



# Equality Impact Assessment

## Relocation of GP services from Graham Road to a new primary care facility at the Weston Rugby Club development

Version 5 02.03.21



Follow the steps in this document and complete all the fields as fully and accurately as you can, and you will have a comprehensive equality impact assessment which will be used to inform the decision making process

Please Note: As a standalone document this EIA should have an overview of what the service is, purpose, benefits, make reference to studies, record what engagement took place (can be meetings, focus groups, clinical advice, patient feedback, stakeholder review, national studies, JNSA data), and impact on each protected characteristic etc.

To comply, the project manager and the decision maker has to demonstrate at the time of planning/decision they had due regard to eliminating discrimination, advancing equality and fostering good relations for all protected characteristics, this can best be demonstrated if the writer includes:

1. A statement of the evidence/ information used for choosing the characteristics to focus on and identifying relevant equality issues (summary section – i.e. there might be a group/s that need more focus than others due to their challenges and likely impact)
2. A statement of people who you consulted/engaged with in completing the EIA
3. A brief description of the project, policy or practice which your EIA is concerned with
4. Some assessment of whether the issues you have identified represent (actually or potentially) positive, negative or neutral impacts in relation to the PSED
5. A statement of how the project, policy or practice has been designed or amended to date in response to the equality issues identified (or not)
6. Some assessment of the legality of the project, policy or practice in relation to the PSED (could it discriminate unlawfully or help to advance equality of opportunity, foster good relations section of EIA)
7. Some recommendations for the decision-maker in response to your findings eg: No major change, adjust the policy or practice, continue it, stop and remove it – and name the decision maker (e.g. Governing Body)

## Part 1 and Step 1 – Initial Equality Impact Assessment Form

- When completing this form, please use simple and accessible language – NO JARGON
- Please complete all the fields in this section with the relevant information
- Complete all the fields in the form. If you are missing some information, include reference to that and come back to complete that section when you have more details
- Extend acronyms to full the first time you reference them in your text. For example, Clinical Commissioning Group (CCG)
- Revisit this EIA throughout the project to update it and ensure it reflects any changes or amendments to the original proposal

## 1. What are the main aims, purpose and outcomes of the proposal?

*Describe the policy/practice being developed and reviewed. Think about: What is the purpose of the policy or practice? In what context will it operate? Who is it intended to benefit? What results are intended and why is it needed.*

### **Background and context of proposal**

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (the CCG) successfully secured in 2018 £3.2m STP capital funding (STP), to develop a new primary care facility in central Weston for relocation of GP services currently provided by Pier Health Group Ltd (PHGL) from the Graham Road Surgery estate.

Access to excellent primary care services in central Weston is a high local priority. Engagement work undertaken as part of the Healthy Weston programme found that primary care services in the town needed improvement. In particular, the Graham Road Surgery estate is of poor quality and constrained in ability to be extended or improve the facilities to satisfactorily cater to the patient population, which includes the population of the former Clarence Park Surgery (c 4,000 patients) that closed in September 2019 when the landlords decided to sell the property. The registered list at Graham Road Surgery currently stands at just over 11,700 patients.

The Central Weston Steering Group was launched in June 2019 with the purpose of identifying a suitable site in Weston town centre and progressing to an outline and then Full Business Case (FBC) for a primary care centre of c.1,100m<sup>2</sup>, which could accommodate the relocation of Graham Road Surgery patients with room for growth and co-location of health and care services to deliver new, joined up service models for the population of Weston.

Co-produced with patients and a range of local providers and stakeholders, an evaluation and scoring criteria for assessing the site options was defined. 17 site options in and around Weston town centre were considered between June '19 and June '20 that could be suitable for FBC development for a preferred site that was achievable, accessible and affordable.

In June 2020, a final evaluation process was completed with clinical and managerial representation from PHGL, Graham Road patients and representatives from Sirona, North Somerset Council (NSC) and the CCG. From a shortlist of three viable sites, the Weston Rugby Club (the Rugby Club) was the highest scoring option overall. Working with the developer, Studio Hive, an Outline Business Case (OBC) was developed with the Rugby Club as the preferred site option. The OBC was approved by the CCG's Primary Care Commissioning Committee (PCCC) in July 2020 and regional NHSE team.

The intention to develop a FBC for a new primary care facility on the Rugby Club site was announced publically in December 2020. The next stages of the project include the development of a FBC to include public consultation and engagement, with full planning permission in place. Subject to approval of the FBC, the construction period will commence in early 2022 with completion anticipated in spring 2023 following the current programme projections.

## **Who will benefit**

- People registered with the existing Graham Road practice
- Future registered patients, living within the new practice boundary
- People who are registered at Horizon Health Centre who may be able to access services delivered by Pier Health Group at the new site
- Clinical and administrative staff delivering services at Graham Road

## **Intended Results**

The proposal will deliver a new primary care facility to serve a patient population of circa 20,000+ and delivering a new model of primary care including:

- A digital front door and e-consulting
- The potential for closer partnership working between primary care, community and mental health service providers and Public Health teams
- The potential for closer partnership working with the Voluntary, Community and Social Enterprise Sector (VCSE) through Link Workers, social prescribing and community transport

## **Wider opportunities**

- Increased workforce resilience, through the ability to recruit to primary care roles by virtue of a new, purpose built and larger estate
- Taking advantage of proximity to green spaces and sporting facilities, with potential for social prescribing services working in partnership with the Rugby Club and the developer e.g. creating an allotment or garden area for patients and staff
- Ability to provide additional services tailored to the population needs, reducing inequality of provision

## **2. Does this Proposal relate to a new or existing programme, project, policy or service?**

The proposal relates to the development of a new primary care facility and the relocation existing Graham Road GP Surgery in Weston.

## **3. If existing, please provide more detail**

*What results are intended and why is it needed?*

The result of the proposal will be a new, state of the art primary care facility, delivering more joined up health and care services to its registered population with room for list growth. The new premises shall provide an excellent environment for patients and staff, supporting PHGL's clinical workforce recruitment and retention plans providing an

attractive location close to Weston railway station and the town centre with easy access to link roads to and from the M5.

PHGL currently provides primary care services from Graham Road Surgery to c. 11,700 patients. It has a multidisciplinary staff including new skill mix roles including mental health workers, social prescribers and physiotherapists alongside general practitioners and practice nurses.

The facilities at Graham Road that the new building will replace are old and at the lower end of the quality spectrum. A 6 Facet Survey was undertaken in 2018 which identified that there is a backlog of maintenance issues, with the estate becoming increasingly expensive to maintain and operate as time advances. This is compounded by access issues, including limited off road parking for patients (there is a small car park limited to parking for GPs and some disabled parking bays) reliant on the availability of street parking close to the building for the majority of patients.

In 2019, Graham Road Surgery absorbed circa 5,000 patients from Clarence Park Surgery after the contract was handed back to the CCG by the former provider and the premises subsequently sold. This has put additional pressure on the estate at the Graham Road Surgery, in terms of being able to extend and improve their primary care service offer, accommodating additional clinicians to meet the need of the increased population. There is no ability to further extend the building, which has been extended to the front and rear of the demise over its lifetime as a GP surgery. During the Covid-19 pandemic, the pressure on rooms and waiting/circulation area has been further exacerbated by social distancing regulation.

There is an in-house pharmacy located in Graham Road surgery. Although the relocation of this service is not within the scope of this proposal, it is highly likely that this service will relocate with the practice; negotiations to progress with the developer regarding commercial space proximate to the new facility.

#### **4. Outline the key decision that will be informed by this EIA**

The relocation of patients, staff and users of Graham Road Surgery to a new purpose built primary care facility at the Weston Rugby Club development.

#### **5. Does this proposal affect service users, employees and/or the wider community?**

*Provide more information on: Potential number of people affected, potential severity of impact, equality issues from previous audits and complaints. The key decision that will be informed by this EIA.*

The proposal affects people registered at Graham Road Surgery (c.11,700) and non-clinical and clinical staff who provide services at the site. The impact of the change is assessed as low to medium, the proposed new site location being geographically close to the Graham Road site (within 0.4 mile); with the same proportion of registered patients being within a 20 minute walk to the new site as they are to the existing surgery and within 2-3 minutes driving time.

However, local concerns have been raised about the proposed location, which is yet to start being developed as a residential and commercial scheme, is on the opposite side of the railway line from the Graham Road site and currently is not regularly serviced by a bus route from the town centre.

In recent years several primary care services have closed or been relocated from the centre of Weston. NHS England closed the Boulevard walk in centre in 2013 and the Longton Grove and Newcourt surgeries relocated to Locking Road in 2014. Stafford Place surgery (branch of Locking Castle surgery) formally closed in 2020. In the context of recent movement of primary care provision beyond the centre of Weston, there is likely to be a wider public interest in this proposal. It will be important to engage with patients who were transferred to Graham Road after closure of the walk in centre and may not have been fully engaged or consulted with prior to that service closure.

As the project progresses through the engagement and consultation period, this EIA document will be iterated and added to as more is learnt through feedback from patient and staff groups.

## 6. Could the proposal impact differently in relation to different characteristics protected by the Equality Act 2010?

*Assess whether the Service/Policy has a positive, negative or neutral impact in relation to the Protected Characteristics.*

- **Positive** impact means reducing inequality, promoting equal opportunities or improving relations between people who share a protected characteristic and those who do not
- **Negative** impact means that individuals could be disadvantaged or discriminated against in relation to a particular protected characteristic
- **Neutral** impact means that there is no differential effect in relation to any particular protected characteristic

### Age (Positive, Negative, Neutral)

Negative

### Please provide reasons for your answer and any mitigation required

A modern, accessible state of the art primary care facility that provides improved accessibility has higher opportunity to support the recruitment and retention of health care staff, which will enable improved delivery of primary care tailored to population needs. The proposal will provide an opportunity for health and care staff to refocus on the health and care priorities for the catchment population which includes those living in Central and South wards in Weston, which have the 3rd largest health inequalities gap in England with 1% of the most deprived in England. Central ward has the lowest life expectancy rates in North Somerset (67 years for males 76 for females), with the main causes of death being circulatory disease, cancers and respiratory disease.<sup>1</sup>

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<sup>1</sup> NSC Weston-super-Mare, Central Ward, Health Needs Assessment May 2016



As noted in s5 above, the proposed site is close to the existing Graham Road site. However, it is on the opposite side of the railway line which would necessitate those travelling not by car from residential areas surrounding Graham Road to traverse the footbridge at the railway station, which has limited access and no ramps for mobility vehicles or buggies/pushchairs or travel via the Hildesheim Bridge to access the north end of Sunnyside Road. The area surrounding the Rugby Club and Weston station is due for major regeneration including hundreds of new residences alongside commercial units and new sporting facilities at the Rugby Club. A new primary school is also planned to the East of the Club recreational facilities. Currently there are no bus routes running past the site, however transport infrastructure is likely to come on line as the developments progress. There are concerns that in the interim, the location of the new facility would negatively impact upon older and more deprived populations with lower level of car ownership (car ownership in central Weston stands at c.45%).

There will be opportunities to engage with patient groups on this issue with a dedicated transport workshop as one of the first planned engagement events, however plans to mitigate this impact are in early development with local voluntary sector organisations to provide sustainable and green community transport options to the facility, delivering a community asset for Weston which builds upon extant local community transport provision.

### **Disability (Positive, Negative, Neutral)**

Positive

### **Please provide reasons for your answer and any mitigation required**

The Graham Road practice boundary includes the Central ward area, with 35% of ward residents accessing primary care services from the site. The Joint Services Need Assessment (2016) identified that 6% of school age children between 7 and 15 yrs living in the ward have a learning disability, and 13% of the population are not working due to sickness and disability, which is high in comparison to the 4% North Somerset average. The new facility will have sufficient space and amenity to offer new models of care and services to support people with all types of disability, particularly with the opportunity to co-locate health and care services to deliver holistic and joined up care. As part of the development of the full business case, the engagement and consultation with patient groups including disabled people and carers to understand their health and care needs will support the design and accessibility of the service and also the clinical offer provided to this population.

### **Gender Reassignment (Positive, Negative, Neutral)**

Positive

### **Please provide reasons for your answer and any mitigation required**

Weston has a small population of transgender people known by experience through the North Somerset LGBT+ Forum.

Through a process of engagement with patient groups to support the development of the full business case, there will be opportunity for this patient group to inform the design of the new facility and services provided, ensuring that the needs of this community are considered from the outset.

### **Race Including nationality and ethnicity (Positive, Negative, Neutral)**

Positive

#### **Please provide reasons for your answer and any mitigation required**

There are a higher proportion of people from a non-white British background living in Central and South wards than in the rest of North Somerset. After White British (82%) (94% in North Somerset, White Other is the next most common ethnic group in Central Ward; 4% of these residents are Polish. 11% of residents have a first language that is not English, which is again much higher than the North Somerset average of 2%.<sup>2</sup>

An important part of developing the new facility and the delivery of a new service model will be to ensure that services are welcome to all and that access is made as easy as possible for people who may have English as a second language. The engagement and consultation process to inform the full business case for the proposed site shall support engagement and co-production work with community leaders and groups to ensure that the services are culturally aware and offer appropriate choice to patients concerning their cultural needs.

### **Religion or Belief (Positive, Negative, Neutral)**

Neutral/Positive

#### **Please provide reasons for your answer and any mitigation required**

Approximately 52% of South ward and 56% of Central ward residents define themselves as Christian, compared to 61% across North Somerset; Islam is the second most common religion in Central ward with (1%). There are small proportions of South and Central ward residents identifying themselves as belonging to other religions including but not limited to Buddhist, Hindu, Jewish, and Sikh. Roughly 40% of the population do not identify with any religion.

The services delivered from the new building will continue to provide universal primary care services regardless of religion or beliefs. The development of a new service model to be delivered from the new facility presents a fresh opportunity to understand what needs the local community may have regarding faith and religious beliefs when in receipt of health care services

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<sup>2</sup> Census 211: NB “non-white British” includes black and minority ethnic (BAME) and White other categories



## **Sex (Positive, Negative, Neutral)**

### **Neutral/Positive**

#### **Please provide reasons for your answer and any mitigation required**

The new building will provide universal primary care services regardless of sex. The population to be served by the new facility has high deprivation and higher mortality and morbidity rates than the English average, it will be important to understand the particular health needs of men and women in the community the services will serve. In particular there is a higher incidence of self-harm in this community.

## **Sexual Orientation (Positive, Negative, Neutral)**

### **Positive**

There is a significant LGBT+ community in Weston with an annual Pride celebration which draws in thousands of local people from Weston and surrounding areas. It is well known that health outcomes for this community are lower than for other communities.

#### **Please provide reasons for your answer and any mitigation required**

The new building will offer the opportunity to revisit how the accessible and welcoming the services are to people for the LGBT+ community and there will be greater opportunity to reach out and engage to see what matters most as any service changes are co-designed.

## **Pregnancy and Maternity (Positive, Negative, Neutral)**

### **Neutral/positive**

#### **Please provide reasons for your answer and any mitigation required**

There is a relatively younger population in South and Central ward areas, with higher levels of general fertility (86 per 1000 people in South and 76 per 1000 in Central aged 15-44 years) indicating that the birth rate in the area served by the new facility is higher than the North Somerset average (65 per 1000 people). This highlights the importance of good access to maternity services and parenting support to the practice population.

The Central ward Health Needs Assessment<sup>3</sup> states that between 2011 and 2013 the conception rate for under 18s in Central ward was 58 per 1000, which is over double the North Somerset under 18s conception – although the actual number of under 18 conceptions in that period was small and requires care in interpretation (n=17).

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<sup>3</sup> Donna Davies & Helen Yeo 'Weston-super-Mare Central ward Health Needs Assessment' (May 2016), p10

The new services will continue to provide universal primary care services to pregnant women through antenatal and post-natal care, however there is a positive opportunity during the engagement and consultation processes to review and improve services for pregnancy and maternity, in response to local need.

### **Marriage & Civil Partnership (Positive, Negative, Neutral)**

Neutral

#### **Please provide reasons for your answer and any mitigation required**

The services delivered at the new facility will provide universal primary care services regardless of the marital and civil partnership status of people using the services.

*\* Under-18s are only protected against age discrimination in relation to work, not in access to services, housing, etc. Children's rights are protected by several other laws and treaties, such as: The Children Act; the Human Rights Act 1998; the UN Convention on the Rights of the Child; the European Convention on Human Rights; the UN Convention on the Rights of Persons with Disabilities; and the UN Convention on the Elimination of Discrimination against Women*

Relevance to the Public Sector Equality Duty - Please select which of the three points are relevant to your proposal. There is a general duty which requires the system to have due regard to the need to:

#### **7. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010?**

**Does this proposal address risk in relation to any particular characteristics?**

**Yes**

There is an opportunity as this project proceeds to engage with the communities which share protected characteristics to understand what matters most to them in the new facility. It is intended to reach out to these communities and involve them in service review, redesign and development throughout the project. This will help to surface any issues of unlawful discrimination, harassment and victimisation and help to build relationships with the local community, particularly with communities that we don't hear from so often or that are marginalised in some way.

**8. Advance equality of opportunity between people who share a protected characteristic and those who do not?**

**Will this proposal facilitate equality of opportunity in relation to particular characteristics?**

**Yes**

**Please explain your reasons**

There is an opportunity as this project proceeds to engage with the communities which share protected characteristics to understand what matters most to them in the new facility. It is intended to reach out to these communities and involve them in service review, redesign and development throughout the project. This will help to build relationships with the local community, surface opportunities to facilitate equal opportunities, particularly with communities that we don't hear from so often or that are marginalised in some way.

**9. EIA Impact Assessment Approver(s) – Please email [Sharon.Woma@nhs.net](mailto:Sharon.Woma@nhs.net) for approval**

**Full Name**

**Comments from Equality Lead**

**Date Approved**

DRAFT

## Part 2: FULL EQUALITY IMPACT ASSESSMENT

### Step 2: Scoping of the Equality Impact Assessment

This section of the form is about understanding how this proposal will impact different groups and individuals

#### EIA Status (New, Existing, Other, None)

#### What aspects of the project are particularly relevant to equality?

E.G. Policy statement or referral or access criteria, communication with patients, equity of access to service, patients experience or stakeholder engagement

#### What evidence is already available that will help in the development of both the project and the EIA?

Sources of data and information may include: Equality Monitoring Data, Demographic Data (Inc. Census), Recent and previous engagement work, Annual reports, Ad-hoc audits, JNSA, Healthwatch reports, PALS, Complaints/Feedback, EDS2 and similar work elsewhere.

#### Do you require further information to gauge the probability and / or extent of any adverse impact on protected groups? (Yes/No)

Think about how you might get this information. E.G. New consultation activities or benchmarking.

#### Which communities and groups have been or will need to be consulted or involved in the development /review of the project/service?

This will help to identify engagement opportunities set out in the Patient and Public Involvement Plan

### Step 3: Equality Analysis

This section is about bringing together all of your equality information in order to make a judgement about what the likely effect of the policy, practice or service will be on the equality duty and whether you need to make any changes to the policy, practice or service.

Be wary of general conclusions. It is not acceptable to simply conclude that a policy will universally benefit all patients, service users or employees regardless of any protected characteristic, without having evidence to support that conclusion.

This section will detail the following:

- Actual or potential positive outcomes/impacts in relation to the public sector equality duty?
- Actual or potential negative outcomes/impacts?
- Actual or potential neutral outcomes/impacts?

#### Please state actions which have already been taken to remove or minimise the potential for adverse outcomes/impacts and to maximise positive outcomes/impacts:

Consider the following questions in your response:

- Could the proposal disadvantage people from a particular group?
- Could any part of the proposal discriminate unlawfully?

- *How does the proposal advance equality and foster good relations, including participation in public life?*
- *Are there other projects or policies that need to change to support the effectiveness of this proposal?*
- *Actual or potential neutral outcomes/impacts?*

**Assessment of the legality of the proposal** - Consider the following questions in your response:

- Could the proposal disadvantage people with a particular protected characteristic?
- Could any part of the proposal discriminate unlawfully?
- Are there other proposals, projects or policies that need to change to support the effectiveness of this proposal?

### **What is the outcome of the Equality Impact Assessment?**

#### **No major change (Yes/No)**

The EIA demonstrates the project plan is robust. The evidence shows no potential for discrimination and opportunities to promote equality have been identified and implemented

#### **Adjust the project proposals/plan (Yes/No)**

To remove barriers or to better promote equalities.

This might mean to introducing measures to mitigate the potential effect.

#### **Continue the project (Yes/No)**

Despite potential for adverse impact or missed opportunities to promote equality, provided you have satisfied yourself that it does not unlawfully discriminate

#### **The EIA identified actual or potential unlawful discrimination (Yes/No)**

Changes have been made to the project to remove unlawful discrimination.

### **Step 4: Monitoring, Evaluation and Review**

This section is about looking at how the actual impact of the proposal will be reviewed regularly throughout the project life-cycle.

#### **Provide details of how the actual impact of the project will be monitored?**

Consider the following questions in your response:

- How you will measure the effects of the project?
- When the policy/ practice will be reviewed and what could trigger an early revision
- Who will be responsible for monitoring and review?
- What type of information is needed for monitoring and how often it will be analysed?
- How to engage relevant stakeholders in implementation, monitoring and review

## Step 5: Decision Making

This EIA will be used to inform the decision making process. Use this section to record the relevant decision making information

### **Provide an outline of the decisions made relating to this proposal**

Is the proposal going ahead as planned? If not, what is different?

### **How was this Equality Impact Assessment referred to in the final decision?**

The system must demonstrate it has paid due regard to the conclusions drawn from this EIA, regardless of whether the impact is positive, negative or neutral. Please provide an explanation to accompany your response

**Date the decision was made**

**Will this personal data include sensitive personal data? (Yes/No)**

**Full EIA Impact Assessment Approval – Please email [Sharon.Woma@nhs.net](mailto:Sharon.Woma@nhs.net) for approval**

**Full Name**

**Comments from Equality Lead**

**Date Approved**

DRAFT





## Contact us:

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