

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Hywel Dda University Health Board Equality Impact Assessment (EqIA)

Director and Directorate	Jill Paterson, Director of Primary Care, Community and Long Term Care
Service Area	General Medical Services

What is an Equality Impact assessment (EqIA)?

An EqIA is a scrutiny tool which is used to ensure that when making decisions related to creating or changing projects, practices and policies, the decisions made are fair and do not discriminate against any protected group defined under the Equality Act 2010.

Why do they have to be completed?

All public authorities in Wales are **legally required** under the Public Sector Equality Duty 2011 to **demonstrate that due regard** has been given in accordance with the [Equality Act 2010](#) with the need to:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations

When should they be completed?

A fully completed EqIA or if applicable an EqIA Screening must be produced before the Health Board is asked to make decisions about:

- Changes to the way health services are delivered
- The development of a new service
- Clinical or non-clinical policy document/guidance

Completion of an EqIA or EqIA Screening is monitored as part of the Health Boards escalation process, and forms part of the Integrated Impact Assessment. An EqIA is a living document and should be regularly reviewed and updated in light of new information, emerging evidence or stakeholder engagement.

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It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment. For large scale projects and strategic decisions please consult the Health Board's Equality and Health Impact Assessment (EHIA) Guidance Document and associated forms. Please contact the Diversity and Inclusion team if you require further clarity.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

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Section 1: Overview

1.	What are you Equality Impact assessing?	<p>The potential impact of the managed dispersal of the patient list for St David's Surgery from 1 November 2024:</p> <p>St David's Surgery has served notice to the Health Board on their General Medical Services contract giving the required six calendar months' notice. The Practice serves approx 2700 patients and will cease providing General Medical Services within the North Pembrokeshire Cluster on 31 October 2024.</p> <p>The Vacant Practice Panel met on 7 May 2024 to assess the options available to continue to provide sustainable services to the registered patients. The Panel made a recommendation that the practice list be dispersed to four neighbouring practices, with the vast majority be allocated to nearby Solva Surgery (Health Board Managed Practice).</p> <p>A period of public engagement on this recommendation has been undertaken and feedback from this will be reviewed by the Vacant Practice Panel and then at Public Board in July 2024. The decision on how services will be delivered to this population after October sits with Board.</p>
2.	Brief Aims and Description:	<p>The EqIA forms part of the information for the second Vacant Practice Panel when considering the public engagement feedback, and then Board to inform their decision-making.</p>
3.	Who is involved in undertaking this EqIA?	<p>GMS Sustainability team</p>

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4. Is the procedure/ proposal/ project/ policy related to other policies/ areas of work?	No
5. Is this a new EqIA or an updated EqIA?	New
6. Who will be affected by the procedure/ proposal/ project/ policy development? (Consider staff as well as the population, patients, carers and family members who may be affected to different degrees)	<p>The registered patients of St David's Surgery. Carers for these patients are likely to be also registered with the practice.</p> <p>St David's Surgery is an Independent Contractor and the practice staff are employees of the Contractor and not the Health Board.</p>
7. What might help/hinder the success of the procedure/ proposal/ project/ policy?	<p>There is a fixed timeline for the Health Board to discharge its statutory duty due to the six-month notice period. This is a challenging timeline with no flexibility.</p> <p>The potential scale of the impact on patients is directly related to where the services will be delivered after October. At the time of writing, it is not clear whether all services would need to be delivered from Solva Surgery, or whether it may be possible to deliver some services from a location in St David's.</p> <p><i>In the absence of any clarity on the availability of premises in St David's, this EqIA has been developed on the basis that all services will need to operate from Solva Surgery.</i></p>

Section 2: Human Rights

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below.

Depending on the **procedure/ proposal/ project/ policy** you are considering, you may find the examples below helpful in relation to the Articles.

Consider, is the procedure/ proposal/ project/ policy relevant to:

Yes	No
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<p>Article 2: The right to life. Example: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control.</p>		✓
<p>Article 3: The right not to be tortured or treated in an inhuman or degrading way. Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control</p>		✓
<p>Article 5: The right to liberty Example: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control</p>		✓
<p>Article 6: The right to a fair trial Example: issues of patient choice, control, empowerment and independence</p>		✓
<p>Article 8: The right to respect for private and family life, home and correspondence. Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life</p>		✓
<p>Article 11: The right to freedom of thought, conscience and religion Example: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers</p>		✓

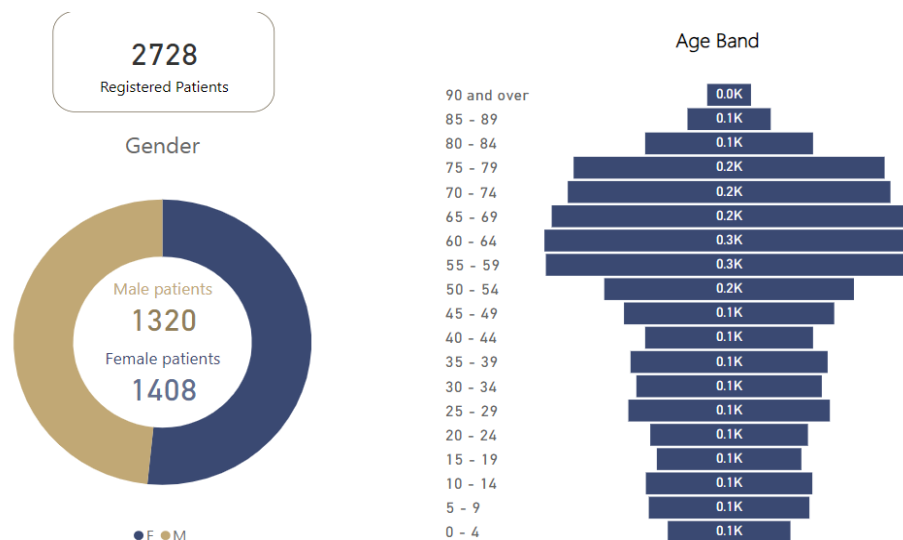
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Section 3: Gathering of Evidence and Assessment of Potential Impact

How will the procedure/ proposal/ project/ policy impact on Age : Is it likely to affect older and younger people in different ways or affect one age group and not another?									Positive		
									Negative	✓	
									No Impact		
Age demographic data, Hywel Dda University Health Board	Population Data										
	County	Carms		Cere		Pembs		Total		Summary	
	Age	value	%	value	%	value	%	value	%	All three regions that comprise the Hywel Dda area have seen an increase in the average age of their population between the last two population censuses, Ceredigion (has seen an increase by 5 years to 47), Pembrokeshire (increase by 3 years to 48) and Carmarthenshire (increase by 2 years to 42).	
	Total: All usual residents	187,895	100	71,468	100	123,366	100	382,729	100.0		
	Aged 4 years and under	9,057	4.8	2,706	3.8	5,586	4.5	17,349	4.4		
	Aged 5 to 9 years	10,274	5.5	3,288	4.6	6,731	5.5	20,293	5.2		
	Aged 10 to 15 years	13,080	7	4,087	5.7	8,494	6.9	25,661	6.5		
	Aged 16 to 19 years	7,799	4.2	4,129	5.8	4,890	4	16,818	4.7		
	Aged 20 to 24 years	8,821	4.7	6,366	8.9	5,621	4.6	20,808	6.1		
	Aged 25 to 34 years	20,692	11	7,106	9.9	12,907	10.5	40,705	10.5		
	Aged 35 to 49 years	31,801	16.9	10,145	14.2	19,459	15.8	61,405	15.6		
	Aged 50 to 64 years	40,905	21.8	15,256	21.3	27,335	22.2	83,496	21.8		
	Aged 65 to 74 years	24,605	13.1	9,942	13.9	17,444	14.1	51,991	13.7		
	Aged 75 to 84 years	15,246	8.1	6,095	8.5	10,855	8.8	32,196	8.5		
Aged 85 years and over	5,615	3	2,348	3.3	4,044	3.3	12,007	3.2			

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Demographic data – St David’s Surgery, April 2024



Staff data

St David’s Surgery is an Independent Contractor, and the practice staff are employees of the Contractor and not the Health Board. The GP Contractor is not a staff member and is the employer.

NHS Wales National Workforce Reporting System (WNWRS) data for employed staff is as follows (June 2024):

Role	Headcount	WTE
Salaried GP	1	0.5
Practice Nurses	2	1.7
HCA	1	0.9
Phlebotomist	1	0.1
Practice Manager	1	0.75
Receptionists	6	3.9

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	<p>Negative Impact</p> <ul style="list-style-type: none"> • Travel and transport that is additional for older patients, especially those dependent on lifts or public transport. Data on travel times shows that 81% of patients registered with St David’s Surgery would experience an increase in travel times (from 30 seconds upwards) over and above their current journey to St David’s Surgery if they accessed all services at Solva Surgery. A very large proportion of these increases are marginal ie. less than 2 minutes. Only 5.7% of patients would experience an increase in travel time of 5 minutes or more. Patients who can walk to St David’s Surgery for services currently would need to travel by car, bus or taxi. 	<p>Opportunities for improvement / mitigation</p> <ul style="list-style-type: none"> • Promotion of public transport options available to patients (many free for older patients): <ul style="list-style-type: none"> ➤ 9 direct services buses (T11, free with pass) from St David’s to Solva: first bus from New Street at 07.42, last bus at 17.42 (13 minute journey). ➤ 8 direct services buses (T11, free with pass) from Solva to St David’s: first bus 08.20, last bus 17.56 ➤ Fflecsi bws (free with pass): available 7.30am – 6.30pm, from home to destination ➤ Dial A Ride (free with pass) ➤ Seasonal bus services (May-September) – Puffin Shuttle, 3 services per day between St David’s and Solva (08.40 – 19.40) ➤ Country Cars – volunteer drivers for people with limited mobility ➤ Every effort should be made to accommodate patients using public transport to attend appointments at a time that is convenient. Patient records can be flagged and slots protected. ➤ We are also working closely with the Engagement team to promote this information.
<p>Provide a summary of the positive impacts you have identified.</p>	<p>Positive Impact</p> <ul style="list-style-type: none"> • Travel and transport – Data on travel times shows that 19% of patients would have a decrease in travel time to Solva Surgery, or neutral effect. Patients living close to Solva Surgery would be able to walk to the Surgery. • Parking – there are an increased number of parking bays available to patients in the four practices of the proposed dispersal. 	

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	Practice	Total number of parking bays for patients	Total number of disabled parking bays
	St David's	1	1
	Solva	16	2
	Fishguard	5	2
	Winch Lane	15	4
	St Thomas's	10	6

<p>How will the procedure/ proposal/ project/ policy impact on Disability: Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes.</p>	Positive	
	Negative	✓
	No Impact	

<p>Data on Disability, Hywel Dda University Health Board</p>	Population Data				
		Carms	Cere	Pembs	Total
	Disabled under the Equality Act: Day-to-day activities limited a lot	21225	6686	12522	40463
	Disabled under the Equality Act: Day-to-day activities limited a little	21897	8951	14651	45499
	Total with a disability	43152	15637	27173	85,963
	Total population	187,895	71,468	123,366	382,729
	Percentage of population with a disability	23%	22%	22%	22%

Patient data – based on 2021 Census

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Disability

■ St David's | (Wales)

Disabled under the Equality Act **20.9%** (21.6%)



Not disabled under the Equality Act **79.1%** (78.4%)



% of all people

Census data shows that 20.9% of the residents of St David's ward identify as having a disability against a Wales average of 21.6%. This data is from 2021 and the overlying trend and known age demographic suggest that this figure for St David's will be increasing.

St David's Care in the Community is a registered care home (estimated 28 residents over four addresses) for adults with learning disabilities with a broad range of needs, ranging from supported living to high-dependency care. Those residents who require home visits for their care would continue to receive these in the event of a managed dispersal to Solva Surgery. Those residents who are relatively independent and attend appointments on foot and unescorted would require transport.

Staff data

St David's Surgery is an Independent Contractor and the practice staff are employees of the Contractor and not the Health Board. No information is available on disability within the staff group.

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	<p>Negative Impact</p> <ul style="list-style-type: none"> Patients with a disability may find it harder to access services at Solva Surgery than they currently do at St David's Surgery 	<p>Opportunities for improvement / mitigation</p> <ul style="list-style-type: none"> Close working with St David's Care in the Community to time appointments in line with when carers are able to bring the residents to their appointments 																																
	<p>Positive Impact Disabled Access: facilities in the buildings for wheelchair users are broadly better in the four practices of the proposed dispersal.</p> <table border="1"> <thead> <tr> <th>Practice</th> <th>Total number of parking bays for patients</th> <th>Total number of disabled parking bays</th> <th>Drop-desk at Reception</th> <th>Automatic door</th> </tr> </thead> <tbody> <tr> <td>St David's</td> <td>1</td> <td>1</td> <td>No</td> <td>No</td> </tr> <tr> <td>Solva</td> <td>16</td> <td>2</td> <td>No</td> <td>No</td> </tr> <tr> <td>Fishguard</td> <td>5</td> <td>2</td> <td>Yes</td> <td>Yes</td> </tr> <tr> <td>Winch Lane</td> <td>15</td> <td>4</td> <td>No</td> <td>Yes</td> </tr> <tr> <td>St Thomas's</td> <td>10</td> <td>6</td> <td>No</td> <td>Yes</td> </tr> </tbody> </table>				Practice	Total number of parking bays for patients	Total number of disabled parking bays	Drop-desk at Reception	Automatic door	St David's	1	1	No	No	Solva	16	2	No	No	Fishguard	5	2	Yes	Yes	Winch Lane	15	4	No	Yes	St Thomas's	10	6	No	Yes
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St Thomas's	10	6	No	Yes																														
<p>How will the procedure/ proposal/ project/ policy impact on Gender Reassignment: Consider the potential impact on individuals who have undergone, intend to undergo or are currently undergoing gender reassignment; and those who do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth.</p>			Positive																															
			Negative																															
			No Impact	✓																														
<p>St David's Surgery is an Independent Contractor and the practice staff are employees of the Contractor and not the Health Board. No information on this protected group has been shared.</p>																																		
<p>How will the procedure/ proposal/ project/ policy impact on Marriage and Civil Partnership</p>			Positive																															
			Negative																															
			No Impact	✓																														

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St David's Surgery is an Independent Contractor and the practice staff are employees of the Contractor and not the Health Board. No information on this protected group has been shared.		
How will the procedure/ proposal/ project/ policy on Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave	Positive	
	Negative	✓
	No impact	
Negative Impact <ul style="list-style-type: none"> Health Visitor service currently runs a weekly clinic at St Davids – patients may need to travel further to access this service. 	Positive Impact <ul style="list-style-type: none"> Being pregnant can impact on the ease of access to services and treatments, due to the number of appointments a pregnant woman may have to attend across different services, in the first instance, and need to access alternative treatments. All midwifery appointments for patients of both Solva & St Davids Surgery are currently offered from Withybush Hospital therefore the relocation of services would have no impact on the way by which pregnant women access the service. 	
How will the procedure/ proposal/ project/ policy on Race/Ethnicity or Nationality People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers. Also includes citizenship.	Positive	
	Negative	
	No Impact	✓
St David's Surgery is an Independent Contractor and the practice staff are employees of the Contractor and not the Health Board. No information on this protected group has been shared.		
How will the procedure/ proposal/ project/ policy impact on Religion or Belief (or non-belief) The term 'religion or belief' includes a religious or philosophical belief, including ethical veganism.	Positive	
	Negative	
	No Impact	✓
St David's Surgery is an Independent Contractor and the practice staff are employees of the Contractor and not the Health Board. No information on this protected group has been shared.		
How will the procedure/ proposal/ project/ policy impact on Sex	Positive	
	Negative	

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Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?	No Impact	✓
St David's Surgery is an Independent Contractor and the practice staff are employees of the Contractor and not the Health Board. This will not impact anyone according to a person's sex.		
How will the procedure/ proposal/ project/ policy impact on Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	Positive	
	Negative	
	No Impact	✓
St David's Surgery is an Independent Contractor and the practice staff are employees of the Contractor and not the Health Board. No information on this protected group has been shared.		
How will the procedure/ proposal/ project/ policy impact on Armed Forces Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance	Positive	
	Negative	
	No Impact	✓
How will the procedure/ proposal/ project/ policy impact on Socio-economic Deprivation Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food/ fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see: https://gov.wales/more-equal-wales-socio-economic-duty	Positive	
	Negative	✓
	No Impact	

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Data on Socio-Economic Deprivation	Population Data								
		County							
		Carms		Ceredigion		Pembs		Totals	
Economic Factor	Value	%	Value	%	Value	%	Value	%	
Total: All usual residents aged 16 years and over	155,487	100	61,392	100	102,551	100	319,430	100.0	
Economically active (excluding full-time students)	83,262	53.5	29,845	48.6	54,182	52.8	167,289	51.6	
In employment	79,927	51.4	28,718	46.8	51,697	50.4	160,342	49.5	
Unemployed	3,335	2.1	1,127	1.8	2,485	2.4	6,947	2.1	
Economically active and a full-time student	2,612	1.7	2,119	3.5	1,352	1.3	6,083	2.2	
In employment	2,025	1.3	1,401	2.3	1,068	1	4,494	1.5	
Unemployed	587	0.4	718	1.2	284	0.3	1,589	0.6	
Economically inactive	69,613	44.8	29,428	47.9	47,017	45.8	146,058	46.2	
Retired	43,170	27.8	16,997	27.7	30,306	29.6	90,473	28.4	
Student	6,422	4.1	6,150	10	3,544	3.5	16,116	5.9	
Looking after home or family	6,296	4	2,119	3.5	4,755	4.6	13,170	4.0	
Long-term sick or disabled	9,710	6.2	2,730	4.4	5,632	5.5	18,072	5.4	
Other	4,015	2.6	1,432	2.3	2,780	2.7	8,227	2.5	

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	<p>In its vast majority, Carmarthenshire, Pembrokeshire and Ceredigion areas have been ranked ‘Least deprived’ or as second ‘least deprived’ in Wales. There are a number of areas identified as being nearer ‘most deprived’, which seem to be concentrated around Pembroke, Pembroke Dock, Milford, Cardigan, Llanelli and Kidwelly. (Welsh Index of Multiple Deprivation 2019). Welsh Index of Multiple Deprivation (WIMD) 2019: results report (gov.wales)</p> <p>It can be difficult to ascertain the socio-economic status of our populations. One metric is employment status which is details in the table above for the populations, but there is no patient specific data.</p>		
	<p>Negative impact</p> <ul style="list-style-type: none"> • Any increase in travel and parking costs above that which already exists may incur additional costs for patients, depending on the mode of transport and eligibility for free public transport or community transport. • Having to take time an increased amount of time off work to attend appointments or to take partners/children/family to appointments when they would have walked normally as well as the financial implications associated with this. • Young people in education may be affected - if they need to travel further, they may not get appointments outside of school/college hours. They may also need to disclose to their parents/guardians that they have an appointment to be able to ask for a lift or money for public transport which may prevent them accessing health care due to embarrassment/poor family relations etc. 	<p>Opportunities for improvement / mitigation</p> <ul style="list-style-type: none"> • Close working with patients to try to book appointments to align with timings of public transport/community transport as far as possible 	
Welsh Language			Positive

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Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.	Negative	
	No Impact	✓
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Additional considerations
<p>In addition to the above protected characteristics please consider impact on the following:</p> <ul style="list-style-type: none"> • Vulnerable groups (homeless and vulnerably housed, Gypsy, Roma and Travellers, Refugees, Asylum Seekers) • Unpaid Carers • Individuals and communities who experience Digital Exclusion • Rural and Urban communities
<p>There is no data available on homeless and vulnerably housed, Gypsy, Roma and Travellers, Refugees, Asylum Seekers. No Asylum Seekers have been settled in the practice area through the NHS support scheme.</p> <p>Data for unpaid carers shows a higher proportion in the Solva area than St David's area.</p> <p>There is no available data for individuals who experience Digital Exclusion.</p> <p>The whole of North Pembrokeshire is a rural community. St David's itself is the largest settlement in the practice area.</p>

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Intersectionality

It is important to consider breaking the analysis down by more than one protected characteristic. This is often referred to as 'intersectionality'. Many people will have more than one protected characteristic and, certain aspects of who we are, for example, our race, gender, faith and socio-economic status can increase our positive experiences or contribute to negative experiences, made worse by the combined effects of multiple discrimination, barriers and challenges.

Example: The experiences of a Muslim woman will differ from that of a Muslim man and of a non-Muslim woman. An EqIA may separately identify impacts for Muslim people under Religion or Belief and the impacts for men and women under Sex, but it is also important to recognise that the combined impacts could be very different for a Muslim woman compared to a Muslim man or a non-Muslim woman.

Have you identified any specific additional impacts regarding intersectionality i.e., age and sex, disability and sexual orientation?

It is more likely that older patients have disabilities than younger patients.

Section 4: Assessment of Scale of Impact

This section requires you to assign a score to the evidence gathered and potential impact identified above. Once this score has been assigned the Decision column will assist in identifying the areas of highest risk, which will allow appropriate prioritisation of any mitigating action required.

(Scoring Chart A x Scoring Chart B = Scoring Chart C)

Scoring Chart A: Evidence Available

Final 21/06/2024

Scoring Chart B: Potential Impact

Scoring Chart C: Impact

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3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High Positive

-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

Protected Characteristic	Scoring Chart A Evidence: Existing Information to suggest some groups affected.	Scoring Chart B Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score	Scoring Chart C Decision: Multiply 'evidence' score by 'potential impact' score.
Age	2	-2	-4
Disability	2	-2	-4
Gender Reassignment	1	0	0
Marriage and Civil Partnership	1	0	0
Pregnancy and Maternity	1	-1	-1
Race/Ethnicity or Nationality	1	0	0
Religion or Belief	1	0	0
Sex	1	0	0
Sexual Orientation	1	0	0
Armed Forces	1	0	0
Socio-Economic Deprivation	2	-2	-4
Welsh Language	1	0	0

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Section 5: Outcome and Actions

This section should be used to detail and monitor any actions identified in sections 1 -4.

<p>Will procedure/ proposal/ project/ policy be adopted? If no, please give reasons and any alternative action(s) agreed.</p>	<p>The decision on how services will be provided for the practice population will be made by the Board (July 2024 meeting).</p>
<p>If a negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan/ project/ proposal regardless, please provide your justification for this.</p>	<p>The Board has a statutory duty to ensure all patients have access to primary medical services. The basis for the decision on how services will be provided is complex and multi-factorial.</p>

Actions	Assigned to	Target Review Date	Completion Date	Comments/ Update
<ul style="list-style-type: none"> Some actions have been populated for further elaboration, please delete as appropriate and add any additional actions identified. Include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research. 				
<p>1 What monitoring data will be collected around the impact of procedure/ proposal/ project/ policy once adopted? How will this be collected?</p> <p>In the event that the practice list is dispersed data will be collected on the impact on older patients and those with a disability. This would include attendance and appointment data.</p>	GMS team	April 2025	-	
<p>2 When will the monitoring data be analysed? Who will be responsible for the analysis and subsequent update of the impact assessment and action plan as appropriate?</p>	GMS team	April 2025		

EqIA Completed by:	Name	GMS team
	Title	GMS team

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

	Team / Division	Primary Care
	Contact details	hdduhbprimary.care.hdd@wales.nhs.uk
	Date	June 2024
EqlA Authorised by/Owned by: <ul style="list-style-type: none"> • Usually the Owner of procedure/ proposal/ project/ policy • Responsible for the accuracy of the data captured in this EqlA as well as any actions recorded in Section 5 	Name	Rhian Bond
	Title	Assistant Director of Primary Care
	Team / Division	Primary Care
	Contact details	hdduhbprimary.care.hdd@wales.nhs.uk
	Date	June 2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Team	Strategic Partnership Diversity & Inclusion
	Contact details	Alan.winter@wales.nhs.uk
	Date	20/6/2024
Diversity and Inclusion Team additional Comments:		