EQIA-00085

Action being taken

EQIA Directorate

EQIA Service

EQIA Team

Details of person undertaking assessment

Your name
Kerri Marshall

Your job title
Partnership & Commissioning Team Manager - Primary Care

Your directorate
Public Health

Your service
Public Health

Your team
Health Improvement

Proposal being assessed
S76 for Primary Care Commissioning

Business plan proposal number

Proposal details

What is the name and description of the policy being assessed?
GP practice contracts include the provision Long-Acting Reversible Contraception (LARCs) and Stop Smoking Services (SSS) which involves prescribing devices and medications.

• Nicotine Replacement Therapy (NRT) and oral medication Zyban (bupropion), varenicline and cytisine.

• Intra-Uterine Devices and Subdermal Contraception

The Integrated Care Board (ICB) supplies these devices and medicines to GP practices. through a

FP10 request (NHS coding system) to enable them to provide the service. The ICB then recharges the costs from the Public Health Grant.

The re-charge system was advised when Public Health transferred and has remained in place since then. However, since 2013 governance arrangements in local authorities and ICBs have changed. Given the value of the recharges the arrangements were reviewed and legal advice was sought. The outcome was that Committee supported a decision to formalise this arrangement through a formal agreement.

Committee is being asked to support the establishment of a Section 76 agreement between CCC and the ICB for the payment of the recharges for medication and devices from 1st April 2024 until March 31st 2029. The recharges are usually made at the beginning of the following year to accommodate the ICB prescribing system data returns.

What type of policy is this?

Minor change

Is this EqIA supporting a committee paper/business case?

Yes

Identifying impact on affected groups

Is it foreseeable that people from any protected characteristic group(s) or people experiencing socio-economic inequalities will be impacted by the implementation of this proposal (including during the change management process)?

No

If no, provide an explanation as to why this proposal will not have an impact on each of the following characteristic/group of people

This EQIA is for the proposal of a formal S76 with the ICB for the recharging of medications and devices. The Integrated Care Board (ICB) supplies these devices and medicines to GP practices through a FP10 request (NHS coding system) to enable them to provide the service. The ICB then recharges the costs from the Public Health Grant.

The re-charge system was advised when Public Health transferred into Local Authority in 2013 and has remained in place since then. However, since 2013 governance arrangements in local authorities and ICBs have changed. Given the value of the recharges the arrangements were reviewed and legal advice was sought. The outcome was that Committee supported a decision to formalise this arrangement through a formal agreement.

There is no significant impact on any groups as there is no change to to the services being provided by GP practices. A full EQIA was completed for the Primary Care contracts who deliver Public Health

Services which this S76 will support, summary below.

Particular age groups
LARC: The use of long acting contraceptive device is more common among older women, reducing risk of unwanted pregnancies.
Smoking cessation programme aims at all age groups, also benefitting younger adults and children to stop taking the habit of smoking and vaping.

Disabled people
People with physical and learning disabilities tend to be more at risk of developing long term health conditions and co-morbidities. Primary Care contracts aim to improve health and wellbeing including risks related to smoking.
The GP practices comply with NHS policies around enabling access to people with disabilities.

Married couples or those entered into a civil partnership
No known or expected disproportionate or differential impacts

Pregnant women or women on maternity leave
Pregnant women are not disproportionately affected by the service provision but they are among one of the priority groups for smoking cessation as it is important for their own health and the health of the baby.

Particular ethnic groups
There might be language barriers for some BAME groups where English is not their first language. GPs use translation services to make sure this gap is addressed.

Those of a particular religion or who hold a particular belief
People from different religious backgrounds are not excluded from the services. There might be lower uptake of some services i.e. contraception services among people from certain religions/beliefs. Promotional events are done with mosques and other community groups to raise awareness.

Male/Female
Smoking cessation services targets both genders equally. The contraception service is only for females.

Those proposing to undergo, currently undergoing or who have undergone gender reassignment
GP practices and pharmacies work sensitively with people who are currently undergoing or have undergone gender reassignment.

Sexual orientation
No known or expected disproportionate or differential impacts

Affected groups and impact

Age

Disability

Gender reassignment

Marriage/Civil Partnership

Pregnancy and maternity

Race

Religion/Belief

Sex

Sexual orientation

Care experience

Other identified groups

You identified positive/negative impacts – please explain each one and supporting evidence

Evidence and analysis

State if any mitigating actions are required to alleviate negative impacts. If positive equality impacts have been identified, consider what actions you can take to enhance them. If you have decided to justify and continue with the

policy despite negative equality impacts, provide your justification. If you are to stop the policy, explain why. Briefly describe the actions then please insert actions to be taken on to the given action plan

Action plan

Identified Impact Protected Characteristic or non-legislative factor

Action

Expected outcomes

Officer

Completion date

Did you engage with an EqIA super-user when developing your EqIA?

Approval details

Head of service
Val Thomas

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Status
Approved