

HARINGEY COUNCIL

EQUALITY IMPACT ASSESSMENT FORM



Service: Primary care Out of Hours service

Directorate: Public health

Title of Proposal: Impact of the change in Out of Hours service provider on Haringey residents

Lead Officer (author of the proposal): Dr Nicole Klynman

Names of other Officers involved: Dr Ruth Watt, Chandraa Bhattacharya

Step 1 - Identify the aims of the policy, service or function

1.1 Aims

This equality impact assessment (EqIA) looks at how the change in Out of Hours (OoH) service provider and the resulting change in sites will affect the residents of Haringey. It analyses changes in service provision, and the group of residents most likely to be affected. Recommendations are made to minimise any effect on patients and their wellbeing.

1.2 Out of Hours Service

Unscheduled care is defined as any unplanned contact with the NHS by a person requiring or seeking help, care or advice¹. Unscheduled care includes urgent care and emergency care, OoH GP services are a key component of this. The Health and Social Care Act 2012² sets out the government's long-term vision to develop a twenty four hour urgent care service in every area of England that incorporates GP OoH services. The Department of Health review 2006³ included patients' views of unscheduled care and made recommendations for improvement. From this in-depth review, the new single telephone number NHS 111 "to improve the quality, efficiency and coherence of urgent care" (Operating Framework 2012/13) has evolved.

GP Out of Hours service normally provides non-emergency GP cover between 6:30pm and 8am during weekdays and 24 hours at weekends and on bank holidays. Since 2004, GP practices have been able to choose whether to provide twenty four hour care for their patients or to transfer

¹ Haringey Clinical Commissioning Group Commissioning Strategic Plan 2013/14 – 2015/16, draft version 1.6

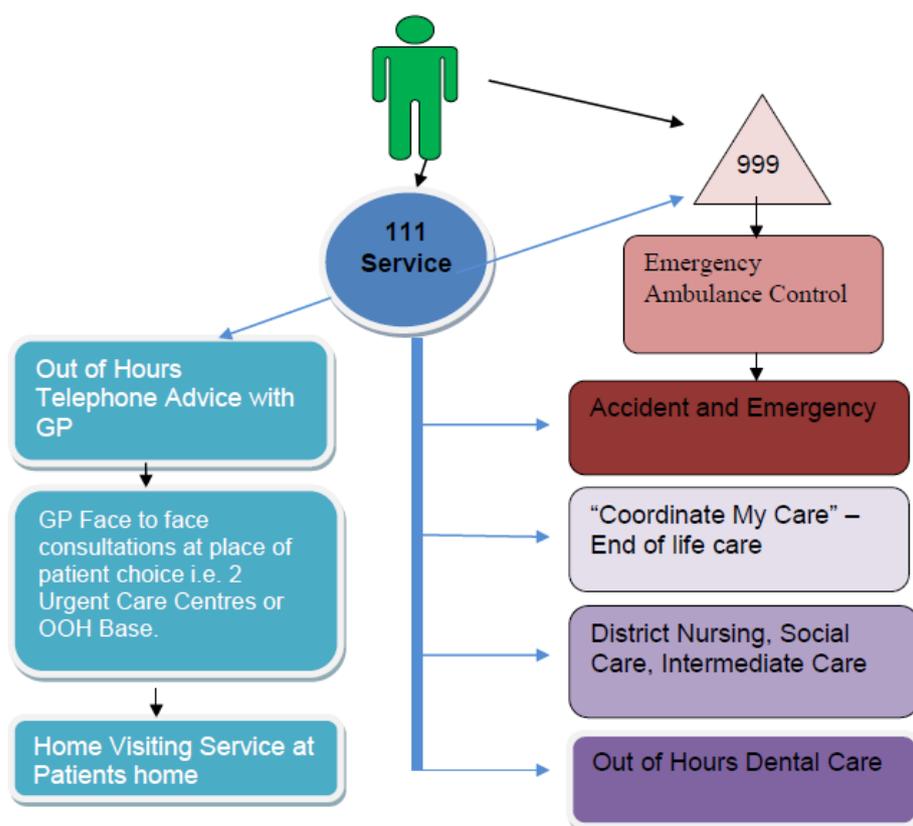
² NHS 111: Call 111 when its less urgent than 999

³ Department of Health, The Direction of Travel for Urgent Care: A discussion document, 2006

responsibilities for OoH services to primary care trusts (PCTs). From April 1 2013, PCTs were disbanded and replaced by Clinical Commissioning Groups, led by NHS England and supported by the Commissioning Support Unit. NHS Direct evolved to become NHS 111, a new, free 24/7 NHS telephone number.

NHS 111 helps patients' access local healthcare; calls are taken, advice given, and where appropriate patients are directed to local health services. This could be at their own GP within working hours, an OoH GP, a pharmacist, a dentist or accident and emergency (A&E). It directs patients to go to the appropriate service based on symptom pathways, not disease specific pathways and it also aligns itself to patient specific protocols². Figure 1 below explains how patients will experience the new model of urgent care.

Figure 1: New Integrated Model of Out of Hours care



Source: NHS North Central London 2013

1.3 The history of Out of Hours services in Haringey

In 2004, the Haringey Teaching PCT commissioned Camidoc to provide the GP OoH service for the residents of Haringey. Following the demise of Camidoc, the contract was appointed to Harmoni in October 2010. Harmoni also provided the OoH service for residents of Camden, Islington and City and Hackney. This meant Haringey patients could be seen any of the Harmoni bases across four boroughs; the Laurels Health Centre (Haringey), Whittington hospital (Islington), St Pancras Hospital (Camden) and Homerton Hospital (Hackney)⁴.

⁴ North Central London paper, Unscheduled care in Haringey

1.4 Changes as of 1 April 2013

On 1 April 2013 the Harmoni contract expired, and Barndoc was the successful bidder to win the new OoH contract. Barndoc have been commissioned to provide the OoH service for the residents of Haringey over the next 2 years. Barndoc already provides OoH services for the boroughs of Barnet and Enfield. It provides the same OoH hours of cover as Harmoni, 6.30pm until 8am Monday to Thursday and twenty-four hours over the weekend and bank holidays. Access to the service is now via the new NHS 111 service rather than a direct number to the provider.

Using the new system, the OoH service is accessed following referral from NHS 111. The call centre provides access to an experienced call handler who can provide number of options for ongoing care after a detailed discussion⁵. The options include: a GP appointment when the patient's surgery is next open, another NHS service such as pharmacy, phone advice by a nurse or doctor, a face to face appointment with an OoH GP or an emergency ambulance, if required⁶.

These options are wider than were previously available through the previous OoH call centre service prior to 111. Patients still have access to a face to face consultation with a GP if deemed necessary. The consequent impact from change in provider is that some of the locations where a doctor or nurse can be accessed have now changed. Haringey residents can still be seen at the Laurels Health Centre, St Ann's Road, south Tottenham⁴. Patients from all over Haringey have used this location when the service was run by Camidoc and subsequently Harmoni. Haringey patients now have additional access to the centres run by Barndoc - Finchley Memorial, Edgware Community and Chase Farm hospitals.

As the Whittington Hospital and St Pancras Hospital are no longer the OoHs centres used by the current out of hours provider, Haringey patients will no longer be able to access face to face GP or nurse consultations at these locations. It should be remembered that all the acute hospitals still operate a walk in service via urgent care centres and accident and emergency (at any acute hospital). This report analyses whether the change in location for accessing face to face consultations with a nurse or doctor will have any impact on patient care.

1.4 Details of the new sites

Finchley Memorial hospital is accessible by public transport. It has 36 parking spaces and parking is free of charge. There is good disabled access to Finchley Memorial hospital; the entrance is wide with direct access to the reception area for patients with wheelchairs. There are parking spaces reserved near the entrance for Blue Badge holders and as there are no additional services operating at Finchley Memorial hospital after 6.30pm and at the weekend, competition for these spaces is minimal.

In comparison, at the Whittington there is limited access to the car park for patients and costs roughly £3. There is limited parking at pay and display bays on the local streets surrounding the hospital. Although each street's regulations differ, generally between 8.30am – 6.30pm Monday to Friday, and 8.30am to 1.30pm Saturday parking costs about £1 per hour after. Outside of those hours parking is free in the pay and display bays. The Whittington hospital site is also shared by

⁵ Service specification, GP Out of Hours, NHS Barnet, Enfield and Haringey, Barndoc Healthcare Limited 2012

⁶ Haringey Clinical Commissioning Group, Unscheduled Care in Haringey, March 2013

accident and emergency (A&E), the urgent care centre as well as the GP OoH, leading to added competition for the limited parking on local streets. The Madgala Avenue entrance is the only entrance fully accessible to wheelchair users. There is limited amount of disabled parking available on site.

The Laurels Health Centre has no parking but there is limited residential parking in the surrounding streets. Buses along St Ann’s Road stop outside the Laurels. There are reserved parking spaces for disabled patients near the front door. Wheelchair access to the building is by a ramp at the front entrance.

1.5 Access by public transport

Table 1 shows the routes via public transport to the Barndoc OoH sites from GP practices that are at the edges of borough, compared to the route via public transport to Whittington. Highgate Group Practice is located in the west of the borough, Dr Singh and partners in the south east, Bounds Green Group practice in the central and Tottenham Health Centre is in the north east of the borough. The numbers of changes a patient will have to make in a journey from each part of the borough to all the three sites are relatively similar. For example, the route from the Highgate Group Practice is one bus ride to both Finchley Memorial Hospital and Whittington.

Table 1: Access by public transport to the two Barndoc sites compared to Whittington Hospital (previously for Harmoni)

	The Laurels Healthy Living Centre	Finchley Memorial hospital	Whittington
Highgate Group Practice (N6 4QA) - West	Bus 143 from Highgate Group Practice towards Archway and change at Archway Bus 41 towards Tottenham Hale and alight at Phillip Lane/West Green Rd	Bus 263 from Talbot Rd/North Hill and alight at Granville Rd/High Rd Finchley	Bus 143 from Highgate Group Practice and alight at Whittington Hospital
Dr Singh & Partner (N15 6LT) – South east	Bus 67 from St Ann’s High Rd towards Wood Green and alight at St Ann’s Rd Police Station	London overground from South Tottenham towards Gospel Oak and change at Upper Holloway Bus 263 towards Barnet and alight at Granville Rd/High Rd Finchley	London overground from South Tottenham towards Gospel Oak and alight at Upper Holloway and walk to Whittington Hospital (800m)
Bounds Green Group Practice (N11 2PF) - Central	Piccadilly Line from Bounds Green Station towards Uxbridge/Heathrow and change at Turnpike Lane Bus 67 towards Aldgate and alight at St Ann’s Rd Police Station	Bus 211 from Bounds Green Station towards North Finchley <u>Either</u> alight at North Finchley High Rd and walk to the centre (500m) <u>Or</u> change at New Southgate Station and bus 382 towards Mill Hill East. Alight at Granville Rd/High Rd Finchley	Bus 102 from Bounds Green Station towards Brent Cross and change at Muswell Hill Bus 134/43 towards Tottenham Court Rd/London Bridge and alight at Whittington Hospital
Tottenham Health Centre (N17 8AH) – North east	Bus 279/259 from Tottenham Hotspurs FC towards Manor House/Kings Cross <u>Either</u> alight at St Ann’s	Bus W3 from White Hart Lane Station towards Finsbury Park and change at Wood Green Underground Station	Bus 149 from Tottenham Hotspurs FC towards London Bridge and change at South Tottenham overground Station London overground towards

	Rd/Seven Sisters Rd and walk to centre (650m) Or change at Tottenham Police Station and bus 341 towards Waterloo and change at Chestnuts Primary School	Piccadilly Line towards Cockfosters and change at Arnos Grove Station Bus 382 towards Mill Hill East and alight at Granville Rd/High Rd Finchley	Gospel Oak and alight at Upper Holloway and walk to Whittington Hospital (800m)
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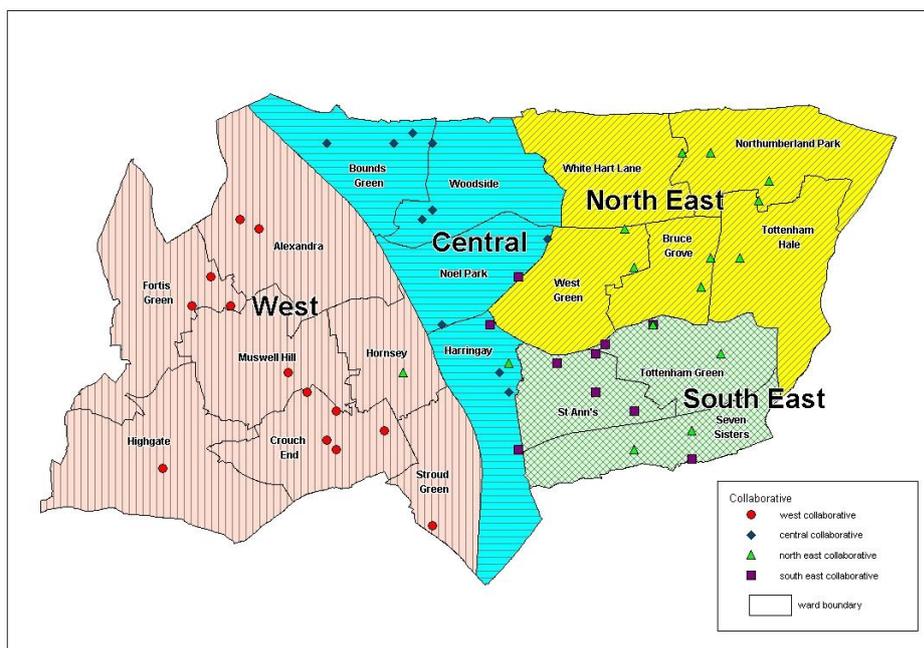
Source: TFL Website

Step 2 - Consideration of available data, research and information

In Haringey, improving unscheduled care services is a local priority that needs to be undertaken within existing resources, according to national targets, and taking into account the views of the public⁶. As a result of the change of service provider from Harmoni to Barndoc, patients will no longer be able to access the Whittington and St Pancras sites for face to face GP or nurse consultations. They will however have access to the additional sites managed by Barndoc, of which Finchley Memorial Hospital is likely to be the most popular, particularly for patients living in the west of the borough. Patients can continue to access the Whittington hospital or North Middlesex accident and emergency (A&E) and the urgent care centres.

This report identifies which members of the community will be most affected by these changes. The key areas of consideration in this equity impact assessment are age, sex, ethnicity, religion, employment and transport arrangements. The data provided by Harmoni allowed us to analyse which residents registered at GP practices across the borough attended each OoH service during 2012. The majority of residents are registered to a GP close to their home. This analysis assumes that the demographics of the ward that GP is located in are the same demographics of the people registered to that GP. This has allowed the analysis to look at which sub-sections of the population are using the particular OoH sites provided by Harmoni, and therefore which groups will be affected by the exclusion of the Harmoni OoH sites: Whittington, St Pancras and Homerton.

Figure 2: Location of GP practices in Haringey



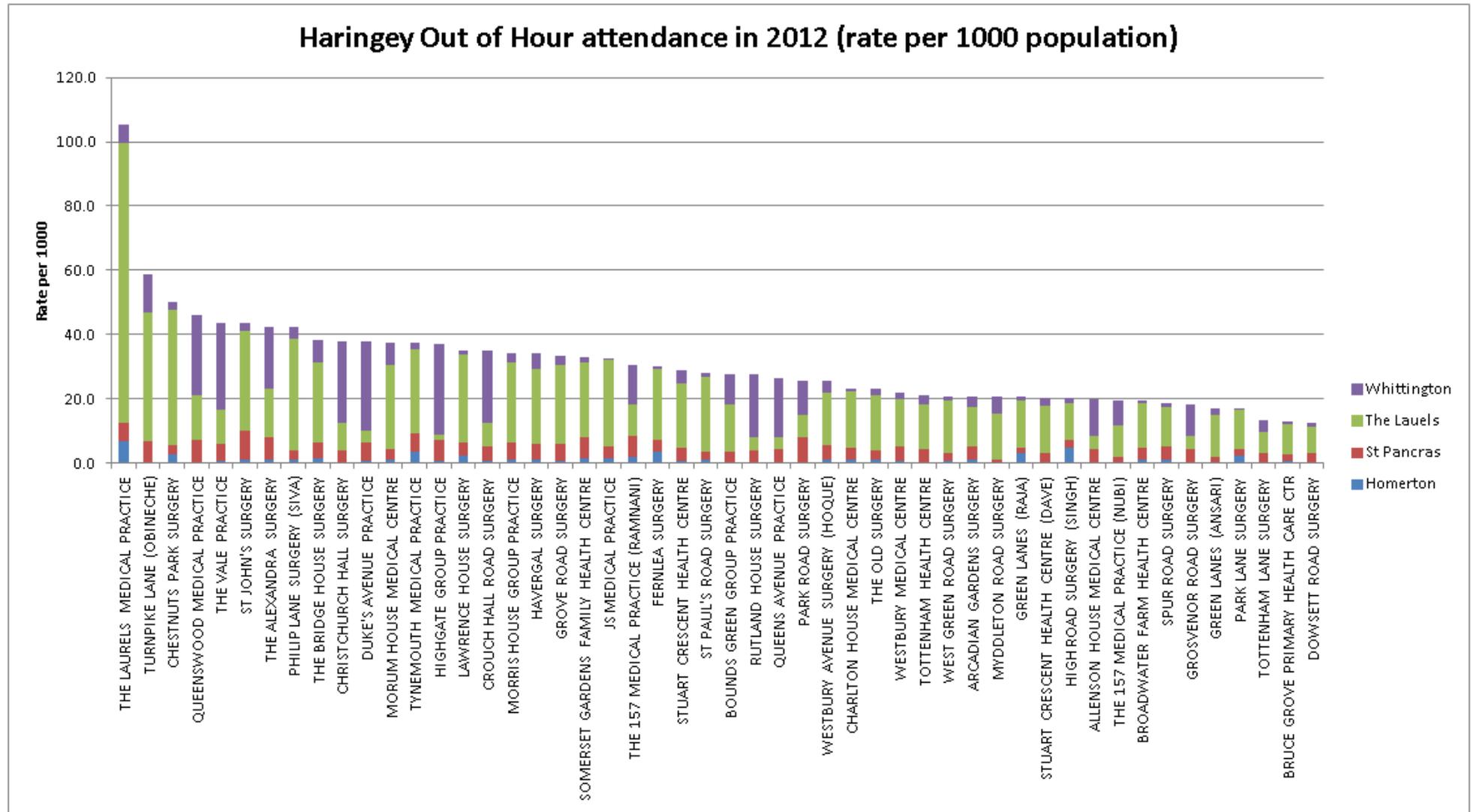
Source: Haringey Public Health

In Haringey, four GP collaboratives have developed as a result of practice based commissioning: west collaborative, central collaborative, north east collaborative and south east collaborative. All 52 GP practices are members of the collaboratives¹ as seen in figure 2.

2a. Out of Hours services in 2012

Out of Hours attendance varied across GP practices in Haringey as shown in figure 3. The Laurels in the south east collaborative had the highest rate of attendance, presumably because the service was located in the same building as two local GP practices. Bruce Grove, Dowsett Road, Tottenham Lane from the north east had the lowest rates of attendance at OoH GP services.

Figure 3: Rates of attendance by GP practice in Haringey

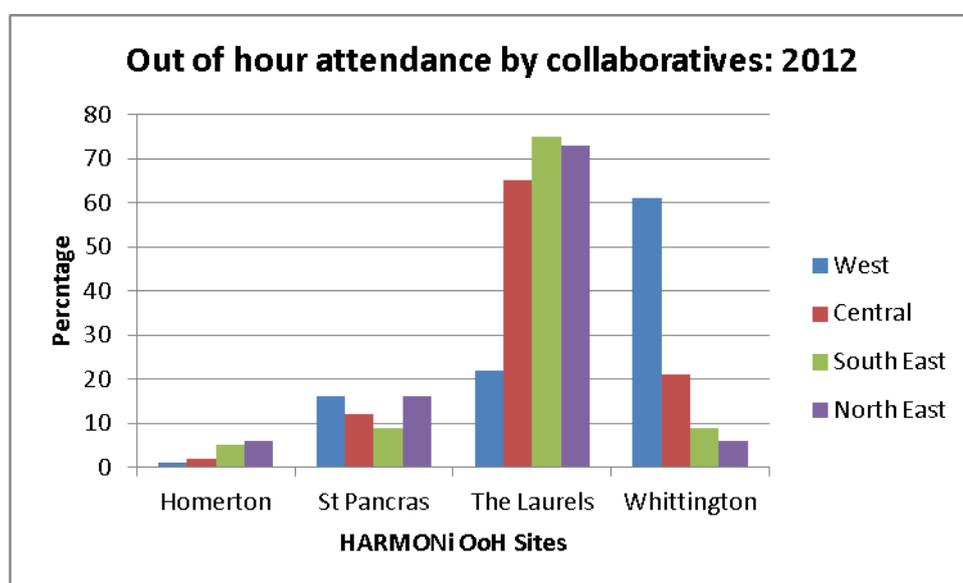


Source: Harmoni

The data from Harmoni shows attendance at a site by patients registered to a particular GP. Figure 4 shows the preferential site of each collaborative for OoH services. From the data it can be seen that 61% of patients registered to practices in the west collaborative went to the Whittington, while the Laurels was visited mainly by patients registered to practices in the south east (76%), north east (73%) and the central collaboratives (65%). Attendance at St Pancras hospital was more or less similar from all the collaboratives. The Homerton was the least popular OoH site to attend and was more likely to be visited by residents from the north east collaborative.

Interestingly the choice of an OoH location was not always dependent on which GP practice a patient was registered to. Although the Laurels is situated in south Tottenham, roughly 22% of patients from the west collaboratives attended whereas 9% of residents from the south east collaborative went to the Whittington site.

Figure 4: Out of hour attendance by collaboratives in 2012



Source: Harmoni

2b. Attendance throughout the day

Unfortunately, the data provided by Harmoni, does not allow us to deduce whether the patients attend during the week or the weekend. There are further data issues; for example the Laurels report that they did not operate overnight, but data from Harmoni states that 4.9% of attendances were between 11pm and 8am. Harmoni did provide overnight face to face consultation at St Pancras with 25.8% of the attendances to St Pancras occurring between 11pm and 8am. Although this is a relatively large proportion of overnight attendances to St Pancras, the total number of Haringey residents using this site still only accounts for 3.7% of all attendances to any OoH site in the whole of 2012.

2c. Attendance by religion and ethnicity

Haringey is the fifth most ethnically diverse borough in the country. Nearly half of the residents come from Black and minority ethnic (BME) communities and nearly 81% of our school children speak 190 different languages in our schools. The proportion of children from BME communities varies from 30% in Muswell Hill to 78% in Northumberland Park⁷. According to the 2011 Census, 60.5% of residents describe themselves as White, which is approximately the same as the rest of London but much lower than those that describe themselves as White in England and Wales, 86.0%. The wards with the greatest proportion of residents who describe themselves as White are Muswell Hill (83.7%), Crouch End (82% and Highgate (81.2%). The data suggests that patients registered to GPs in these wards attend the Whittington OoH service. Wards with the highest proportion of residents from Black and ethnic minority communities, Northumberland Park (60.8%), Tottenham Hale (57.4%) and Bruce Grove (55.8%) have patients registered at GPs who had high attendance at the Laurels OoH service⁸.

Wards with greater than 55% of their population described as Christian, Tottenham Hale, Bruce Grove, White Hart Lane, Tottenham Green and Northumberland Park, all contain GPs practices whose patients attend the Laurels OoH service more frequently than the other sites. The Jewish community is most prevalent in Seven Sisters, Fortis Green and Highgate; proportion of the population 18.1%, 8.3% and 7.0% respectively. Whilst patients registered to GPs in Seven Sisters tend to attend the Laurels OoH site, patients registered to GPs in Fortis Green and Highgate tend to attend Whittington. Three wards have 23% of their population described as Muslim, Northumberland Park, White Hart Lane and West Green⁸. These wards all have a high percentage of patients registered to GPs that use the Laurels OoH service. A quarter of Haringey residents describe themselves as having no religion, however certain wards have more than 40% of population who would describe themselves as having no religion: Stroud Green. Crouch end, Muswell Hill and Alexandra. These wards all include GPs whose patients attend the Whittington for their OoH service.

2d. Attendance by age

Haringey has a relatively young population with almost a quarter of the population under the age of 20⁹. As children and younger people are especially prone to accidents and injuries, and are a cause of great parental anxiety, they are a large proportion of the caseload for unscheduled care. They are also much more likely than other sub sections of the population to be accompanied to a health care setting by a responsible adult. This can make access to a site much more difficult, especially later in the evening and in winter months. The wards with a greater proportion of residents aged 0-14 years old are Seven Sisters (25.8%) White Hart Lane (25.5%), Northumberland Park (25.3%), Tottenham Hale (22.2%), Bruce Grove (21.3%), Alexandra (20.4%), Fortis Green (19.9%) and Tottenham Green (19.3%)⁸. With the exception of Alexandra and Fortis Green wards, patients with GPs in these wards attend the Laurels for OoH services. Tottenham Hale should be particularly highlighted as 23% of patients who attended OoH services registered to the GP in this ward chose to go to St Pancras.

Older people tend to have a higher proportion of long term health conditions and co-morbidities, increasing their likelihood of needing access to healthcare services. As people age, their mobility and

⁷ Haringey Health and Wellbeing Strategy 2012-15

⁸ Office of National Statistics 2011 Census

⁹ Haringey Joint Strategic Needs Assessment 2012

independence is likely to decrease, making access to healthcare services further away and on public transport more difficult. The average proportion of residents aged over 65 years in Haringey is 9.6%. Several wards have a greater proportion of residents over 65; Muswell Hill (12.2%), Highgate (11.6%), Fortis Green (11.0%) and Alexandra (10.0%). Patients that attended OoH services who were registered to GPs in these wards were much more likely to use the Whittington site for OoH services.

2e. Attendance by employment

Residents who are unemployed are likely to have less income and therefore may find it difficult to access health care settings further from their home, as petrol usage or public transport costs increase. By highlighting areas of high unemployment in the borough, the analysis can assess whether patients in these areas are likely to be affected by the changes in locations of OoH sites. The ward with the highest level of residents who described themselves as unemployed in the 2011 Census are Northumberland Park, White Hart Lane and Tottenham Green. The GPs located in these wards all have patients who are much more likely to attend the Laurels. Noticeably, all three wards contain GP practices whose patients second most popular site for OoH care was St Pancras.

2f. Attendance by access to transport

Although London has exceptional access to public transport, in difficult weather, later in the evening or when time is short many people would prefer to use their own vehicle. As there has been a change in the site, which necessitates a change in parking facilities, the analysis has considered which groups of the population this will affect.

Wards with the highest proportion of residents owning at least one car is Alexandra (72.8%), Muswell Hill (66.3%) and Fortis Green (65.3%)⁸. Patients who attended Whittington OoH service are more likely to be registered in GPs located in these wards. Parking facilities at Whittington were reasonable; there was no parking during the working day but a limited number of disabled parking spaces were available. The streets around Whittington hospital are on pay and display between the hours of Mondays to Fridays 8.30-18.30 and Saturdays 8.30-13.30 – charged at 20p per 10 minutes and varying costs per hour after that depending on the street. It is free outside of the above mentioned hours. Although parking facilities coincide with the times that patients would be using the OoH service, they would have been competing for spaces with patients attending A&E, UCC and evening and weekend visiting times.

2g. Evidence used in this analysis

The evidence for this analysis came from several sources. National and local strategic documents were reviewed; data regarding the attendances at each Harmoni site by practice, hour and month came from Harmoni. Collaborative profiles produced by Haringey Public Health department were used to sort GP practices into wards and collaboratives. The 2011 Census data provided the latest detailed demographics on the residents of Haringey. The Haringey Joint Strategic Needs Assessment (JSNA) was used to inform the discussion on the demographics of each ward.

2h. Evidence missing from the evaluation

The data from Harmoni was limited in terms of the demographics of patients attending OoH service, timing of attendance, the transport methods they used and whether the outcome of their visit was to their satisfaction. There was also no data available on services details of Harmoni. There was no data available to compare the impact on the change in services due to the change in sites from Whittington to Finchley Memorial.

Step 3 - Assessment of Impact

3a) How the change in Out of Hours service provider affect existing barriers in Haringey

The analysis shows that the residents most affected by the change in Out of Hours (OoH) service are those that attend the Whittington site. These are patients registered with GPs in the west collaborative, or residing in Highgate, Muswell Hill, Fortis Green, Crouch End, Alexandra, Hornsey and Stroud Green. They also have a higher proportion of residents who describe themselves as White, and have a higher proportion of older residents. Fortis Green and Alexandra also have a higher proportion of under 15 year olds than the Haringey average. These residents are likely to have at least one car per household.

Although the analysis identifies these residents as being the most affected, it is not possible to conclude the changes in OoH services will have a negative impact or detrimental to their health. Finchley Memorial hospital is accessible in terms of public transport, has ample parking spaces and is easily accessible for disabled residents. These patients will have the continued use of the Whittington hospital if they prefer to use the urgent care centre or A&E.

It is difficult to ascertain the impact of the lack of overnight face to face GP consultations at St Pancras, who is likely to be affected by these changes and whether any barriers to accessing healthcare will be created with the new provider. The analysis shows that residents from the following GP practices were more likely to attend St Pancras hospital overnight: Park Road Surgery, Grosvenor Road Surgery and Dowsett Road Surgery. Park Road and Grosvenor Road are both in the west collaborative, and Dowsett Road is in the north east collaborative. As the demographics of these areas are very different, the analysis is unable to identify which residents will be most affected by the closure of overnight face-to-face consultations at St Pancras.

Indicative activity figures by Barndoc⁵ estimates Haringey to have the lowest activity in comparison to Barnet and Enfield in all three sites. Barndoc predicts the most frequent clinical advice to be in the form of face to face followed by telephone consultation and then by home visits. It is interesting to note that the difference in face to face and telephone contacts in Haringey is predicted to be 48% compared to only 8% in Barnet.

In conclusion, it is unlikely that the change in Haringey OoH GP locations will have a significant impact on local residents. Patients will now have the additional use of Finchley Memorial hospital which is easily accessible for residents in the west, many of whom have cars. This analysis has not

found that using Finchley Memorial hospital, rather than the Whittington or St Pancras hospital, will be disadvantageous to any particular groups or communities in Haringey. This change will not have a negative health impact on health outcomes and quality of care for those patients who need immediate access to care as they always have the option to seek urgent care through A&E or the urgent care centre. The Laurels is a well-attended OoH site within Haringey and continues to operate at the same times and days as it was under Harmoni. This report shows that the majority of the borough will remain unaffected by the change. The exclusion of Whittington and inclusion of Finchley Memorial hospital does not seem will affect accessibility to services as Finchley memorial Hospital is easily accessible by car, is on a popular bus route and is easily accessible for disabled visitors. Furthermore, the exclusion of St Pancras does not have a negative effect on health outcomes as only 3.7% of all attendances were due to Haringey residents.

This Equity Impact Assessment has not assessed the percentage of the local population who are familiar with GP OoH services but it is known from previous work on accident and emergency attendances that many residents were unfamiliar with this service. NHS 111 will redirect patients one of the Barndoc locations but it is still important to engage the local population in Out of Hours GP provision. Further work needs to be done with primary care throughout Haringey to explicitly state the change in Out of Hours GP provider, the location where they can be seen and how the system works.

Step 7 - Summarise impacts identified

In the table below, summarise for each diversity strand the impacts you have identified in your assessment

Age	Disability	Ethnicity	Gender	Religion or Belief	Sexual Orientation
<p>The closure of the Whittington will affect wards in the west of the borough the greatest. Several wards in the west of the borough, Muswell Hill, Highgate, Fortis green and Alexandra have higher than the average proportion of residents aged over 65years. Several wards have a greater number of children than the Haringey average. Some of these wards contain GPs where most of the patients attend the Laurels, but two wards (Fortis Green and Alexandra) have</p>	<p>There is good disabled access to Finchley Memorial – the entrance is wide with direct access to the reception area for patients on wheelchairs. Parking spaces are reserved for blue badge holders. On the other hand, there are limited number of disabled parking spaces in Whittington.</p>	<p>Wards with higher proportions of residents who identify themselves as White contain GPs whose patients attended Whittington for their OoH care.</p> <p>Wards with large proportions of Black and ethnic minority residents contain GP practices whose patients attend The Laurels for their OoH care.</p>	<p>No impact</p>	<p>Residents that describe themselves as having ‘no religion’ are more populous in Stroud Green. Crouch End, Muswell Hill and Alexandra. Of these wards contain GPs whose patients prefer to attend the Whittington for their OoH care.</p> <p>Muslim residents are mostly populated in Northumberland Park, White Hart Lane and West Green. These wards all contain GPs whose patients attend the Laurels for their OoH care.</p> <p>Wards with large a Christian population also contain GP surgeries whose patients attend the Laurels.</p>	<p>No impact</p>

<p>higher attendance at Whittington.</p>				<p>The Jewish community is scattered across the east and the west of the borough and therefore it cannot be said which OoH service they are more likely to attend.</p>	
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Step 8 - Summarise the actions to be implemented

Please list below any recommendations for action that you plan to take as a result of this impact assessment.

Issue	Action required	Lead person	Timescale	Resource implications
Low attendance of OoH service by practices in the north east collaborative	Promotion of the new service at all GP practices especially in the east of the borough	Haringey CCG	Ongoing but needs a targeted action campaign with the borough	Might be possible to do this with limited resources if there is support from local GP practices
Overall low attendance at OoH services in the borough compared to neighbouring boroughs	Promotion of the new service at the GP practices, health centres, pharmacies, libraries, shops	Haringey CCG	Ongoing but needs a targeted action campaign with the borough	Potentially significant
Non-availability of 24/7 service component at the Laurels Health Centre	Provide accurate information to the residents on non-availability of 24/7 services at the Laurels Health Centre	Haringey CCG	Immediate	
Lack of knowledge by local residents that Finchley Memorial Hospital can be used for OoH GP access	Provide information to residents at those GP surgeries who previously used the Whittington Hospital, maps and information about the new service	Haringey CCG	Immediate	Some resource required but practices to be targeted will be informed by local data

Step 9 - Publication and sign off

There is a legal duty to publish the results of impact assessments. The reason is not simply to comply with the law but also to make the whole process and its outcome transparent and have a wider community ownership. You should summarise the results of the assessment and intended actions and publish them. You should consider in what formats you will publish in order to ensure that you reach all sections of the community.

When and where do you intend to publish the results of your assessment, and in what formats?

tbc

Assessed by (Author of the proposal):

Name:

Designation:

Signature:

Date:

Quality checked by (Equality Team):

Name:

Designation:

Signature:

Date:

Sign off by Directorate Management Team:

Name:

Designation:

Signature:

Date: