Equality Impact and Engagement Assessment Form		
Complete this section **Please retain one copy, and pass one copy to both the Equalities and Engagement leads**		
Section one – Project or plan details		
1.1	**Project Title:**	
	Closure of Broom Valley Medical Centre	
1.2	**Project Lead:**	**Contact Details:**
	Andrea Kitchen	Andreakitchen@nhs.net
1.3	**This activity /project is:**	
	Policy – **Project** – Plan – Other - Review	
1.4	**Describe the activity/project**	
	Closure of Broom Valley Medical Centre – Branch surgery of Broom Lane Medical centre. Broom Valley Medical Centre, 102 -104 Broom Valley Road, Rotherham S60 2QY The current premises have three consultation rooms for 1700 patients. We are hoping to merge the smaller practice with our larger main practice Broom Lane Medical Centre. Broom Lane is about 800 meters away from Broom Valley Medical Centre. Broom Lane will have access to 16 clinical rooms, in a newly refurbished purpose build premises, with parking spaces for patients. Broom Lane is on a main bus route from Rotherham and is walking distance from Broom Valley Medical centre. Patient numbers at Broom Lane will increase to 10000 patients when the surgeries merge. Patients already have access to the facilities at Broom Lane Medical Centre. There will be access to more appointments as we have more clinical rooms and more face to face interactions with clinicians The pharmacy next door to Broom Lane will also be undergoing a refurbishment and will have access to more space. Broom Lane provides many enhanced services but also has on site many of the PCN staff and the services that they provide such as pharmacists, pharmacy technicians, mental health workers, ANPS, Social Prescribing, physio, care coordinators. Broom Lane is already a base for Extended hours and so the site is open from 8 am – 8pm weekdays and 8 am – 12 noon at weekends. The site is also open on bank holidays 10 am – 4pm	
1.5	**Timescales**	
	Broom Valley Medical centre will not close until the building project is completed at Broom Lane Medical Centre. We would expect a certain amount of settling in time for the new building so we would expect this to be around July 2023 dependent on the progress of the new build.	
2	**Equality Impact Assessment**	
2.1	**Gathering of Information:** This is the core of the analysis; how might the project or work impact on protected groups, with consideration of the General Equality Duty. Please add any general information here.	
	We would expect all patients to have access to more appointments and clinical specialists under one roof. As the building will have more space and more clinical space, we expect that the PCN staff can be engaged on one site. Patients will have access to extended hours at their own surgery. The building will have access for disabled patients with a lift, suitable sized rooms, disabled parking spaces and access.	

2.2	**Screening**				
	Please complete each area)	**What key impact have you identified?**			**Information Source**
		Positive Impact - will actively promote or improve equality of opportunity.	**Neutral Impact -** where there are no notable consequences for any group.	**Negative Impact** negative or adverse impact causes disadvantage or exclusion. **If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures.**	What action, if any, is needed to address these issues and what difference will this make? For example: *At this point no action is required. Further EIA screenings will be developed in future once there are recommendations to assess.*
	Human Rights	**Y**		**N**	
	Age	**Y**		**N**	
	Carers	**Y**		**N**	
	Disability	**Y**		**N**	
	Sex	**Y**		**N**	
	Race	**Y**		**N**	
	Religion or belief	**Y**		**N**	
	Sexual Orientation	**Y**		**N**	
	Gender reassignment	**Y**		**N**	
	Pregnancy and maternity	**Y**		**N**	
	Marriage/civil partnership (only eliminating discrimination)		**Y**	**N**	
	Other relevant groups	**Y**		**N**	
3	**Engagement Assessment**				
3.1	**What is the level of service change**? – see diagram 3 above **If your project is classed as a 'significant variation' (level 3) or 'major change' (level 4)** please contact england.yhclinicalstrategy@nhs.net for a preliminary discussion to support planning and agree whether the service change needs to follow the NHS England Service Change Assurance process. The assurance process generally looks at the 'case for change' The key players in the process include overview and scrutiny teams, and the clinical senates. You can also refer to the DH guidance: (please note that level 4 changes will require considerable long term planning and this DH guidance is mandatory for all level 4 changes) http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/nhs_public_involvement_-hempsons_stp.pdf DH 2013				
	Circle or highlight the appropriate level of service change Level 1 **Level 2** Level 3 Level 4				
	Add additional information and rationale for this scoring below				

3.2	**Who are your stakeholders?** Consider using a mapping tool to identify stakeholders - who is the change going to affect and how? Complete below or attach or link to a mapping document
	Patients, community, pharmacy partners, staff
3.3	**What do we already know?** What do you already know about peoples' access, experience, health inequalities and health outcomes? Use intelligence from existing local, regional or national research, data, deliberative events or engagements.
	Lack of engagement with health due to Language Barriers, cultural differences, Wide range of ethnicity. Site not fit for disabled access as it has narrow doorway with a sharp turn. Small premises with very little space to offer more diverse services.
	Describe any existing arrangements to involve patients and the public which are relevant to this plan/activity and/or provide relevant sources of patient and public insight? How will the insight available to you help to inform your decision?
	Patients are already asked to attend Broom Lane Medical Centre for specific enhanced services, or for specific clinicians.
	Briefly describe how the existing or proposed engagement will be 'fair and proportionate', in relation to the activity?
	Four in-person sessions are taking place on different dates and times, to provide choice to patients. Tuesday 5 October 1pm-3pm Thursday 7 October 10.30am – 12.30pm Monday 11 October 1pm-3pm Wednesday 13 October 10am-12.30pm An on-line survey is also been made available for all patients to complete. Excellent feedback with 1126 patient replies.
3.4	**Reaching out to overlooked communities** Are additional arrangements for patient and public involvement required for this activity and in particular will you ensure that 'seldom-heard' groups, those with 'protected characteristics' under the Equality Act, those experiencing health inequalities are involved • Seldom-heard groups **Yes**/No • Nine Protected Characteristics **Yes**/No • Health inequalities **Yes**/No If yes, please provide a brief outline of your approach and objectives for any additional patient participation targeted at these groups
	We have completed a face to face consultation with patients being invited via text and posters in the surgery. We have consulted via a survey to all patients and carers at Broom Valley and Broom Lane Surgery. Survey was able to be completed by family and carers.
	Do you need to make any of your resources accessible (i.e. for people with learning disabilities, sight impairments, or alternative languages?)

	Interpretation services, alternative languages leaflets & posters, Easy read notices and leaflets
3.5	**What resources do you need for this?** Consider the sections above • The timescales • The need to reach overlooked communities • Accessible materials • Gaps in knowledge
	Services available in surgery and online if needed
4	**Feedback and Evaluation**
4.1	How will you use the feedback – who does it need to be shared with?
	We will share the feedback with the Partners of the surgery, Project Manager of the project and Architect. The consultation survey results will be available online for all patients.
4.2	Provide a brief outline of how the information collected through patient and public participation will be used to influence the plan/activity.
	The information will be shared and will influence the planning, phasing and impact of the build
4.3	How will the outcomes of participation be reported back to those involved?
	The consultation survey results will be available online for all patients.
4.4	How will you assess the ongoing impact of the change on patients and the public after it has been completed?
	We will consider another post completion survey and consultation.

5	**Engagement and Equality Impact Plan**				
	Action	**Approx. Timescale**	**Lead**	**Deadline**	**Comments/ progress**
	Face to Face consultation	4 days	Alana Anderson	31st October 2021	Completed
	Online survey	Two weeks	Andrea Kitchen	30th November 2021	Completed
	Feedback from consultation to Project Manager	Two weeks	Andrea Kitchen	7th December 2021	
	Collect feedback Mid build		Andrea Kitchen	October 2022	
	Collect feedback Post closure of Broom Valley		Andrea Kitchen	August 2023	

6	Form details	
	Completed by:	Andrea Kitchen
	Job title:	Practice Business Manager

	Date	02/12/2021
	Reported to	Rotherham CCG