negative impact in relation to any of the Articles in the table above, speak to your line manager and/or Equality Unit on tel: 028 375 64151. It may also be necessary to seek legal advice.

(6.2) Please outline any actions you will take to promote awareness of human rights and evidence that human rights have been taken into consideration in decision making processes.

Close consultation/communication will be taken forward to ensure the footprint of the proposed accommodation meets clinical needs in terms of appropriate adjacencies to ensure improved access/flow of patients. Staff needs in terms of working environment/social spaces will also be taken into consideration.

(7) Screening Decision

(7.1) Given the answers in Section 4 of this template, how would you categorise the impacts of this decision or policy/proposal? *(Please tick one option below and list your reasons for the decision in 7.2 below)*

Major impact		**EQIA Required?** ***(Delete as appropriate)***	
		Yes	**No**

Minor impact		Mitigation Required	Alternative Policy Required
		Yes/No	**Yes/No**

No impact	√	**Screened Out**

(7.2) Please give reasons for your decision and detail any mitigation or alternative policies considered.

This proposal seeks to provide alternative accommodation for the Willowbank GP Surgery. The objective is to ensure continuity of service given the lease on the existing premises is due to expire in 2023. The proposal will enhance primary care provision, enable the practice to train GPs, essential given the current constraints on the increasing need for GP recruitment across NI. The proposed new accommodation will improve upon disability access with significantly improved car parking arrangements. In addition it will ensure that the planned MDT service model proposed by the Department of Health can be rolled out to the population aligned to the Willowbank Surgery.

(7.3) Do you consider the policy/proposal needs to be subjected to ongoing screening? NB: for strategies/policies that are to be put in place through a series of stages – screen at various stages during implementation.

Yes	
No	No √

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(8) Monitoring

(8.1) Please detail how you will monitor the effect of the policy/proposal for equality of opportunity and good relations, disability duties and human rights?

A Business Case is being developed to secure Capital funding to take forward this proposal. Pending capital support, this proposal will be evaluated following a 12 month period on completion of the Project.

Approved Lead Officer:	**Mr Brian Beattie**
Position:	**Interim Director of Older People and Primary Care**
Signed:	
Email:	**Brian.beattie@southerntrust.hscni.net**
Telephone No:	**028 37560784**
Date:	**26 February 2021**
Policy/proposal screened by:	**Susan Devlin, Senior Planner, Planning Dept. Craigavon Area Hospital**

Please forward completed screening template to christine.white@southerntrust.hscni.net for inclusion in the Trust's Policy Screening Reports which are uploaded to the Trust's website.