Nottingham and Nottinghamshire CCG's Equality and Quality Impact Assessment

When public sector organisations undertake any work involving changes that will impact service users there is a duty to consider the impacts of that change / project. The aim of such an impact assessment is not to eliminate risk, but for both project leads and organisations to be fully informed of any risks and impacts before deciding to proceed with a change / project. This Equality and Quality Impact Assessment (EQIA) template has been developed to bring together equality and quality impact considerations into a single assessment process. It should be completed whenever there is a change to a service / pathway that is directly commissioned by the CCG, a CCG Quality Innovation Productivity and Prevention (QIPP) scheme and any new CCG business or project where it is appropriate to assess the impact of the proposed piece of work.

To support understanding and completion of the EQIA, please refer to the glossary at EQIA Glossary July 2020.docx, the CCG's EQIA Standard Operating Procedure (see below) and EQIA Process Flowchart (see below).

The EQIA is designed to:

- Assess the impact of proposed changes in line with the CCG's duty to reduce health inequalities in access to health services and in health outcomes
- Assess the impact of proposed changes to services in line with the CCG's duty to maintain and improve the three elements of quality (patient safety, patient experience and clinical effectiveness)
- Assess whether proposed changes could have a positive, negative or neutral impact, depending on people's different protected characteristics defined by the Equality Act 2010
- Identify any direct or indirect discrimination or negative effect on equality for service users, carers and the general public
- Consider the impacts on people from relevant inclusion health groups (e.g. carers, homeless people, people experiencing economic or social deprivation)
- Identify where any information to inform the assessment is not available, which may indicate that patient engagement is required
- Provide a streamlined process to enable the escalation of any risks and prevent equality and quality risks from being considered in isolation
- Support in determining whether a project can proceed, proceed with identified action, or not be progressed

EQIAs are 'live' documents, and as such, are required to be revisited at key stages of project development and implementation, particularly following the conclusion of any engagement and consultation activities to inform decision-making.

Section 1: Project Overview

Proposal / Project Title: Platform One Practice – next steps (Confidential)
Project / Commissioning Lead: Primary Care Commissioning Team
EQIA Completed By: Primary Care Commissioning Manager
Senior Responsible Lead: Associate Director of Primary Care
Date EQIA Completed: September 2020

Description of Project: Following three failed procurements, the most recent one being in April 2020, the Primary Care Commissioning Committee (PCCC) decided to look at alternative options. In July 2020, the PCCC supported the option to reduce the current list size of Platform One Practice by way of a partial patient dispersal and the remaining patient list be secured under a new APMS contract via a local expression of interest process. It is anticipated that by reducing the list size (and subsequently redrawing the practice boundary) there may be more available premises options for the new contract from 1st April 2021. Note - the reason for the most recent unsuccessful procurement was due to lack of suitable premises. Legal advice has been sought on this approach which confirms that the CCG can proceed with risk mitigating actions in place.

This EQIA covers both phases of the project; A) Partial dispersal and allocation and B) Procurement.

At the time of preparing this, the current list size of platform one is circa 10,800. They have a large practice boundary which covers the whole of Nottingham City and have patients from outside of City, see below for breakdown.

	Within City ICP	South Nottinghamshire ICP	Mid-Notts ICP	Outside Nottinghamshire
No. of patients resident	9,900	660	50	218

Part of the outer City population is likely to be commuter patients who work in the City (example at Loxley House, Capital One etc.) or use the train station for commuting and the city centre location of Platform One was more convenient. However, as a result of COVID and greater working from home it may be that some of these patients are already considering registering at a practice closer to their home to avoid travel into the City centre.

A) <u>Partial dispersal & allocation</u>

The primary care team have reviewed the boundary, individual patient postcodes and impacts on surrounding practices and determined that it *<u>may</u>* be possible to move circa 3,000 patients from the Platform One Practice list and allocate these patients to another practice closer to where the patient lives. The primary care team are to explore allocating patients to practices, rather than writing to patients and asking them to re-register themselves. The allocation approach has been adopted recently for the closure of Radford Health Centre and Bilborough Surgery as it does not require patient action (as their registration will be physically transferred to another practice by the CCG) and reduces public movement which is preferred during the current COVID situation. However patients continue to have the right to choose to register at another GP practice.

There are 96 practices that have been identified as potentially receiving patients (41 City, 37 South Nottinghamshire, 18 Mid-Nottinghamshire). This project is confidential at this stage and is dependent upon discussions with the 96 practices around their capacity and appetite to accept additional patients, this will be undertaken at a PCN level. At this stage it is not anticipated that practices will be allocated more than 70 patients; the breakdown of allocation at present is:

- 21 practices receiving between 60 & 70 patients
- 17 practices receiving between 40 and 59 patients
- 58 practices receiving less than 40 patients

Should the allocation proceed as planned it is anticipated that all patients will be written to during Q4 2020/21 to advise them that their registration has been transferred to a named practice closer to their registered address. Discussions are being held with the CCG Communications and Engagement Team regarding stakeholder and patient engagement and communication. Note - Platform One Practice does not have a formed PPG group therefore alternative patient engagement approaches will be explored with the CCG engagement team.

B) Procurement

To support this phase B, please also see EQIA completed in January 2020 for the most recent procurement of Platform One Practice. This has been attached as it provides further background information on the practice and because the impacts stated in that EQIA in response to the procurement exercise will remain the same here albeit the impacts will now be on a slightly smaller list size than those quoted in the January 2020 EQIA.

The CCG has to re-procure the Platform One Practice APMS contract for core primary care services. This decision was reviewed in 2015/16 when all APMS contracts were reviewed, concluding they should be re-procured in line with the National Direction to align practice income (APMS contracts regionally and centrally were offered out at global sum and our offer is reducing down to global sum over 5 years). The APMS contract will be to provide core primary care services, any additional services to be provided should / will be commissioned as enhanced services and should be available to all GP practices at either an ICP or ICS level. This reduces inequality amongst the GP practice offer.

For the remaining circa 7,800 patients that will stay on the Platform One Practice list a local expression of interest process will be run to identify a new provider, this will involve a mini competitive Expression of Interest process. The new provider will be required to identify new premises within 0.5miles of the City centre (Old Market Square) for the contract start date of 1st April 2021. The current premises are owned by the incumbent provider NEMS and they have indicated that they would not be willing to rent these out to another provider. It is standard practice within procurements to also assess the bidders knowledge and understanding of the patient population and how they will tailor their services to meet these needs.

Identify Area Affected (CCG wide / Locality / Primary Care Network (PCN)): Platform One Practice is located in Nottingham City East PCN. The 96 receiving practices are located across all ICP areas and across the majority of the 20 Nottingham and Nottinghamshire PCNs.

Details of Any Supporting Evidence:

(When completing this section a review of the latest evidence should be undertaken. Use the checklist provided for sources of evidence and trusted websites to visit to find evidence. Describe the key findings from your evidence search and how they have informed this scheme)

If you have been unable to find evidence, please describe what you have based this project on instead (e.g. activity data, population data, patient experience or public engagement intelligence, clinical opinion etc.):

The practice profile used for the January 2020 EQIA provides an overview of the total practice population. Additional information gathered in recent weeks is included in the impact assessment below. A list of the postcode dispersal areas has been provided to NEMS who are reviewing the patients' resident in those areas and will flag patients that may require a care plan and detailed handover to a new GP practice and/or support services (if not already accessing them).

The latest GP Patient Survey results for the practice are available here https://www.gp-patient.co.uk/.

Section 2: Health Inequalities Assessment

Identify the impact of the project on health inequalities in terms of both outcomes and access for service users? *The WHO describes health inequalities as differences in health status or in the distribution of health determinants between different population groups.*

Positive impact	☐	Negative impact	☐	No impact	☒	N/A	☐

Comments/rationale: *When completing this section include:*

- *Details of the specific under-served people/groups that will benefit from the project (i.e. where health inequalities are likely to reduce)*
- *Details of the specific people/groups for which health inequalities are likely to increase and any proposed mitigations*
- *Details of any differential impact between CCG populations.*

No impact is anticipated at this stage for either Part A (dispersal) or Part B (procurement) because:

Access

- Core opening hours (8am – 6:30pm) will remain the same at all practices for the A) dispersed patients, and for the B) newly procured practice as these are based on national standard contract hours.
- Extended hours – at this stage anticipate minimal changes. Any change in extended hours for the new procured practice would need to be agreed within their PCN during the mobilisation period of the new APMS contract. For those patients being dispersed to another GP practice (and PCN) there may be different arrangements in place for extended hours, but all PCNs have to offer extended hours for their practice population. This may mean that extended hours are provided on a different day/time and location to what the patient is currently used to.
- The minimum number of clinical hours provided (quoted in the specification) remains the same. If a bidder fails to meet this minimum threshold then they will be rejected during the procurement process.

- Discussions are underway re: the TUPE implications however at this stage it is anticipated that some staff will transfer over if the contract is awarded to a new provider. It is assumed that this will happen therefore access to male and female clinicians should remain the same. TUPE will not apply for phase A of the project therefore patients who are allocated to another practice will see different staff members however access to male and female clinicians should be in place across the other 96 practices.
- If a mini competitive expression of interest process is run then patient feedback on access (from survey results, NHS choices etc.) will be provided with the tender documentation and bidders will be expected to include a response in their submission on how they plan to maintain and improve (where necessary) the access results. For the dispersed patients GP access results vary between practices but all practices are expected to review and continually try and improve on patient experience of access.
- For phase B the physical location of the practice is likely to change which could result in some of the circa 7,800 patients having to travel a further or lesser distance (depending upon where they live / work). Patients can continue to exercise their choice and choose to register at another practice. As previously stated a maximum radius of 0.5miles of the City Centre has been set for the re-location. At this pre-procurement stage we do not know what the proposed premises will be however they will be expected to be compliant with NHS premises requirements and reviewed during the expression of interest and tender.
- Where patients are allocated to another GP practice they will continue to be able to access CCG wide commissioned primary, community and secondary care services. One of the aims of standardising the APMS contracts is to reduce inequity between primary care GP services, ensuring that patients receive a consistent level of service regardless of which GP practice they are registered at. If they require enhanced levels of care then this should be available to be delivered by all GP practices by way of commissioned enhanced services at an ICP or ICS level. For example, enhanced homeless support should be offered by way of the enhanced homeless service to all GP practices, for enhanced mental health support this should be provided by community, secondary or PCN wide services that are available to all local practices. Further reference is made to this in the assessments below for vulnerable and protected groups.

<u>Outcomes</u>

- QOF performance – it is expected that the new provider will achieve similar or improved results. This has a direct impact on outcomes as many of the QOF indicators are linked to better outcomes for a range of health conditions e.g. blood pressure reading for diabetes patients and CKD patients with readings within NICE recommended range which is linked to better management of the condition, annual CHD health checks etc. QOF performance for other practices (including the 96 practices) does vary but all practices are expected to aspire to the same QOF performance targets.
- The specification for the procured practice states that the provider is expected to achieve a CQC rating of 'Good' or above, this includes an assessment on service outcomes which is expected to be consistent or an improvement on the current CQC rating of the practice. The Platform One Practice is currently rated as "Outstanding".
- For the patient dispersal and allocation, the vast majority of the circa 3,000 patients are being allocated to either a Good or Outstanding GP practice. There are however approximately 37 patients due to be allocated to Beechdale Surgery which is currently a Requires Improvement practice and 2 patients allocated to Queens Bower which is Inadequate rated. The primary care commissioning and quality teams are working closely with Beechdale Surgery regarding the improvements to be made there. The 2 patients allocated to Queens Bower are being reviewed and will be allocated to another practice.

Section 3: Protected Characteristics and Inclusion Health Groups Assessment:

Could the project have a positive or negative impact on people who may, as a result of being in one or more of the following protected characteristic or inclusion health groups, experience barriers when trying to access or use NHS services? In addressing this question, consider whether the scheme could potentially have a positive or negative impact in any of the following areas:

- ***The CCG's duty to maintain and improve the three elements of quality*** *– patient safety, patient experience and clinical effectiveness*
- ***Access to services*** *(including patient choice and physical accessibility – access to and within buildings, public transport routes, parking for disabled people)*
- ***Accessibility*** *in terms of communication (availability of spoken language interpreters, British Sign Language Interpreters, hearing loops, translated written information)*
- ***Transfers between services*** *(whether between specialties, care settings, or during a person's life course)*
- ***Safeguarding adults and children***
- ***Dignity and respect*** *(including privacy)*
- ***Person-centered care*** *(whether patients experience the service as culturally competent / welcoming – not just in terms of patients' race, but also, for example, their gender identity, religion or belief and sexual orientation and whether patients feel that the service considers both their physical and mental health needs.*

- ***NICE requirements***
- ***Shared decision-making***

It is also important to consider the combination of patients' characteristics and how those combinations may impact on accessibility. An example is the combination of older age, certain types of disability and economic deprivation; potentially limiting access to services if they are not near a patient's home or easy to get to by public transport. Also, many of the prompts under specific characteristic / health groups may apply to other groups.

- *Try to put yourself in patients' or carers' shoes*
- *They are accessing health services because they have a physical and/or mental health need*
- *Think about your own experiences, or those of friends or family, when accessing health services.*
- *Not everyone has a regular income, drives, can see or hear, speaks English, is literate or health literate / understands the way health systems work, has a home or safe and supportive networks. Therefore we will all experience access to health services in different ways, often regardless of clinical need.*

The Equality Impact Assessment Checklist and Quality Impact Assessment Checklist below will help with your considerations:

EIA Assessment Checklist July 2020.do

QIA Assessment Checklist July 2020.do

i) Impact on the protected characteristic of Age:

Positive impact	☐	Negative impact	☒	No impact	☐	N/A	☐

Comments/rationale

The practice has a predominantly young working age population. Patients aged 60 and over make up a small proportion of the list (see age breakdown in January 2020 EQIA). The January 2020 EQIA also highlighted CQC report references to the practice having a high number of vulnerable children (280).

Phase A impact (partial list dispersal and allocation)

At the time of preparing this EQIA the age breakdown of the patients who are to be dispersed to another Nottinghamshire practice is:

Age	0 – 17 years	18 – 30 years	31 – 49 years	50 – 65 years	66+ years
No. of pts.	456	802	1,214	300	61

There is a small number of patients aged 66+ who are on the dispersed list, these patients are being re-allocated to either another City practice or a South Nottinghamshire practice – mostly within the West Bridgford area. These patients are being re-allocated to a practice closer to where they live however depending on how they travelled to NEMS (car, public transport etc.) there may be a negative impact as public transport routes may not be as direct to their new practice. Due to the small numbers there is limited impact on the whole population in relation to age as a result of this dispersal, acknowledging that the impact for a small number of people may be significant we would recommend that this is mitigated through a robust transition plan.

The majority of the dispersed patients are student / working age 18 – 49 who *may* have chosen to register at NEMS because they work/study in the City and this provided more convenient access for them around their working hours. Allocating them to a practice closer to their home could have a potentially negative impact; however, this is in part mitigated as there are extended hours available within locality PCN areas for all patients to access. Also, with the increased remote working from home following COVID it should be acknowledged that it may no longer be as convenient for a patient to be registered at a practice close to where they work / study.

Phase B impact (re-procurement)

The impact of the re-procurement on Age is the same as that quoted in the January 2020 EQIA i.e. no impact is anticipated overall. The location change of the new service may have both positive and negative impact on age, particularly the elderly dependent upon how far they have to travel to the new practice. The impact is reduced slightly as the new practice is required to be within 0.5 miles from the City centre (Old Market Square) and that is well served by public transport. As previously recommended acknowledging that the impact for a small number of people may be significant we would recommend that this is mitigated through a robust transition plan

ii) Impact on the protected characteristic of Disability:

Positive impact	☐	**Negative impact**	☒	**No impact**	☐	**N/A**	☐

Comments/rationale:

Phase A impact (partial list dispersal and allocation)

For the patients who are being allocated to a practice closer to home there may be a positive impact on disability in terms of a lesser travel distance to the practice however depending on how they travelled to NEMS (car, public transport etc.) there may be a negative impact as public transport routes may not be as direct to their new practice. There may be some negative impacts on continuity of care as patients will be receiving care from a different practice team.

Phase B impact (re-procurement)

The impact of the re-procurement on Disability is the same as that quoted in the January 2020 EQIA. The location change of the new service may have both positive and negative impact on disability, particularly the disabled population depending upon how far they have to travel to the new practice. The impact is reduced slightly as the new practice is required to be within 0.5 miles from the City centre (Old Market Square). The premises will need to be compliant with NHS premises rules and regulations including accessibility standards for premises.

There may be some negative impacts on continuity of care as it is likely that not all staff will TUPE over to a new provider and provide services for the smaller list size.

Mental Health

The January 2020 EQIA refers to the reported higher numbers of patients with mental health conditions.

NEMS diagnosis information is provided below – this is information on patients with a diagnosed mental health condition. These may include past or inactive mental health conditions; mild mental health conditions e.g. phobias and does not include patients who do not engage with secondary care and therefore have no diagnosis code. A full list of the mental health coded conditions is included at appendix B.

- Of the circa 11,000 patients registered at NEMS 7,163 patients have a mental health diagnosis code (*note caveats above). We do not currently have this level of data for other City practices, however, 2019/20 QOF prevalence for the following disease areas demonstrates that prevalence is above CCG average but is broadly in line with some of their neighbouring PCN practices in that PCN*

NHS Digital: 2019/20 QOF Results Clinical Prevalence	Depression	Schizophrenia, bipolar affective disorder & other psychoses
NEMS Platform One	15.67%	1.67%
Family	14.14%	1.69%
Victoria	14.11%	1.68%
Windmill	12.32%	1.65%
Wellspring	11.05%	1.53%
CCG Average	**10.84%**	**0.81%**
Bakersfield	9.9%	0.59%
Greendale	9.72%	1.14%

- Of this 7,163 total who have a mental health diagnosis code 2,389 appear on the dispersal list
- 294 of the 2,389 dispersed patients have either a major or severe MH diagnosis code e.g. psychosis, severe depression, schizophrenia, personality disorder etc. See appendix B for a list of codes.

Local Mental Health Teams (Notts Healthcare Trust) are linked to specific GP practices; the City South Local Mental Health Team covers NEMS Platform One GP Practice. They have 160 patients 'open' from Platform One Practice and they *anticipate* that due to NEMS working model (i.e. large practice boundary area) there could be approximately 100 patients that will be allocated to another GP practice and therefore may need re-allocating to another Local Mental Health Team. *However, we have not yet validated this information; this team is unlikely to know what the new practice boundary is therefore this number could change. We will work with the team and NEMS to understand which patients are affected.*

There may be a negative impact on this patient group for both Phase A and Phase B as these patients may not receive the same service that they have been receiving to date from NEMS e.g. the new provider and other practices may not have dedicated Mental Health Nurses (further information below). However as a result of this project those patients will continue to be able to access mental health services on the same basis as other mental health patients across the City and County i.e. via the CCG commissioned mental health services where they meet the necessary service criteria. A list of these services is available at https://www.asklion.co.uk/kb5/nottingham/directory/advice.page?id=fvGQCJXp_WY and includes IAPT, Turning phone MH telephone line, 24/7 crisis line and Community Mental Health Team support. The CCG Mental Health commissioners also advise that as part of the transformation of community MH services in the next 3 years there is expected to be additional staff provided for community mental health and in a more integrated primary and community

care model. There are also discussions at PCN level regarding the additional roles with some PCNs exploring whether to employ Mental Health Nurses to work across their PCN and work at an ICP level for additional Link Workers.

Mental Health Nurses – In January 2020, NEMS employed 1 Mental Health Nurse who worked 9 hours a week, equivalent to 2 clinics per week. Platform One Practice APMS contract is currently paid at a very higher £ per patient compared to other practices and higher than available under the new contract. It is understood that NEMS have been able to use this increased funding to offer their patients an above core GMS service e.g. they can provide more mental health support whilst the patient waits for secondary care mental health services. Other practices may not currently be able to do this within their core GMS funding and therefore patients at other practices may access to mainstream mental health services only. NEMS have confirmed that the Mental Health Nurse does not have a specific case load or offer specific mental health programs to patients. They support the GPs by seeing these patients in place of a GP. The Mental Health Nurse would be eligible to TUPE over to a new provider if that new provider included this role in their service model.

iii) Impact on the protected characteristic of Gender re-assignment:

Positive impact	☐	Negative impact	☒	No impact	☐	N/A	☐

Comments/rationale:

The core services for this group that are commissioned and provided at other GP practices and under the new APMS contract will not change i.e. they should be the same as those currently available at Platform One Practice. The main impacts may be observed around continuity of care.

Phase A impact (partial list dispersal and allocation)

There may be some negative impacts on continuity of care as patients will be receiving care from a different practice team who may not be familiar with their history. Patient records will transfer and be available to the new practice and all practice staff are expected to receive training in relation to confidentiality, privacy and dignity.

Phase B impact (re-procurement)

There may be some negative impacts on continuity of care as it is likely that not all staff will TUPE over to a new provider therefore patients may be receiving care from a different member of staff who may not be familiar with their history. However patient records will be available at the new practice and all practice staff are expected to receive training in relation to confidentiality, privacy and dignity

iv) Impact on the protected characteristic of Pregnancy and maternity:

Positive impact	☐	Negative impact	☒	No impact	☐	N/A	☐

Comments/rationale:

The core primary care services for this group that are offered at other GP practices and under the new APMS contract will not change i.e. they should be the same as those currently available at Platform One Practice. The main impacts may be observed around continuity of care and location of baby and health visitor clinics.

Phase A impact (partial list dispersal and allocation)

The CQC report indicated that Platform One run a weekly baby clinic. This is common practice amongst other GP practices. If NUH (as the provider of the baby clinics) does not run a clinic from the new GP practice then patients may have to travel to another location. However it is the location rather than the service availability that will change and NUH will continue to provide access to this service for all eligible patients. There may be some short term negative impacts on continuity of care for women who are currently pregnant patients will be receiving care from a different practice team who may not be familiar with their history. However patient records will be available at the new practice and all practice staff are expected to receive training in relation to confidentiality, privacy and dignity.

Phase B impact (re-procurement)

At this stage of the procurement we do not know what the potential bidders will propose in terms of meeting the needs of this population however we anticipate no impact on this group. There may be some negative impacts on continuity of care as patients may be receiving care from a different practice team who may not be familiar with their history. However patient records will be available at the new procured practice and all practice staff are expected to receive training in relation to confidentiality, privacy and dignity

v) Impact on the protected characteristic of Race (Includes Gypsies, Roma and Travellers):

Positive impact	☐	Negative impact	☒	No impact	☐	N/A	☐

Comments/rationale:

The practice serves a diverse inner City population which includes patients seeking asylum. We are not aware of particularly high numbers of patients from a specific ethnicity group, the population is diverse. The practice boundary (appendix 1) still covers the inner city therefore we anticipate that a large proportion of the diverse patients will remain with the practice and not be dispersed to other practices.

Nottingham and Nottinghamshire Refugee Forum have contacted the CCG to advise that due to some issues they experience with registering clients at GP practices their current procedure is to ask for clients to be registered at Platform One Practice using their Refugee Forum address as a care of address. We have checked this address against the patient list, there are 26 patients registered at this address and this address remains within the new practice boundary therefore these patients will remain on the Platform One Practice list i.e. they will not be dispersed.

Phase A impact (partial list dispersal and allocation)

We do not hold demographic information on the patients that are being dispersed and allocated to another GP practice. Where patients are being allocated to another City practice we anticipate a lesser impact because those practices may serve similar populations and the access to GP interpreting services will be the same i.e. it includes face to face GP interpreting.

Where patients are being allocated to an out of City practice, closer to their home, there may be some negative impact if the practice does not have the same level of cultural or language expertise / knowledge. Similarly, a different level of service is available for GP interpreting in the County areas. It does not include face to face language interpreting. However, with COVID there may be a greater reliance on telephone based GP interpreting.

Phase B impact (re-procurement)

Some staff are expected to TUPE over to a new provider therefore staff with cultural or language expertise / knowledge for the local patient population may continue to provide services under the new APMS contract.

There will be no change to the way in which the practice accesses GP interpreting services (spoken language or sign language) under the new contract as this is a separately commissioned service.

vi) Impact on the protected characteristic of Religion or belief:

Positive impact	☐	Negative impact	☒	No impact	☐	N/A	☐

Comments/rationale:

The core services for this group that are offered at other GP practices and under the new APMS contract will not change i.e. they should be the same as those currently available at Platform One Practice. The main impacts may be observed around continuity of staff with knowledge and experience of local cultures. However this may be mitigated if staff have received cultural awareness training.

Phase A impact (partial list dispersal and allocation)

We do not hold demographic information on the patients that are being dispersed and allocated to another GP practice. Where patients are being allocated to another City practice we anticipate a lesser impact because those practices may serve similar populations and have some understanding of local cultures.

Where patients are being allocated to an out of City practice, closer to their home, there may be some negative impact if the practice does not have the same level of cultural or language expertise / knowledge. However this may be mitigated if staff have received cultural awareness training.

Phase B impact (re-procurement)

Some staff are expected to TUPE over to a new provider therefore staff with cultural or language expertise / knowledge for the local patient population may continue to provide services under the new APMS contract.

vii) Impact on the protected characteristic of Sex:

Positive impact	☐	Negative impact	☐	No impact	☒	N/A	☐

Comments/rationale:

The core services for this group that are offered at other GP practices and under the new APMS contract will not change i.e. they should be the same as those currently available at Platform One Practice.

Phase A impact (partial list dispersal and allocation)

It is expected that all of the 96 practices will be able to offer appointments with both male and female clinicians.

Phase B impact (re-procurement)

Some staff are expected to TUPE over to a new provider therefore the population should continue to have access to male and female clinicians.

viii) Impact on the protected characteristic of Sexual orientation:

Positive impact	☐	Negative impact	☒	No impact	☐	N/A	☐

Comments/rationale:

The core services for this group that are offered at other GP practices and under the new APMS contract will not change i.e. they should be the same as those currently available at Platform One Practice. The main impacts may be observed around continuity of care.

Phase A impact (partial list dispersal and allocation)

There may be some negative impacts on continuity of care as patients will be receiving care from a different practice team who may not be familiar with their history. Patient records will transfer and be available to the new practice and all practice staff are expected to receive training in relation to confidentiality, privacy and dignity.

Phase B impact (re-procurement)

There may be some negative impacts on continuity of care as patients may be receiving care from a different practice team who may not be familiar with their history. However patient records will be available at the new practice and all practice staff are expected to receive training in relation to confidentiality, privacy and dignity

ix) Impact on people in any of the following Inclusion Health and other Disadvantaged Groups:

- **Carers**
- **Homeless people**
- **People who misuse drugs**
- **People working in stigmatised occupations (such as sex workers)**
- **New and emerging communities, including refugees and asylum seekers**
- **People experiencing economic or social deprivation, including those who are long-term unemployed / are geographically isolated / have limited family or social networks**
- **Members of the travelling community (who do not belong to an ethnic group recognised under the Equality Act)**

Positive impact	☐	Negative impact	☒	No impact	☐	N/A	☐

Comments/rationale: *(with an indication of which of the above groups have specifically influenced your impact conclusion)*

- **Carers**

The practice has a young population. In their CQC report the practice identified 68 patients as carers and a similar number of patients who had a carer. These are low numbers; this is to be expected with the nature of their patient population.

The CQC report noted this as an area for improvement – *'the provider should … identify further patients who are carers and direct them to available support to enable them to carry out their role'*. The practice also recognised the need to appoint a carer's lead to support with this, have a carer's strategy/policy and develop links with the local carers association.

Phase A impact (partial list dispersal and allocation)

Carer's may be impacted by having to travel further if the person they are caring for is allocated to another GP practice. The carer and the cared for may have chosen to register at the same practice for ease of access to services. However this could also have a positive impact for carers if the practice is closer to their home.

Phase B impact (re-procurement)

Carer's may be impacted by having to travel further to a new practice location, however, this is mitigated by the requirement for the new location to remain central to the City and be within 0.5miles of the City centre. This could also have a positive impact for carers if the practice is closer to their home.

- **Homeless people**

The inner city location of this practice and close proximity to homeless hostels means that the practice does have a number of patients who are from this disadvantaged group. The CQC report indicated that 350 people were registered as homeless. The current practice has recently chosen to end the support (a weekly drop in clinic) that they were providing alongside Nottingham CityCare to the Emmanuel House (this was not specifically commissioned by the CCG) and whilst this will have an impact on the homeless population it is not linked to the Platform One Practice dispersal and expression of interest exercise being considered. It is impossible at this stage to predict the level of engagement that any new provider may have with Emmanuel House.

Phase A impact (partial list dispersal and allocation)

It is anticipated that the homeless population will remain with the new GP practice as it is understood that they may use the practice's address as their home address and so they will remain within the boundary of the new practice. Using the patient list there are 346 patients registered at Platform One Practice who have the Platform One Practice address as their main home address.

Phase B impact (re-procurement)

Due to the potential location change of this practice there could be a negative impact on this group as they may need to travel further to access services; however, this is mitigated by limiting the distance to 0.5miles of the City centre. Staff that are experienced with this population may be eligible to TUPE over to a new provider and offer continuity of care and knowledge/expertise. However they may be some disruption to continuity of care if not all staff TUPE over.

At an ICS and ICP level there is progress being made to pool resources for complex patient populations, including homeless, and the additional needs of this population group should be addressed by this approach. It was expected that a new approach will be in place by the time that this new APMS contract commences in April 2021 however this may have now been delayed due to COVID. As a result of the re-procurement of this APMS contract the provider will still be expected to register homeless patients and provide core primary care services. The Homeless Local Enhanced Service continues to be available for the practice to participate in.

During the mobilisation of the new service a new bidder will be expected to clearly communicate any service changes to this population group and build relationships with organisations that support this group. The support groups for these patients will be key in communicating this change to the cohort.

The homeless patients temporarily housed in [redacted] remain within the practice boundary. We are aware of 17 individuals who are being temporarily housed during COVID in [redacted]. This location falls just outside of the new practice boundary and these individuals did receive a letter notifying them of the dispersal. However, we should review this as part of a robust transition plan and if these individuals are still living at this hotel in January 2021 will consider keeping them on the Platform One Practice list.

- **People who misuse drugs**

The impacts described above for the homeless population also apply here (requirement to travel further, access to specialist staff etc.).

The CQC report from 2017 noted that 8% of the patient list (800) had a substance misuse diagnosis. NEMS have provided a list of their substance misuse patients; there are a total of 49 patients. 21 of these live outside of the new

practice boundary and will therefore be dispersed. Based on resident address 1 patient lives outside of Nottinghamshire, the remaining 20 patients will be allocated across 16 GP practices – 14 GP practices in the City, 2 GP practices in the County.

The 2017 CQC report indicated that the practice run a weekly shared care clinic with the specialist drug worker from the central recovery team. The Nottingham City Local Authority commissions this via their enhanced service. There are 5 practices in the City signed up to provide this Shared Care Service for patients who are primary or secondary opiate users (excludes alcohol only users who are referred to Nottingham Recovery Network (NRN) which is run by Framework from The Wellbeing Hub, Hounds Gate). Practices work in close partnership with specialist substance misuse workers currently provided by NRN to provide prescribing-based drug treatment within a primary care setting. Practices are paid £410 per patient per annum. There are around 300 patients in total on the scheme, 50 of which are registered at Platform One Practice (with 21 of being to be dispersed in this project). The enhanced service / shared care service means that participating practices can see patients from any GP practice i.e. the patient does not have to be registered at that practice in order to receive this enhanced support.
Framework also runs 'Clean Slate' from The Wellbeing Hub, a service to reduce reoffending through engagement and treatment of people who are addicted to drugs and alcohol. NRN Harm Reduction Service at Broad Street provides needle exchange. NRN holds joint clinics as part of the Shared Care Service. Patients generally attend NRN via signposting by GP / self-referral therefore the service is unable to provide practice level activity data. These services will continue to be available to patients.

In the County there is no similar enhanced shared care service, however Change Grow Live have been commissioned to provide Drug & Alcohol support. They prescribe methadone and work with the patient's registered GP practice.

We will continue to work with both Local Authority's over the coming months to ensure a safe and appropriate patient allocation and handover of the 20 patients. We are also informed that some Pharmacies provide substance misuse support in the form of "supervised consumption".

Concerns have been raised by the Nottingham City East PCN (which Platform One Practice is in) about the ability of practices to manage substance misuse patients and a possible influx of patients to the Nottingham Recovery Network in the City. This will be discussed with the Local Authority as the lead commissioners of this service.

It is expected that following the expression of interest process a new provider for the 7,800 patients will continue to deliver this substance misuse enhanced service for the 28 patients remaining on the list.

Staff that are experienced with this population may be eligible to TUPE over to a new provider and offer continuity of care and knowledge/expertise. This continuity of care will not be available for patients on the dispersed list; however, there may be clinical staff within the new practice that have an interest of specialism in this area.

During the mobilisation of the new service a new provider will be expected to clearly communicate any service changes to this population group and build relationships with organisations that support this group.

Platform One Practice also provide primary medical services to approximately 70 male patients who reside at ***Willoughby House*** in Upper Broughton on the Nottinghamshire / Leicestershire border. This arrangement was made between Platform One Practice and Teen Challenge UK, who is a registered charity helping young people with drug and alcohol additions. It is a not an arrangement which is commissioned separately by the CCG.

Willoughby House is outside of the new Platform One Practice boundary and therefore all of these patients will be allocated to their closest practice which is the Village Health Group (Keyworth Surgery). There will be an impact on continuity of carer as their core primary care services will be provided by this different GP practice however these patients will continue to receive the specialist support and treatment from Willoughby House for the time period that they are resident at the rehabilitation centre. Willoughby House does not receive support from Change Grow Live (referred to above), they manage this in house. Willoughby House have confirmed the following:

- They have a private GP who deals with all of their medical detoxification programmes, therefore they do not require detox medical intervention from a GP practice
- They look to only register their residents for general medical health purposes
- They have a very good relationship with Mr Singh from Keyworth Pharmacy who has worked with them for over 7 years. The CCG plans around dispersal should not affect this
- Current arrangements with Platform One Practice = patients are triaged and primarily receive telephone / skype consultations as necessary. Should they need a face to face appointment this is then arranged
- There are some medications that Teen Challenge do not accept, they do not accept patients on antipsychotic medications as they are not equipped to deal with the acute mental health needs. They also do not allow any Benzodiazepine, Opiod or SRRI based medications, and do not accept sleeping tablets or Pregablin. They are happy to work with GP's to discuss the needs of the resident and look for alternatives as appropriate and GP led.

Prior to COVID, NEMS also confirmed that patients either arrive by mini bus as a group or attend individually with their support workers to receive primary care services and advised that the average contact for these patients is 5 times per year for physical health check only (as their addiction support is provided at the rehabilitation centre).

- **New and emerging communities, including refugees and asylum seekers**

The CQC report noted that the practice had a high number of families from overseas and their patient population had 100 different ethnic groups recorded with 5% of the patient list recorded as non-English speaking. This is to be expected and is not dissimilar to other neighbouring practices in the inner City locations. We are not aware of the practice providing any specific services to this patient population over and above core primary care services.

Phase A impact (partial list dispersal and allocation)

It is likely that many of these patients reside within the inner city and so will remain on the list of the new practice. If there are patients who are to be dispersed there may be some impact depending upon which practice they are allocated to. If the patient is allocated to another GP practice in the City then this practice may have experience of managing patients from this protected group and also signed up to the Asylum Seekers enhanced service. The enhanced asylum seekers service is also available to the County practices. Practice staff may also have received cultural awareness training.

Phase B impact (re-procurement)

The re-procurement of the new APMS contract should not change the level of service provided to this patient group. The practice is expected to continue to be signed-up to the Asylum Seekers enhanced service and access to translation service will continue as these are commissioned separately.

The change in location of the service could have an impact as some patients may have to travel further and this could cause some confusion if not communicated and managed appropriately. Some patients may have to travel a shorter distance therefore having a positive impact. Staff with experience and understanding of these patients will be eligible to TUPE over to a new provider.

- **People experiencing economic or social deprivation, including those who are long-term unemployed, have limited family or social networks**

Due to its inner city location the practice does serve populations from this group. Under the new APMS contract these patients may be expected to travel further for services or travel a shorter distance (depending upon where they live and how they access the services). The new premises are required to be within 0.5miles from Market Square and is central to the City with easy access to public transport. Due to its central location patients from this group may not incur additional financial costs if they access services via public transport e.g. bus or tram, as the cost of 'all day tickets' for example are fixed are likely to cover the city centre radius. The APMS contract does not stipulate how services are to be provided (providers are required to meet the health needs of their population) therefore at this stage we do not anticipate an impact on this patient population.

It is unlikely that patients from this group will be on the dispersed list, if they are there may be positive impacts as they have to travel a lesser distance from their home to access primary care services at their new allocated practice. However it is acknowledged that public transport routes may not be as direct as they are to the City Centre.

- **Gypsies, Roma and Travellers**

It is not anticipated that there will be any changes to the services received by this group at this stage of the procurement process. Patients may have to travel further however this is mitigated by restricting the location of the new premises to be within 0.5 miles of the Market Square. Similarly, it is unlikely that these patients will be on the dispersed list. If they are there may be positive impacts as they have to travel a lesser distance from their home to access primary care services at their new allocated practice.

Probation Hostels

NEMS register patients from 2 probation hostels in the City and we have confirmed that they are within the new practice boundary and will therefore remain on the Platform One Practice list (they will not be dispersed / allocated to another GP practice).

- Trent House Probation Hostel, 392 Woodborough Road, NG3 4JF – the patient list indicates that 23 patients were resident here at the end of September
- Nottingham Probation Service, 106-108 Raleigh Street, NG7 4DJ – the patient list indicates that 44 patients were resident here at the end of September.

NEMS advised that when patients leave the hostels they tend to remain registered with Platform One Practice unless they move completely out of area. These patients should then be treated in the same way as other registered patients and supported to access primary care services within the appropriate practice boundaries of long term addresses.

Section 4: Assessment of Likely Impact of Controversy

a) Is the proposal likely to result in controversy due to:

- **The nature of the service**
- **The patients or carers affected**

Highly Likely	☐	Likely	☒	Unlikely	☐	N/A	☐

Comments/rationale:

Phase A impact (partial list dispersal and allocation)

Phase A could be considered controversial as we are allocating patients to another practice and the legal advice received highlighted two risks here (see below) in relation to challenge from patients who may not be amenable to the proposed plans.

1) Patients who are identified as being on the list for dispersal but wish to remain on the list for the new APMS contract. This is considered to be a higher risk and the CCG needs to demonstrate the objective basis on which the decision to allocate patients to the dispersal list has been made.
2) Risk of challenge from dispersed patients who are unhappy with the new practice that they have been allocated to. This is considered a lower risk if the CCG follows an engagement process to make patients aware of this forthcoming change and if there remains a number of other practices from which patients can choose to re-register with then.

There may also be controversy from Nottingham and Nottinghamshire practices who are being allocated patients as there is a perception that Platform One Practice has a complex difficult patient population. There could also be some controversy from Willoughby House (male residential rehabilitation unit) around being allocated to another GP practice. Similarly there is likely to be some local councillor interest. We are working with the CCG Communications and Engagement Team to prepare communications and engagement plans to support this project.

Phase B impact (re-procurement)

The services are expected to remain the same however the location and provider organisation that will be running those services will change. The level of controversy for this element of the project is expected to be low so long as we are able to clearly communicate why this is happening i.e. the practice has to be reprocurred via the local expression of interest process as we are at the end of a time limited contract and NEMS own the current building and have indicated that they would not be willing to rent this out to another provider.

Although the decision to reprocure and/or disperse has being made following three failed procurement attempts, and the decision by NEMS not to bid to continue to provide core GMS services at Platform One Practice, there may be impact or controversy surrounding this procurement and change of location and provider .

To mitigate this the CCG and PC teams should ensure that the rationale plans and decisions made are shared

b) Has there been previous controversy around the service resulting in:

- **Complaints / enquiries - Contact the CCG's Patient Experience Team: ncccg.patientexperience@nhs.net**
- **Media coverage - Contact the CCG's Communications Team: ncccg.team.communications@nhs.net**

Large Amount	☐	Minimal	☒	None	☐	N/A	☐

Comments/rationale:

GP practices in Nottingham have in the past attracted media attention for a variety of reasons; there have been a small number of practice closures in the past few months which may mean that there could be greater media attention on local primary care, especially given the current COVID situation.

Following a patient engagement exercise earlier in the year around the procurement one patient did contact NHS England about why the practice has to be re-procured. We have recently allocated patients following another City practice closure. This process did attract some patient feedback and confusion, however, that was mainly around confusion caused by NHS England sending out the wrong letters to the wrong patient groups. Further controls are in place to prevent this from happening in future.

A comprehensive transition plan including a clear communication strategy will help mitigate against these risks.

c) Are you aware of any controversy (complaints or media coverage) when this proposal was introduced elsewhere?

Large Amount	☐	**Minimal**	☐	**None**	☒	**N/A**	☐

Comments/rationale:

As noted above, re-procuring an APMS practice is standard practice across primary care commissioning. The CCG has recently completed a round of 4 APMS procurements and has just started another round. Media attention was received for bundle 2 whereby the local Nottingham Post just reported the facts that these contracts are being procured.

As noted above, there was patient contact following a recent patient dispersal and allocation and this is planned to be mitigated through an appropriate transition plan.

d) What engagement activity has been undertaken or planned to gain the views of patients and carers?

Comments/rationale:

The communication and engagement plan is as follows:

GP practice engagement (for 96 practices receiving patients)

- Meeting held with LMC to share dispersal methodology and engagement approach (10th September)
- Meeting with Locality Directors and CCG Clinical leads on Thursday 17th September
- Meeting with Clinical Directors on an ICP foot print (24th Sept City, 29th Sept Mid-Notts, 2nd October Nottinghamshire South)
- 7th October presentation to all GP practices about the project (presentation was also recorded and available on Team Net)
- GP FAQ's produced based on questions raised at all engagement events – being finalised and will be circulated w/c 12th October
- NEMS – CCG have kept NEMS informed throughout and the CCG comms and engagement team are linking with NEMS re: staff communication.
- Meetings at PCN level with all affected GP practices to answer questions and "agree" their patient allocation numbers

Patient Engagement & Stakeholder

- Letter posted 7th October to all 3,000 patients who are on the dispersal list. Letter advises patients of upcoming change (that boundary is being reduced, they will be written to in the new year allocating them to another practice) letter points to FAQs on CCG website and Patient Experience Team and advises patients that they **do not need to take any action now** and also highlights that patient still have a choice (can register at any practice where they are within the boundary).
- Associate Director of Primary Care and Head of Primary Care are responding to enquires from stakeholders including the Health Scrutiny Committee around this procurement process.
- Meeting with the Health Scrutiny Committee scheduled for 19th November.
- In January 2021 the allocation list will be reviewed and updated with the latest list size, the 3000 dispersed patients will be written to advising them of their new GP practice. Vulnerable patients will be highlighted to ensure a safe transfer between providers. Letters will also be sent to the 7,800 patients who are remaining on the list to advise them of arrangements from 1st April i.e. the outcome of the expression of interest process and their GP practice and location

PCCC

- Decision to disperse was made in July 2020 by the PCCC
- Update papers taken to September and October meeting
- Final decision on the outcome of the expression of interest for a provider from 1st April is expected to be made at the December PCCC meeting

Section 5: Assessment of the Likely Impact on Privacy

Please review the questions below, answering yes or no, to assess the requirement for a Data Protection Impact Assessment (DPIA). **DPIA completed and sent to IG Team 25/9/2020**

If you have responded 'Yes' to any of the above questions please contact the Information Governance Team regarding completion of a DPIA (ncccg.ig.greater-nottingham@nhs.net).

Section 6: Impact Assessment Summary and Recommendation

Summary of any impacts / risks identified:

This is a complicated project which has identified that there are likely to be impacts on a number of protected groups for both phases of the project. The communication and engagement with these groups and local stakeholders will be key to managing the impacts.

Action/s to be taken to minimise adverse impacts / risks:

Robust patient and stakeholder communication plan – currently being developed.

Recommendation from project lead:
Proceed with project but with constant consideration and review of risks.

Submit completed EQIA to: nnccg.eqia@nhs.net

Section 7: EQIA Meeting Outcome

Date of EQIA Meeting:	*15/09/20*
Summary of EQIA Meeting Considerations and Outcome:	*Considered and recommended to undergo appropriate Quality Team Review.*
Data Protection Impact Assessment Required:	Yes
Engagement Plan Required:	Yes
Quality & Equality Link Identified:	Head of Quality Primary Care Quality Health Inequalities Lead
Date of Feedback to Project Lead:	15/09/20

Section 8: Quality & Equality Link Review

Date of Review:	15/09/20
Review Undertaken By:	Head of Quality Primary Care Health Inequalities Lead
Review Summary:	To consider below comments and amend EQIA where appropriate prior to submission to EQIA Panel (30/09/20) <u>Page 5</u> • Age: Further explore impact on working age (access pre and post working hours) • Age & Disability: Acknowledge public transports routes for dispersed patients may be less convenient despite being closer • Disability: Identify mitigations for accessing alterative mental health services <u>Page 6</u> • Gender reassignment: Confirm that all staff will undergo training in relation to confidentiality, privacy and dignity" in respect of continuity of carer (phase A and B) • Pregnancy / Maternity: Acknowledge there may be some negative impacts re continuity of carer and that patient records will transfer and be available to new practice • Race: Requested demographic information to support identification of disadvantaged groups • Race: To identify what interpreting provision is available in the County to mitigate against impact identified <u>Page7</u>

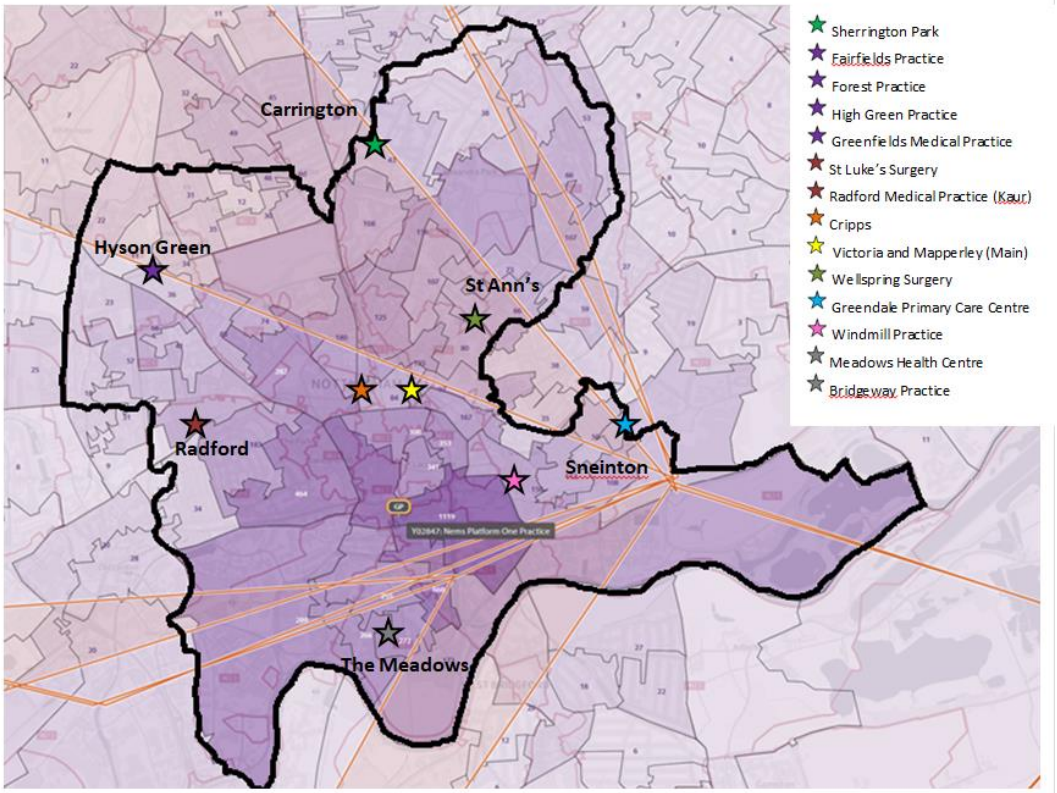
Further review with project manager: 12.10.2020	• Religion: Confirm that all staff will undergo cultural awareness training • Sexual Orientation: Acknowledge that phase B may result in some negative impact and confirm that all staff will undergo training in relation to confidentiality, privacy and dignity" in respect of continuity of carer (phase A and B) <u>Page 8</u> • Carers: Consider that this may have a positive impact on carers also • Homelessness: acknowledge this may have a negative impact re continuity of carer <u>Page 9</u> • Substance misuse: further assurance required re review of patients currently accessing specialist support and contingency / care plan for patients that are identified to be dispersed. To further consider whether any patients from this group should be dispersed if there is no contingency in place • Substance misuse: further assurance required re Willoughby House patients and request for further information re outcome of review referenced (have Teen Challenge been engaged) • Substance misuse: adverse impact on continuity of carer to be considered • New and emerging communities: To confirm if an enhanced asylum seeker service exist in the County and to address mitigations if not Head of Quality Primary Care Quality Health Inequalities Lead The above comments have been addressed within the EQIA. Some additional concerns were discussed in relation to the patients with mental health needs and those who are homeless / have substance misuse issues. These have also been subsequently addressed within the EQIA and the project team have agreed to undertake work to identify these cohorts of patients and review whether they fall within the cohort that will stay at the practice or not. Where it is identified that they do not, the individual patient case will be assessed as to the suitability to be allocated to a different practice or not. Although some other negative impacts have been referenced throughout the EQIA, the majority have been mitigated, including access to alterative mental health services, interpreting provision and assurance required re Willoughby House patients. It is noted that there have been 3 recent failed procurements have already taken place and that failure to procure on this occasion could result in a lack of safe and effective primary care services for several thousand patients. The model proposed supports the longer term resilience of primary care and the allocation of patients ensures access to primary care services during the middle of a pandemic.

Section 9: EQIA Panel Outcome

Date of EQIA Panel:	**18 November 2020 Virtual Review**
Summary of EQIA Panel Considerations and Outcome:	The comments in Section 8. largely acknowledge the potential impacts of the options described. Continuity of Care is a key theme across all identified groups with particularly focus on pregnancy / homeless / and mental health.

	It is recommended that further engagement is conducted with maternity and mental health services to ensure safe and effective transition to new caseloads. Concerns are flagged about the potential action to transfer circa 100 to another Local Mental Health Team, can plans be built in to ensure this cohort maintain their teams / leads. It is also recommended to ensure there is a robust handover where gender reassignment cases are identified Access is another key theme and the location to the Homeless Hub and placements around the current location. If plan b was to be mobilised it is recommended that rather than 'clearly communicating' that this is strengthened as part of the procurement process. The nature of patient engagement is a fairly standard approach via a letter however it is recommended that further work is undertaken as part of the planning to continue to engage with the patient group through alternative routes and methods in order. The current patient population suggests 100 different ethnic groups recorded with 5% of the patient list recorded as non-English speaking – what additional plans are in place to engage and update. It is recommended that a comprehensive transition plan be used to manage the impacts identified, incorporating all of the considerations identified above. It is acknowledged that the impact for a small number of people may be significant especially in cases where people may transect a number of the groups affected. This should be considered in the planning and handover of complex cases and for people who are in the 'dispersal group' with exceptional circumstances to be considered on a case by case basis by the new practice,
Date of Feedback to Project Lead:	**18 November 2020 Danni Burnett**

Appendix 1 – new practice boundary for Platform One practice



Appendix B – list of major or severe diagnostic codes used to identify the 294 patients on the dispersal list

Column A – Minor/ Low MH Diagnosed Patients	**Column B – Major/ Severe MH Diagnosed Patients** **294 patients on the dispersal list**
Other mixed anxiety disorders	Psychotic disorder due to use of cocaine/ drug induced psychosis
Anxiety State NOS	Severe depression
Mixed Anxiety and depressive disorders	Psychotic disorder
Moderate depression	Manic-depression psychosis, depressed, no psychotic symptoms
Feeling Anxious	Other schizophrenia
Depression	Paranoid schizophrenia
Depressive Disorder	Schizophrenia/ schizophrenia disorder
Anxiety Disorder/ anxiety disorder unspecified	Unspecified schizophrenia
Depression NOS	Non-organic psychosis NOS
Emotionally unstable personality disorder	Single major depressive episode, severe with psychosis
Personality disorder	Personality disorder (& neurotic)
Endogenous depression – recurrent	Brief reactive psychosis
Generalised anxiety disorder	Bipolar affect disorder, now depressed, severe with psychosis
Post-traumatic stress disorder	Unspecified nonorganic psychosis
Other post-traumatic stress disorder	Schizotypal personality disorder
Mild depression	Acute transient psychotic disorder
Agoraphobia	Schizoaffective disorder
Recurrent depressive disorder	Major depressive disorder
Chronic depression	Narcissistic personality disorder
	Severe major depression with psychotic features
Panic Attack	Emotionally unstable personality disorder
Borderline personality disorder	
Maternal concern	Psychotic episode NOS
Obsessive compulsive disorder	Catatonic schizophrenia in remission
Parental anxiety	Non-organic psychosis NOS
Reactive Depression	Non- organic psychosis in remission
Single major depressive episode	Schizoaffective disorder
Dysthymia	
Anankastic personality disorder	
Bulimia nervosa	
Eating disorder	