Department of Health

GP contract changes 2016/17

Equality Assessment

Department
of Health

Published to gov.uk, in PDF format only.

www.gov.uk/dh

Contents

Introduction

1. NHS Primary Medical Services are provided by around 40,000 general practitioners (GPs) in England, working largely out of around 7,600 GP practices. These practices directly employ around 23,000 nurses and 8,000 care assistants.[i] It is estimated that there are over 300 million patient consultations a year.
2. GP practices hold contracts with NHS England to undertake this work for the NHS. There are three contracting routes for delivering NHS primary medical services. These are General Medical Services (GMS) contracts, Personal Medical Services (PMS) agreements and Alternative Provider Medical Services (APMS) contracts.
3. Over 50% of general practice is currently provided under GMS contracts, which are negotiated nationally. PMS agreements reflect the terms agreed as part of the national negotiations for the GMS contract where applicable, but may also include local variation. A smaller proportion of practices hold an APMS contract. Regulations and Directions set out what should be included in these contracts:
    - The National Health Service (General Medical Services Contracts) Regulations 2015;
    - The National Health Service (Personal Medical Agreements) Regulations 2015 and
    - The National Health Service (Alternative Provider Medical Services) Directions 2015.
4. The GMS contract is negotiated annually by NHS Employers (on behalf of NHS England) and the British Medical Association's General Practitioners Committee (GPC). The GMS contract terms are reflected in the PMS agreements where applicable.
5. The governing regulations and directions sit alongside two further sets of directions that respectively make provision in respect of the enhanced services that GP practices may provide and the financial package.
6. An agreement was reached with GPC on changes to the GMS contract for 2016/17, which delivers on the public commitments made as part of the Five Year Forward View to make significant investment in primary care, building on last year's extensive changes. The agreement has been approved across

Government. This Equality Analysis builds on the Equality Impact Assessments prepared support of changes to the Statement of Financial Entitlements and to the Directed Enhanced Services Directions were implemented in April 2016 It will consider the potential impact of the proposed amendments (see Aims and objectives) on the protected characteristics as defined in the Equality Act 2010, namely:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Carers 'by association' with some of the protected characteristics e.g. disability and age

7. In some areas, data on the distribution of the above groups is unavailable so we cannot say with certainty how some groups would be affected. Where data is not available, we have considered potential impacts to the best of our ability.
8. The Health and Social Care Act 2012 creates a legal duty on the Secretary of State for Health, NHS England and clinical commissioning groups (CCGs) to have regard to the need to reduce health inequalities. This duty sits alongside the existing Public Sector Equality Duty (PSED) to which all public bodies are subject. We have considered the impact of the proposed changes on both sets of duties in this analysis.
9. The PSED requires public bodies to have due regard to the need to:
    - eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010;
    - advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
    - foster good relations between people who share a protected characteristic and people who do not share it.

10. The Department of Health's Equality Objectives Action Plan[ii] states that:

- As a Department of State and the system leader of the reformed health and social care system: the new direction for health and social care requires some fundamental changes to functions right across the health and care system, the Department and its arm's length bodies. Equality remains an integral and vital part of this transition.
- As a policy maker: the Department is committed to ensuring that equality and human rights is at the heart of policy, based on the best available evidence and understanding of the people we serve.
- As an employer: the Department has an on-going commitment to promoting and achieving equality and diversity in the workplace. We aim to attract, retain and develop people who are the best in their field, with the right skills and competencies from a diverse range of backgrounds.

Equality analysis

Aims and objectives

Through the 2016/17 contract negotiations we have agreed to put forward the following changes to Regulations. Other changes to the Statement of Financial Entitlements and to the Directed Enhanced Services Directions were implemented in April 2016:

Summary Care Record:

The summary care record (SCR) allows the automated uploading of summary information from a patient's medical record including data relating to medications, also other information from the patient's electronic medical record where agreed between the practice and the patient.

Previously, the regulations included the requirement for practices to update the SCR on a daily basis. NHS England and GPC agreed to remove this requirement as not all patients' records would require updating at this frequency. The GMS and PMS regulations will be amended to require the summary care record must be updated on an 'ongoing' rather than 'daily' basis.

GP2GP

GP2GP compliant practices will continue to utilise the GP2GP facility for the transfer of all patient records between practices, when a patient registers or de-registers (not for temporary registration). The GMS regulations will be amended so that GP practices are no longer required to submit copy records to NHS England where electronic patient records successfully transfer to a new practice using GP2GP, or to seek permission to submit records in a particular format.

Access survey

There will be a contractual requirement for specified GP practices to record data on access to GP services via the Primary Care Web Tool twice per year. It will be used to inform NHS England of the availability of evening and weekend opening for routine appointments and is to be collected until 2020/21. This requirement is a contribution towards the Government commitment for all patients to have access to 7 day GP care by 2020.

Evidence

GP Patient Survey

This Equality Assessment relies on data from the GP Patient Survey. The survey assesses patients' experiences of the access to and quality of care they receive from their local GPs, dentists and out-of-hours doctor services. The results support a number of indicators in the NHS Outcomes Framework and are used to assess how well the NHS is performing, leading to quality improvements throughout the primary medical health care service in England.

The GP Patient Survey questionnaire is currently mailed out twice a year to around 1.32 million adults who are registered with a GP in England. In total around 2.6 million patients are invited to take part over the course of the year. The survey results can be found here: http://www.gp-patient.co.uk/

Protected Characteristics

Disability

Evidence shows that around 7% of children are disabled, as are 16% of working age adults and 43% of adults over state pension age in Great Britain.[iii]

We have assumed that these figures are reflected in the patients registered with GP practices. The proposed amendments will improve the efficiency with which medical records are shared within the primary medical care system, and result in improved data to inform improvements in the quality of services provided. All persons registered with GP practices will benefit from these changes, and those with disabilities, who may have a higher level of contact with such services that other parts of the population. We consider that the changes will have a positive impact on the need to eliminate discrimination by treating all patients equally irrespective of the presence of any protected characteristic, and a neutral impact on the other limbs of the test in section 140 Equality Act 2010.

Sex

Men and women share many health risks. Yet there are some marked differences between men and women which impact upon morbidity, mortality and health outcomes. Domain One of the NHS Outcomes Framework shows that life expectancy has been steadily rising for males and females since 1990 and although female advantage persists, the gap between males and females has narrowed over time.[iv] We do not believe that the amendments will lead to any health inequalities.

Race

Evidence shows that some long term conditions are more prevalent and have more severe consequences for some ethnic minority groups.[v]. We do not believe that the amendments will lead to any health inequalities.

Age

We know that the numbers of people aged 75 and over is increasing, it is predicted that the proportion of people in that age group will rise from 8% of the population in 2011 up to 11% of the population in 2026.[vi] We also know that this group access primary and secondary healthcare more regularly – people aged 75 and over account for 29% of emergency admissions, 44% of unplanned bed days and 17% of GP consultations. Almost half of all hospital Accident and Emergency Department attendances for this group result in admission into hospital, compared to 16% for younger patients. [vii]

The proposed amendments will improve the efficiency with which medical records are shared within the primary medical care system, and result in improved data to inform improvements in the quality of services provided. All persons registered with GP practices will benefit from these changes.
Gender reassignment (including transgender) The National Lesbian, Gay, Bisexual and Transgender partnership have highlighted the importance of data security surrounding issues of sexual orientation and gender reassignment. These issues were considered as part of the Department's Information Strategy. https://www.gov.uk/government/publications/an-information-revolution-summary-of-responses-to-the-consultation We do not believe that any of the amendments to the contract will have a negative effect on patients who have had gender reassignment.
Sexual orientation The Government estimates that between 5% and 7% of the UK population are lesbian, gay or bisexual. We do not anticipate the changes will have any adverse impact on these groups.
Marriage and civil partnership We do not anticipate that the amendments will have any effect on the grounds of marriage or civil partnership.
Religion or belief We do not believe that any of the amendments will cause inequalities on the grounds of religion or belief.
Pregnancy and maternity We do not believe that any of the amendments will lead to health inequalities related to pregnancy or maternity. The proposed amendments will improve the efficiency with which medical records are shared within the primary medical care system, and result in improved data to inform improvements in the quality of services provided. All persons registered with GP practices will benefit from these changes.
Carers Carers play an important role in caring for vulnerable older people and those with complex needs. By improving the way primary care operates, we expect to improve

the experience and outcomes for carers.

The 2011 Census figures for England, Wales and Northern Ireland show an increase in the number of carers since the last Census in 2001, from 5.22 million to 6 million, an increase of 629,000 people who are providing care in only 10 years.

Inequalities exist within the demographics of carers. Women are more likely to be carers than men, with 1 in 4 women between the ages of 50 and 64 being carers, and they are more likely to report poor health than men when caring for someone whilst working full-time.[viii] People providing high levels of care are twice as likely to be permanently sick or disabled.

We do not believe that the amendments will result in any negative health effects on carers.

Engagement and involvement

Was this work subject to the requirements of the cross-government Code of Practice on Consultation? Yes

Summary of Analysis

We believe that the changes made by the amending directions will, on the whole, have a positive or neutral impact on all groups.

The changes are also intended to free up GPs from unnecessary bureaucracy, allowing them to devote more time to their patients, and to support the government's objective for better use of digital technology.

We believe that these contract changes will make improvements to the services that GPs provide.

What is the overall impact?

We believe that the amending directions will have an overall positive impact on the need to eliminate discrimination as they will apply equally to all patients and may improve the experience and quality of service provided to those groups which have particularly high levels of contact with primary medical services. The proposed changes will have a neutral impact on the need to promote equality of opportunity and foster good relations between those who share a protected characteristic and those who do

not.

We would not expect any particular group to experience a rise in health inequalities as a result of these changes.

The collection of access data will ensure NHS England are able to ensure equality of access to GP services for all patients i.e. those with a protected characteristic and those without.

The amendments to the provisions on transfer of patient records will ensure patients' medical records are transferred quickly if patients move to a new practice and that the treatment provided to patients is based on the most up to date information. This is likely to have a positive impact on those with a long term medical condition who may access GP services more frequently.

Addressing the impact on equalities

This assessment determined that there would be no negative impacts on equalities. An action plan to ensure that this remains the case is outlined below.

Action planning for improvement

We will continue to monitor data collected through the GP Patient Survey, the NHS Outcomes Framework and the Quality and Outcomes Framework. This will enable us to identify any areas of concern and act to mitigate this.

Please give an outline of your next steps based on the challenges and opportunities you have identified.

The changes made by the amending directions will be monitored through a variety of data sets; the GP Patient Survey will remain an important source of information in terms of informing policy makers on the experiences of patients and provides valuable information about the quality of out-of-hours services and overall satisfaction with GP services.

For the record
Name of person who carried out this assessment:
Adrian Harper
Date assessment completed:
19 August 2016
Name of responsible Director/Director General:
Date assessment was signed:

References

[i] General and Personal Medical Services, England - 2005-2015, As at 30 September: http://digital.nhs.uk/catalogue/PUB20503

[ii] Equality Objectives Action Plan: September 2012- December 2013 - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216801/DH-Equality-Objectives-Action-Plan.pdf

[iii] Family Resources Survey 2010/11 - https://www.gov.uk/government/statistics/family-resources-survey-2012-to-2013

[iv] NHS Outcomes Framework Equality Analysis: https://www.gov.uk/government/publications/nhs-outcomes-framework-2014-to-2015

[v] Long-term ill health, poverty and ethnicity; Sarah Salway, Lucinda Platt, Punita Chowbey, Kaveri Harriss and Elizabeth Bayliss; 29 April 2007 - http://www.jrf.org.uk/publications/long-term-ill-health-poverty-and-ethnicity

[vi] ONS, ons.gov.uk/ons/rel/ctu/annual-abstract-of-statistics/quarter-3-2011/chap-15-population.xls

[vii] Hospital Episode Statistics – Admitted Patient Care: 2014/15 - http://digital.nhs.uk/searchcatalogue?productid=19420&q=title%3a%22Hospital+Episode+Statistics%2c+Admitted+patient+care+-+England%22&sort=Relevance&size=10&page=1#top

[viii] ONS - 2011 Census - unpaid care snapshot: http://www.ons.gov.uk/ons/guide-method/census/2011/carers-week/index.html