

Equality Impact Assessment

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| Subject / Title | Atrial Fibrillation in Primary Care |
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| Team | Department | Directorate |
| Commissioning | Commissioning | Commissioning |

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|-------------------|------------------------|
| Start Date | Completion Date |
| 15.11.16 | 01.09.17 |

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| Project Lead Officer | Alison Lewin |
| Contract / Commissioning Manager | Alison Lewin / Heather Palmer |
| Assistant Director/ Director | Clare Watson |

| EIA Group (lead contact first) | Job title | Service |
|--|-----------------------------------|---------------------|
| Alison Lewin | Deputy Director of Commissioning | Commissioning |
| Heather Palmer | Commissioning Business Manager | Commissioning |
| Dr Thomas Jones | GP and Clinical Lead | Commissioning |
| Contribution to work on initial EIA assessments for earlier work on Atrial Fibrillation (staff now left the CCG and Tameside MBC): | | |
| Samantha Hogg | Commissioning Development Manager | Commissioning |
| Emily Parry-Harries | Speciality Registrar | Public Health, TMBC |

PART 1 – INITIAL SCREENING

1a.

What is the project, proposal or service / contract change?

Atrial Fibrillation (AF) is a common heart condition which causes an irregular and often abnormally fast heart rate. It can increase the risk of a blood clot forming inside the heart. If the clot travels to the brain, it can lead to a stroke. AF increases stroke risk by around four to five times.

Single Commission officers and clinical leads are members of the Tameside & Glossop Heart Disease Programme Board (HDPB). This group is led by Tameside & Glossop ICFT, and reports via ICFT governance through the Director of Operations. The HDPB identified Atrial Fibrillation (AF) as a priority area for their 2016-17 programme of work. As a result, a pathway for AF management was developed and approved via the Professional Reference Group and Single Commissioning Board in January 2017.

There are a number of data sources which indicate why the identification and management of AF in primary care is an issue in Tameside & Glossop, and one which needs to be addressed, including the NHS Right Care data, Stroke Sentinel National Audit (SSNAP) data and General Practice QOF (Quality Outcome Framework) data.

The Single Commission members of the HDPB have been tasked with taking forward further work to address the identification and management of patients with AF in primary care. The proposal for doing this is outlined in this paper. The purpose of the paper is to provide an update on action taken to date and a summary of the proposed activities for 2017-18, with a view to seeking PRG and Single Commissioning Board support for the project. There are 3 elements to the project:

Reviews – clinical reviews in ALL Tameside & Glossop practices. This will involve the use of the GRASP AF tool in all practices, and will provide the practices with a validated list of all AF patients and an action plan as to how to improve their prevalence and management.

Equipment – devices for use in Tameside & Glossop. These devices will enable staff in practices to carry out ‘near patient testing’ of heart rhythms and detect the presence of atrial fibrillation.

GP Education – the Single Commission clinical lead will design and deliver an interactive education session for the member practices in October 2017 which will outline the approach to the identification and management of AF outlined in this paper, and will reiterate the use of the pathway approved by PRG and SCB in January 2017.

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| <p>1b.</p> <p>What are the main aims of the project, proposal or service / contract change?</p> | <p>The aim of this project is to reduce the number of AF related strokes in the population of Tameside & Glossop through the effective identification and management of patients with AF. The objectives to support this aim are:</p> <ul style="list-style-type: none"> • To increase the prevalence and number of people with AF identified and recorded on primary care systems • To improve the Time in Therapeutic Range (TTR) for people with AF • To improve the management of the 'known not treated' patients with AF • To improve the competence and confidence of the current & future primary care workforce to help deliver improved levels of care around management and treatment of AF • To help support provision of and use of devices to improve levels of detection amongst identified patient cohorts • To improve the coding and record management in primary care of patients with AF <p>The Single Commission has been working closely with the Greater Manchester Academic Health Science Network (GMAHSN) on an approach to the identification and management of AF. The GMAHSN is one of 15 Academic Health Science Networks across England, established to spread innovation, improve health and generate economic growth. Greater Manchester AHSN brings together 33 members comprising NHS providers, commissioners and universities across Greater Manchester, East Lancashire Trust and East Cheshire. The GM AHSN are seeing the project with Tameside & Glossop as their 'flagship' AF project, and one in which they are investing significantly in terms of financial resource and manpower.</p> |
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| <p>1c. Will the project, proposal or service / contract change have either a direct or indirect impact on any groups of people with protected equality characteristics? Where a direct or indirect impact will occur as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.</p> | | | | |
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| Protected Characteristic | Direct Impact | Indirect Impact | Little / No Impact | Explanation |
| Age | X (positive) | | | The likelihood of AF increases with age. The project will target people with AF, and therefore predominantly those over 65 |
| Disability | | | x | It is not anticipated that there would be any impact to people with a disability. |
| Ethnicity | | | x | It is not anticipated there would be any impact. There is little evidence to suggest that different ethnicities will be more likely to develop AF. |

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| Sex / Gender | X (positive) | | | Males are more likely to develop AF but females with AF are more likely to go on to have a stroke, therefore, there will also be a focus on identifying females and ensuring both are managed appropriately. |
| Religion or Belief | | | x | It is not anticipated that there would be any impact to people of different religions/beliefs. |
| Sexual Orientation | | | x | It is not anticipated that there would be any impact related to sexual orientation. |
| Gender Reassignment | | | x | It is not anticipated that there would be any impact related to gender reassignment |
| Pregnancy & Maternity | | | x | It is not anticipated that there would be any impact related to pregnancy/maternity |
| Marriage & Civil Partnership | | | x | It is not anticipated that there would be any impact related to marriage/civil partnership. |
| NHS Tameside & Glossop Clinical Commissioning Group locally determined protected groups? | | | | |
| Mental Health | | | x | It is not anticipated that there would be any impact related to mental health |
| Carers | X (positive) | | | AF is often a pre-cursor to stroke, and stroke will often require the person to need a carer. By reducing the likelihood of stroke, would reduce the need for someone to be cared for. |
| Military Veterans | | | x | It is not anticipated that there would be any impact related to military veterans |
| Breast Feeding | | | x | It is not anticipated that there would be any impact related to breastfeeding |
| Are there any other groups who you feel may be impacted, directly or indirectly, by this project, proposal or service / contract change? (e.g. vulnerable residents, isolated residents, low income households) | | | | |
| Group (please state) | Direct Impact | Indirect Impact | Little / No Impact | Explanation |
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| 1d. | Does the project, proposal or service / contract change require a full EIA? | Yes | No |
| | | | x |
| 1e. | What are your reasons for the decision made at 1d? | The proposals outlined in this project will improve the identification and management of AF. Therefore it is not anticipated that there will be any detrimental or negative impact from this project. The aim and objectives will be closely monitored by the project team leading this work. | |

If a full EIA is required please progress to Part 2