

Resident Impact Assessment

Executive response to the report of the Health and Care Scrutiny Committee: GP surgeries:

Service Area: NHS Islington Clinical Commissioning Group

1. What are the intended outcomes of this policy, function etc?

10 recommendations to further support the sustainability of general practice in Islington. The recommendations cover:

- Establishment of integrated care networks
- Capacity at practices, including relocation or remodelling (2 recommendations)
- Recruitment and retention of GPs
- Recruitment of other clinical roles
- Common terms and conditions for practice nurses
- Development of digital technologies (2 recommendations)
- Increased services and opening hours at GP hubs
- Further development of social prescribing

2. Resident Profile

Who is going to be impacted by this change i.e. residents/service users/tenants? Please complete data for your service users. If your data does not fit into the categories in this table, please copy and paste your own table in the space below. Please refer to **section 3.3** of the guidance for more information.

		Borough profile (2011)		Service User profile (2019)	
		Total: 206,285		Total: 262,617	
Gender	Female	51%		51%	
	Male	49%		49%	
Age	Under 16	32,825	(16%)	37,170	(14%)
	16-24	29,418	(14%)	27,381	(10%)
	25-44	87,177	(42%)	109,123	(41%)
	45-64	38,669	(18%)	55,382	(21%)
	65+	18,036	(9%)	33,561	(12%)
Disability	Disabled	16%		No data	
	Non-disabled	84%			

Sexual orientation	LGBT	No data	No data
	Heterosexual/straight	No data	
Race	BME	52%	26%
	White	48%	61%
	Not stated		12%
Religion or belief	Christian	40%	No data
	Muslim	10%	
	Other	4.5%	
	No religion	30%	
	Religion not stated	17%	

The population affected by the Executive's response to the Health and Care Scrutiny Committee's recommendations to further support the sustainability of general practice in Islington is the GP registered population, i.e. people registered with a GP. Whilst the majority are Islington residents, some Islington residents are registered with a GP in a neighbouring borough, and some patients registered with an Islington GP are resident in a neighbouring borough.

The GP registered population has an older age profile compared with the resident population. This may be in part due to an ageing population becoming more apparent between the resident population from the 2011 Census and the GP registered population from September 2019 data from NHS Digital. Older people may also be more likely to register with a GP because they tend to have more health problems compared with younger people.

There was a higher proportion of white ethnicity in the GP registered population in 2015, although no ethnicity was recorded for 12% of the population. However, in younger age groups, the proportion recorded as white was much smaller, whilst the proportion with no record was higher.

Data from the Public Health GP Dataset extracted from GP systems in 2015 show that is a bigger proportion of women in the older population, reflecting greater life expectancy compared with men.

No data on disability, sexual orientation, or religion were available from GP data.

3. Equality impacts

Age:

Older people are amongst the heaviest users of general practice as health tends to deteriorate with age. Conversely, younger adults are more likely to prefer digital access. People with long-term health conditions, and pregnant women and women with young children also access health services more than the average population in general.

Younger people are more likely to access digital healthcare technologies, conversely older people are less likely to do so. However, both digital and traditional ways of accessing primary health care will be available.

The recommendations aim for a balance between better physical access to primary care (location, condition of premises, hours of service, and digital access) that will improve access for all age groups.

Ethnicity

The recommendations aim for a balance between better physical access to primary care (location, condition of premises, hours of service, and digital access) that will improve physical access for all ethnic groups.

There may be likely to be differences in literacy/proficiency in English between some ethnic minorities and the general population, particularly among older BAME residents and among some new migrants, that may reduce access to digital technologies in health care. Any access developments in primary care will need to ensure they recognise and respond to the needs of our diverse populations

Disability

Relocated or refurbished practices would facilitate access for disabled people where premises are not currently fully accessible.

Pregnancy and maternity

Pregnant women and women with young children access health services more than the average population in general. Improvements in access to services is likely to benefit this group.

Religion and beliefs

Religion or belief is not recorded on primary care systems. Recommendations are not thought to impact on religion or belief.

Sexual orientation

Sexual orientation is not recorded on primary care systems. Recommendations are not thought to impact on access according to sexual orientation.

Gender reassignment

Recommendations are not thought to impact on access in terms of gender reassignment.

Marriage or civil union

Recommendations are not thought to impact on access in terms of marriage or civil partnership.

4. Safeguarding and Human Rights impacts

a) Safeguarding risks and Human Rights breaches

Please describe any safeguarding risks for children or vulnerable adults AND any potential human rights breaches that may occur as a result of the proposal? Please refer to **section 4.8** of the [guidance](#) for more information.

No safeguarding risks for children or vulnerable adults are anticipated as a result of the recommendations, nor human rights breaches. As NHS organisations including Clinical Commissioning Groups and contractors including general practice have robust safeguarding policies and mechanisms and all NHS organisations and contractors are expected to take a Human Rights Based Approach to delivering healthcare.

If potential safeguarding and human rights risks are identified then please contact equalities@islington.gov.uk to discuss further:

5. Action

How will you respond to the impacts that you have identified in sections 3 and 4, or address any gaps in data or information?

For more information on identifying actions that will limit the negative impact of the policy for protected groups see the [guidance](#).

No Impacts have been identified

Please send the completed RIA to equalities@islington.gov.uk and also make it publicly available online along with the relevant policy or service change.

This Resident Impact Assessment has been completed in accordance with the guidance and using appropriate evidence.

Staff member completing this form:

Signed: Ian Sandford

Date: 24/09/2019

Head of Service or higher:

Signed: _____

Date: [Click here to enter a date.](#)