Equality Impact Assessment [version 2.9]

Title: Direct Award of Bristol Primary Care Sexual Health Services Contracts	
☐ Policy ☐ Strategy ☐ Function ☒ Service ☐ Other [please state]	☐ New ☒ Already exists / review ☐ Changing
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Service Area: Communities and Public Health	Lead Officer role: Consultant in Public Health Medicine

Step 1: What do we want to do?

The purpose of an Equality Impact Assessment is to assist decision makers in understanding the impact of proposals as part of their duties under the Equality Act 2010. Detailed guidance to support completion can be found here Equality Impact Assessments (EqIA) (sharepoint.com).

This assessment should be started at the beginning of the process by someone with a good knowledge of the proposal and service area, and sufficient influence over the proposal. It is good practice to take a team approach to completing the equality impact assessment. Please contact the Equality and Inclusion Team early for advice and feedback.

1.1 What are the aims and objectives/purpose of this proposal?

Briefly explain the purpose of the proposal and why it is needed. Describe who it is aimed at and the intended aims / outcomes. Where known also summarise the key actions you plan to undertake. Please use plain English, avoiding jargon and acronyms. Equality Impact Assessments are viewed by a wide range of people including decision-makers and the wider public.

The purpose of this proposal is to a) seek approval from Bristol City Council's Cabinet at the meeting on 3rd October 2023 to make a direct award of the contracts for Bristol's primary care sexual health services to all general practices and community pharmacies that can fulfil the requirements of the service specification from 1st April 2025 until 31st March 2028 in the first instance with two optional extension periods of 2 years each, which if both were implemented would take the contract through to 31st March 2032; and to b) delegate authority to formalise the service specification ensuring that it meets all national requirements expected of the local authority in commissioning high quality long-acting reversible contraception (coils and implants) and emergency hormonal contraception, and local requirements that are still being developed.

Local authorities have the responsibility to commission open access sexual health services, including long-acting reversible contraception (LARC), also known as coils and implants, and emergency hormonal contraception (EHC). General practices are currently commissioned by Bristol City Council to provide coils and implants, chlamydia screening and the condom card, and community pharmacies are commissioned to provide EHC, chlamydia screening and the condom card. The current primary care sexual health contracts expire on 31st March 2025.

In addition to primary care sexual health services, Bristol City Council is also in the process of jointly recommissioning integrated sexual health services, expected to be from April 2025, with North Somerset, South Gloucestershire and Bath and North East Somerset Council (BaNES) and the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB). These services include sexual health promotion and prevention, contraception, STI testing, treatment and partner notification, chlamydia screening, sexual health elements of psychosexual counselling, HIV prevention, pregnancy testing, termination of pregnancy, training provision and research participation. These services, branded as Unity Sexual Health, are currently commissioned collaboratively by Bristol City Council and the partners mentioned above from University Hospitals Bristol and Weston NHS Foundation Trust (UHBW), who are the lead provider for Unity Sexual Health.

Due to the local nature of primary care sexual health services, these primary care contracts will not be commissioned as part of the wider integrated sexual health service; they will be commissioned directly by the local authority with a commitment to align the services across Bristol, North Somerset and South Gloucestershire where this is possible and beneficial. An options appraisal exploring the options for recommissioning primary care services was undertaken by the three local authorities and indicated that primary care provides good value and outcomes. Direct award is the only means of securing primary care (GP/pharmacy) universal coverage of sexual health service provision.

1.2 Who will the proposal have the potential to affect?

☐ Bristol City Council workforce	☒ Service users	☒ The wider community
☒ Commissioned services	☒ City partners / Stakeholder organisations	
Additional comments:		

1.3 Will the proposal have an equality impact?

Could the proposal affect access levels of representation or participation in a service, or does it have the potential to change e.g. quality of life: health, education, or standard of living etc.?

If 'No' explain why you are sure there will be no equality impact, then skip steps 2-4 and request review by Equality and Inclusion Team.

If 'Yes' complete the rest of this assessment, or if you plan to complete the assessment at a later stage please state this clearly here and request review by the Equality and Inclusion Team.

☒ **Yes**	☐ **No**	[please select]

Step 2: What information do we have?

2.1 What data or evidence is there which tells us who is, or could be affected?

Please use this section to demonstrate an understanding of who could be affected by the proposal. Include general population data where appropriate, and information about people who will be affected with particular reference to protected and other relevant characteristics: https://www.bristol.gov.uk/people-communities/measuring-equalities-success .

Use one row for each evidence source and say which characteristic(s) it relates to. You can include a mix of qualitative and quantitative data e.g. from national or local research, available data or previous consultations and engagement activities.

Outline whether there is any over or under representation of equality groups within relevant services - don't forget to benchmark to the local population where appropriate. Links to available data and reports are here Data, statistics and intelligence (sharepoint.com). See also: Bristol Open Data (Quality of Life, Census etc.); Joint Strategic Needs Assessment (JSNA); Ward Statistical Profiles.

For workforce / management of change proposals you will need to look at the diversity of the affected teams using available evidence such as HR Analytics: Power BI Reports (sharepoint.com) which shows the diversity profile of council teams and service areas. Identify any over or under-representation compared with Bristol economically active citizens for different characteristics. Additional sources of useful workforce evidence include the Employee Staff Survey Report and Stress Risk Assessment Form

Data / Evidence Source [Include a reference where known]	**Summary of what this tells us**
A Framework for Sexual Health Improvement in England - GOV.UK (www.gov.uk)	The Framework identifies those that have experienced sexual and/ or domestic violence and abuse; those at risk of or who have had female genital mutilation (FGM); people involved in sex work; Disabled people with Learning Difficulties; lesbian, gay, bisexual and transgender (LGBT) people; homeless people; young people; Black women and people with Black African ethnicity groups at higher risk of sexual ill health. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.
National Integrated sexual health service specification (2023)	The new specification states that sexual health is not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), trans community, young people, and people from ethnic minority backgrounds. Similarly, HIV infection in the UK disproportionately affects gay, bisexual and other MSM, and black African populations. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services. Despite the increased provision of remote and online services improving access for some, it should be recognised that some will be excluded or may be disadvantaged by these approaches.
Bristol, North Somerset and South Gloucestershire Sexual Health Needs Assessment (2023) – not publicly available	More than 15% of Bristol's population is aged 15-24, higher than the England average, and 30% of all new STI diagnoses in Bristol in 2022 were chlamydia cases in young people aged 15-24. The city is ethnically diverse and has areas of high deprivation, with new STI diagnoses among Black communities in Bristol lower than expected when compared to national data suggesting access for this group may be a particular issue. Access to coils and implants in general practices is increasing following COVID-19, however this is not the case for all practices in Bristol where limited access to LARC continues, with local data suggesting that practices at 60% or less of pre-COVID-19 activity are in more deprived areas. Although access is challenging in certain parts of Bristol, data show that general practices in Bristol fit 6 times the number of coils and implants than the specialist sexual health services. Condom uptake has fallen considerably across the whole of Bristol.
Bristol Census 2021 Data Dashboard (BCC)	There is a significant lesbian, gay, bisexual and trans (LGBT) community in Bristol, with new Census 2021 data revealing that more than 6% of the population selected a LGBT+ sexual orientation (compared to just over 3% in England and Wales). Furthermore, 0.83% selected that they identify with a gender that is different to that assigned at birth (compared to 0.54% in England and Wales). Since we are aware that these groups are likely to have a higher risk of poor sexual health, these factors mean sexual health is a high priority for Bristol.
Towards Zero: the HIV Action Plan for England - 2022 to 2025 - GOV.UK (www.gov.uk)	The report identifies a need to maintain the progress made with HIV for gay and bisexual men and young adults but build on this by significantly improving diagnoses among heterosexual people and people with Black African ethnicity. People with Black African ethnicity remain the ethnic group with the highest rate of HIV,

	making them a priority for HIV prevention and testing. Primary care is one route for such HIV testing.
Summary Profile of Local Sexual Health Bristol (2023)	This report identifies how sexual health in an area compares with other local authorities, and for some indicators (such has HIV prevalence) breaks data down in relation to demographic factors such as age or geography. Bristol ranked 38th highest out of 150 upper tier local authorities (UTLAs) and unitary authorities (UAs) for new STI diagnoses excluding chlamydia in those aged under 25 in 2021, with a rate of 437 per 100,000 residents, worse than the rate of 394 per 100,000 for England.
Women's Health Strategy for England - GOV.UK (www.gov.uk) 2022	Women spend a significantly greater proportion of their lives experiencing ill health and chronic health conditions when compared with men. Women with an existing health condition are less likely to feel comfortable talking to healthcare professionals about some topics – e.g. contraception. Some groups of women face additional barriers regarding access to and experience of services, and lesbian and bisexual women can face stigmatisation when accessing healthcare – for example discrimination in sexual health clinics. This strategy proposes actions to address these disparities.

Additional comments:

The current contract with UHBW identifies the following vulnerable groups who are at greater risk or poor sexual and reproductive health outcomes:

- Homeless
- Looked after children
- Care leavers
- Disabled people with Learning Difficulties
- Commercial sex workers
- Substance misusers
- Asylum seekers
- Lesbian, gay, bisexual and transgender people
- Men who have sex with men
- Some ethnic groups, including black Africans and Gypsy and Travellers
- People living in deprived areas
- Trafficked people
- Offenders
- Those experiencing or at high risk of sexual exploitation, coercion or violence
- People living with HIV

2.2 Do you currently monitor relevant activity by the following protected characteristics?

☒ Age	☐ Disability	☐ Gender Reassignment
☐ Marriage and Civil Partnership	☐ Pregnancy/Maternity	☒ Race
☐ Religion or Belief	☒ Sex	☒ Sexual Orientation

2.3 Are there any gaps in the evidence base?

Where there are gaps in the evidence, or you don't have enough information about some equality groups, include an equality action to find out in section 4.2 below. This doesn't mean that you can't complete the assessment without the information, but you need to follow up the action and if necessary, review the assessment later. If you are unable to fill in the gaps, then state this clearly with a justification.

For workforce related proposals all relevant characteristics may not be included in HR diversity reporting (e.g., pregnancy/maternity). For smaller teams diversity data may be redacted. A high proportion of not known/not disclosed may require an action to address under-reporting.

Comprehensive engagement and consultation with the populations of Bristol, North Somerset and South Gloucestershire have been built into the timelines for the sexual health recommissioning, including a particular focus on at-risk groups (more information provided in 2.4). The recommissioning team are engaging with marginalised groups to ensure that we have taken in to account representative views of groups that may use sexual health services. There is a risk that we do not have good quality local data on some groups, including some communities that experience inequalities, making it even more important to build links with these communities and gather their views on how they want to access services and what other barriers and facilitators there are to access.

We aim to address gaps in local data availability through the reprocurement of new services and ensuring that a clear requirement to provide this data in included in the new service specification.

In terms of council wide data, there are gaps in overall diversity data at a local and national level for some characteristics e.g. gender reassignment – especially where this has not historically been included in statutory reporting e.g. for sexual orientation. As a council we rarely monitor marriage and civil partnership. There is a corporate approach to diversity monitoring for service users and our workforce, however the quality of available evidence across various council service areas is variable. No robust data on gender identity exists. Gaps in data will exist as it becomes out of date or is limited through self-reporting.
We have very little (almost no data) available from our service providers to enable monitoring by disability - this will be addressed in the new contract.

2.4 How have you involved communities and groups that could be affected?

You will nearly always need to involve and consult with internal and external stakeholders during your assessment. The extent of the engagement will depend on the nature of the proposal or change. This should usually include individuals and groups representing different relevant protected characteristics. Please include details of any completed engagement and consultation and how representative this had been of Bristol's diverse communities. See https://www.bristol.gov.uk/people-communities/equalities-groups.

Include the main findings of any engagement and consultation in Section 2.1 above.

If you are managing a workforce change process or restructure please refer to Managing change or restructure (sharepoint.com) for advice on consulting with employees etc. Relevant stakeholders for engagement about workforce changes may include e.g. staff-led groups and trades unions as well as affected staff.

Special consideration is being given to effective engagement and consultation, including with vulnerable groups. As part of the sexual health needs assessment, a public survey was issued by the council's Consultation and Engagement Team across Bristol, North Somerset and South Gloucestershire, which received just under 650 responses. This was supplemented by 27 semi-structured interviews with stakeholders, including health professionals and voluntary and community sector organisations working with those at risk of poor sexual and reproductive health outcomes (including some of those listed below). Presently, commissioning leads from each BNSSG council are collaborating to undertake rapid engagement with the following at-risk groups to find out how these groups wish to access sexual health services across Bristol, North Somerset and South Gloucestershire, and what are the barriers and facilitators to access for them. A survey has been developed and is being translated into easy read and the three most common languages spoken by asylum seekers and refugees in Bristol. The survey will also be supplemented by information gathered through face to face meetings and focus groups if this is recommended by those organisations working with the groups listed below. We will use this information to support our design of the new services:

- Homeless
- Looked after children
- Care leavers
- Young Disabled people with Learning Difficulties

- Sex workers
- Substance misusers
- Asylum seekers, migrants and refugees
- Lesbian, gay, bisexual and transgender people
- Black African and Caribbean communities

The Consultation and Engagement Team led on this and would have asked for translation requests.

2.5 How will engagement with stakeholders continue?

Explain how you will continue to engage with stakeholders throughout the course of planning and delivery. Please describe where more engagement and consultation is required and set out how you intend to undertake it. Include any targeted work to seek the views of under-represented groups. If you do not intend to undertake it, please set out your justification. You can ask the Equality and Inclusion Team for help in targeting particular groups.

There will be a formal public consultation towards the end of 2023 as part of the recommissioning process, which will be supported by Bristol City Council's Consultation and Engagement Team, alongside colleagues from North Somerset and South Gloucestershire Councils and BNSSG ICB. This will involve sharing proposed plans for the new (post-April 2025) BNSSG integrated sexual health service and Bristol primary care sexual health services. It will invite current sexual health service users, current service staff, professionals/stakeholders, the general public, and targeted vulnerable groups, to share their views on the proposals via a survey that will be available in easy read and other languages, as well as face to face meetings and focus groups with the communities most at risk of poor sexual and reproductive health. Once the consultation has closed the feedback received will be thoroughly reviewed and taken in to account when finalising the service model design ahead of going out to tender.

Step 3: Who might the proposal impact?

Analysis of impacts must be rigorous. Please demonstrate your analysis of any impacts of the proposal in this section, referring to evidence you have gathered above, and the characteristics protected by the Equality Act 2010. Also include details of existing issues for particular groups that you are aware of and are seeking to address or mitigate through this proposal. See detailed guidance documents for advice on identifying potential impacts etc. Equality Impact Assessments (EqIA) (sharepoint.com)

3.1 Does the proposal have any potentially adverse impacts on people based on their protected or other relevant characteristics?

Consider sub-categories (different kinds of disability, ethnic background etc.) and how people with combined characteristics (e.g. young women) might have particular needs or experience particular kinds of disadvantage.

Where mitigations indicate a follow-on action, include this in the 'Action Plan' Section 4.2 below.

GENERAL COMMENTS (highlight any potential issues that might impact all or many groups)

We have not identified any significant negative impact that would arise through the continuation of making a direct award of primary care sexual health services to general practices and community pharmacies based on the information and data we have available locally. However, as mentioned above, we don't have data for all protected and at-risk characteristics groups. Our understanding through national data suggests that there may be some impacts for a number of these characteristics, which are described below.

The continued provision of these services by general practices and community pharmacies also offers many benefits due to their extensive community reach across Bristol. Both general practices and community pharmacies are trusted providers of LARC and EHC. Also, general practices and community pharmacies have specially trained staff, well-established quality and safety processes, clinical governance policies and knowledge of their local populations that make them ideally placed to continue providing these sexual health services across Bristol.

If a competitive tender for these services is required (for example, if Cabinet do not agree to the direct award request), it is highly unlikely that service providers with the same community reach (e.g. 39 general practices in Bristol alone) would be found due to the costs involved in running services from so many locations. This would increase inequalities in access to services, and would therefore require the new provider(s) to work closely with

the commissioner during service mobilisation to ensure that the service venues are appropriately placed to reach those that are risk of poor sexual and reproductive health outcomes. The demographics of those taking up the services would require close monitoring, and the provider would need to be flexible and adaptable to changing need in the population.	
PROTECTED CHARACTERISTICS	
Age: Young People	Does your analysis indicate a disproportionate impact? Yes ☒ No ☐
Potential impacts:	Some of the services to be recommissioned within primary care include free EHC, chlamydia screening and condoms, all specifically for people under 25. There is greater need for sexual health services for looked after children and care leavers. By continuing to provide primary care sexual health services in general practices and community pharmacies, we continue with the status quo in that some young people cannot or feel unable to access these sexual health services.
Mitigations:	We are mitigating this risk by engaging with young people, including a specific focus on looked after children and care leavers, as part of the sexual health needs assessment engagement that has already taken place, the rapid community engagement currently taking place, and again later in the year as part of the formal public consultation. This will ensure that we are listening to what this group want and need from services and provide reassurance that we have used this information to inform the design and commissioning of future services positively and thoroughly. Furthermore, as the development of Women's Health Hubs progresses across BNSSG as a priority of the Women's Health Strategy, there may be opportunities to explore more age-sensitive ways of delivering these LARC, EHC, chlamydia screening and condom card services to the women of this population. Furthermore, by having these services provided by general practices and community pharmacies that are embedded in the local communities, the staff will have a very good understanding of the demographics and needs of the local populations.
Age: Older People	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	
Mitigations:	
Disability	Does your analysis indicate a disproportionate impact? Yes ☒ No ☐
Potential impacts:	There is greater need for sexual health services among Disabled people with Learning Difficulties. By continuing to provide primary care sexual health services in general practices and community pharmacies, we continue with the status quo in that some Disabled people with Learning Difficulties cannot or feel unable to access these sexual health services.
Mitigations:	We are mitigating this risk by engaging with Disabled people with Learning Difficulties as part of the sexual health needs assessment engagement that has already taken place, the rapid community engagement currently taking place, and again later in the year as part of the formal public consultation. This will ensure that we are listening to what this group want and need from services and provide reassurance that we have used this information to inform the design and commissioning of future services positively and thoroughly. Furthermore, as the development of Women's Health Hubs progresses across BNSSG as a priority of the Women's Health Strategy, there may be opportunities to explore disability-sensitive ways of delivering these LARC, EHC, chlamydia screening and condom card services to the women of this population. Furthermore, by having these services provided by general practices and community pharmacies that are embedded in the local communities, the staff will have a very good understanding of the demographics and needs of the local populations.
Sex	Does your analysis indicate a disproportionate impact? Yes ☒ No ☐
Potential impacts:	Recent changes to the national chlamydia screening programme mean that this service is now only for young women, impacting males who may be at increased risk of chlamydia if having unprotected sex. c
Mitigations:	This risk is mitigated by the fact that asymptomatic men (and women) of any age can access free STI testing (which includes a test for chlamydia) through the integrated

	sexual health service at Unity. A postal test kit can be requested via the Unity website: How to order a postal kit using your online account | Unity Sexual Health, or people can access the kits in person from one of four vending machines across BNSSG: Unity Vending Machines | Unity Sexual Health. Universal access to STI tests will be maintained under the new integrated sexual health service.
Sexual orientation	Does your analysis indicate a disproportionate impact? Yes ☒ No ☐
Potential impacts:	There is greater need for sexual health services among men who have sex with men. Recent changes to the national chlamydia screening programme mean that this service is now only for young women, impacting men who have sex with men who may be at increased risk of chlamydia if having unprotected sex. Furthermore, some LGBTQ+ communities may feel stigma from disclosing their sexual orientation to healthcare providers including GPs and pharmacies.
Mitigations:	The chlamydia risk is mitigated by the fact that asymptomatic men of any age and sexual orientation can access free STI testing (which includes a test for chlamydia) through the integrated sexual health service at Unity. A postal test kit can be requested via the Unity website: How to order a postal kit using your online account | Unity Sexual Health, or people can access the kits in person from one of four vending machines across BNSSG: Unity Vending Machines | Unity Sexual Health. Universal access to STI tests will be maintained under the new integrated sexual health service. We will also mitigate risks by engaging with men who have sex with men as part of the sexual health needs assessment engagement that has already taken place, the rapid community engagement currently taking place, and again later in the year as part of the formal public consultation. This will ensure that we are listening to what this group want and need from condom card services and provide reassurance that we have used this information to inform the design and commissioning of future services positively and thoroughly. We will also ensure that the service specification clearly outlines that all health professionals delivering the contract must have received appropriate equalities and diversity training, and that services should be delivered in an inclusive way.
Pregnancy / Maternity	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	
Mitigations:	
Gender reassignment	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	People having undergone gender reassignment may feel stigma when attending services from healthcare providers including GPs and pharmacies.
Mitigations:	Ensure that service specification clearly outlines that all health professionals delivering the contract must have received appropriate equalities and diversity training, and that services should be delivered in an inclusive way.
Race	Does your analysis indicate a disproportionate impact? Yes ☒ No ☐
Potential impacts:	Through the Common Ambition Bristol project, there has been feedback that some members of the African and Caribbean heritage communities have a mistrust of NHS sexual health services and do not feel welcome/represented by staff. By continuing to procure LARC, EHC, chlamydia screening and condom card services with general practices and community pharmacies may result in members of this population not attending for these services.
Mitigations:	We are mitigating this risk by carrying out high quality engagement with the African and Caribbean heritage communities in Bristol, as part of the sexual health needs assessment engagement that has already taken place, the rapid community engagement currently taking place, and again later in the year as part of the formal public consultation. This will ensure that we are listening to what this group want and need from services and provide reassurance that we have used this information to inform the design and commissioning of future services positively and thoroughly. Furthermore, as the development of Women's Health Hubs progresses across BNSSG as a priority of the Women's Health Strategy, there may be opportunities to explore culturally sensitive ways of delivering these LARC, EHC, chlamydia screening and

	condom card services to the women of this population. Furthermore, by having these services provided by general practices and community pharmacies that are embedded in the local communities, the staff will have a very good understanding of the demographics and needs of the local populations.
Religion or Belief	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	
Mitigations:	
Marriage & civil partnership	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	
Mitigations:	
OTHER RELEVANT CHARACTERISTICS	
Socio-Economic (deprivation)	Does your analysis indicate a disproportionate impact? Yes ☒ No ☐
Potential impacts:	There is greater need for sexual health services in areas of high socio-economic deprivation. By continuing to provide primary care sexual health services in general practices and community pharmacies, we continue with the status quo in that some people from more deprived neighbourhoods cannot or feel unable to access these sexual health services.
Mitigations:	We will mitigate this risk by carrying out high quality engagement and consultation with those living in the most deprived parts of Bristol. This will ensure that we are listening to what this group want and need from services and provide reassurance that we have used this information to inform the design and commissioning of future services positively and thoroughly. As the development of Women's Health Hubs progresses across BNSSG as a priority of the Women's Health Strategy, these will ensure that sexual health services are easily accessible in the most deprived areas. Furthermore, by having these services provided by general practices and community pharmacies that are embedded in the local communities, the staff will have a very good understanding of the demographics and needs of the local populations.
Carers	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	
Mitigations:	
Other groups [Please add additional rows below to detail the impact for other relevant groups as appropriate e.g. Asylums and Refugees; Looked after Children / Care Leavers; Homelessness]	
Asylum seekers and Refugees/Migrants	Does your analysis indicate a disproportionate impact? Yes ☒ No ☐
Potential impacts:	Some migrant groups have higher sexual health needs and there is a risk that by continuing to provide primary care sexual health services in general practices and community pharmacies, we continue with the status quo in that some asylum seekers, refugees and migrants cannot or feel unable to access these sexual health services, partly because they may not know that they can.
Mitigations:	We are mitigating this risk by carrying out high quality engagement and consultation with asylum seekers, refugees and migrants and those working closely with them to ensure that we are listening to what this group want and need from services and provide reassurance that we have used this information to inform the design and commissioning of future services positively and thoroughly. Furthermore, by having these services provided by general practices and community pharmacies that are embedded in the local communities and with links to organisations such as the Haven and the integrated sexual health provider (from April 2025), tailored support for this vulnerable group can be provided.
Homeless People	Does your analysis indicate a disproportionate impact? Yes ☒ No ☐
Potential impacts:	Homeless people are likely to have higher sexual health needs and there is a risk that by continuing to provide primary care sexual health services in general practices and

	community pharmacies, we continue with the status quo in that some homeless people cannot or feel unable to access these sexual health services.
Mitigations:	We are mitigating this risk by carrying out high quality engagement and consultation with homeless people and those working closely with them to ensure that we are listening to what this group want and need from services and provide reassurance that we have used this information to inform the design and commissioning of future services positively and thoroughly. Furthermore, by having these services provided by general practices and community pharmacies that are embedded in the local communities and with links to organisations such as the Homeless Health Service and the integrated sexual health provider (from April 2025), tailored support for this vulnerable group can be provided.
People with Substance Misuse Problems	Does your analysis indicate a disproportionate impact? Yes ☒ No ☐
Potential impacts:	People with substance misuse problems have greater needs around sexual health and there is a risk that by continuing to provide primary care sexual health services in general practices and community pharmacies, we continue with the status quo in that some people with substance misuse problems cannot or feel unable to access these sexual health services.
Mitigations:	We are mitigating this risk by carrying out high quality engagement and consultation with people with substance misuse problems and those working closely with them to ensure that we are listening to what this group want and need from services and provide reassurance that we have used this information to inform the design and commissioning of future services positively and thoroughly. Furthermore, by having these services provided by general practices and community pharmacies that are embedded in the local communities and with links to organisations such as Bristol Drugs Project, Developing Health and Independence, Addiction Recovery Agency and the integrated sexual health provider (from April 2025), tailored support for this vulnerable group can be provided.
Sex Workers	Does your analysis indicate a disproportionate impact? Yes ☒ No ☐
Potential impacts:	Sex workers have greater needs around sexual health and there is a risk that by continuing to provide primary care sexual health services in general practices and community pharmacies, we continue with the status quo in that some sex workers cannot or feel unable to access these sexual health services.
Mitigations:	We are mitigating this risk by carrying out high quality engagement and consultation with sex workers and those working closely with them to ensure that we are listening to what this group want and need from services and provide reassurance that we have used this information to inform the design and commissioning of future services positively and thoroughly. Furthermore, by having these services provided by general practices and community pharmacies that are embedded in the local communities and with links to organisations such as One25 and the integrated sexual health provider (from April 2025), tailored support for this vulnerable group can be provided.

3.2 Does the proposal create any benefits for people based on their protected or other relevant characteristics?

Outline any potential benefits of the proposal and how they can be maximised. Identify how the proposal will support our Public Sector Equality Duty to:

- ✓ Eliminate unlawful discrimination for a protected group
- ✓ Advance equality of opportunity between people who share a protected characteristic and those who don't
- ✓ Foster good relations between people who share a protected characteristic and those who don't

The continued provision of primary care sexual health services by general practices and community pharmacies is a benefit due to their extensive community reach across Bristol, ensuring that for the majority of people there is always a general practice or pharmacy close to where they live. For example, this particularly benefits pregnant women/those with children, older people and Disabled people, who may not be able to travel very easily. The co-location of general practices and community pharmacies on or near to university campuses is a great benefit for young people, who can access a wide range of sexual health services in addition to LARC, EHC, chlamydia screening and the condom card. The services that general practices and community pharmacies offer are universal to all and therefore should not be discriminatory to any individuals based on their protected characteristics. However there are relevant characteristics that some individuals may have that make it more difficult for them to access services.

Step 4: Impact

4.1 How has the equality impact assessment informed or changed the proposal?

What are the main conclusions of this assessment? Use this section to provide an overview of your findings. This summary can be included in decision pathway reports etc.

If you have identified any significant negative impacts which cannot be mitigated, provide a justification showing how the proposal is proportionate, necessary, and appropriate despite this.

Summary of significant negative impacts and how they can be mitigated or justified:
There is a risk that by continuing to provide primary care sexual health services in general practices and community pharmacies, we continue with the status quo in that individuals based on their protected or relevant characteristics cannot or feel unable to access these services. The risk is that the proposal doesn't make the experience of inequality in access to primary care sexual health services better or worse, it just stays the same. This is being mitigated by engaging with those groups at risk of poor sexual and reproductive health outcomes to ensure that we are listening to what this group want and need from services and provide reassurance that we have used this information to inform the design and commissioning of future services positively and thoroughly.
Summary of positive impacts / opportunities to promote the Public Sector Equality Duty:
The continued provision of these services by general practices and community pharmacies is a benefit due to their extensive community reach across Bristol. If a competitive tender for these services were required, it is highly unlikely that service providers with the same community reach (e.g. 39 general practices in Bristol alone) would be found due to the costs and feasibility involved in running services from so many locations. This would increase inequalities in access to services. Furthermore, both general practices and community pharmacies are trusted providers of LARC, EHC, and a wide range of other healthcare services, with a multitude of links to other government agencies and voluntary and community sector organisations to be able to support their local population with a range of needs. General practices and community pharmacies have specially trained staff, well-established quality and safety processes, clinical governance policies and knowledge of their local populations that make them ideally placed to continue providing these sexual health services across Bristol.

4.2 Action Plan

Use this section to set out any actions you have identified to improve data, mitigate issues, or maximise opportunities etc. If an action is to meet the needs of a particular protected group please specify this.

Improvement / action required	**Responsible Officer**	**Timescale**
Design of a new primary care sexual health service delivery model which takes into account the needs of vulnerable groups in order to increase access by these groups.	Joanna Copping	2023-24
Communication and consultation of proposed new service model with vulnerable groups (plus professionals and other stakeholders)	Joanna Copping	2023-24

Improvement / action required	Responsible Officer	Timescale
to provide reassurance that we have listened and understood their needs.		

4.3 How will the impact of your proposal and actions be measured?

How will you know if you have been successful? Once the activity has been implemented this equality impact assessment should be periodically reviewed to make sure your changes have been effective your approach is still appropriate.

The BNSSG Sexual Health Recommissioning Board are overseeing the engagement and consultation process to ensure appropriate vulnerable groups are identified and approached for their views. The engagement lead will work with BCC Engagement and Consultation team to monitor survey responses from those with protected characteristics.

The new service model will be developed with a range of stakeholders and utilising feedback and evidence from the sexual health needs assessment and the rapid community engagement currently underway. We will be able to demonstrate that we have designed a service which enables delivery to our most vulnerable groups, which will then be taken out for further consultation to ensure we have fully taken into account the needs of vulnerable and protected groups.

Step 5: Review

The Equality and Inclusion Team need at least five working days to comment and feedback on your EqIA. EqIAs should only be marked as reviewed when they provide sufficient information for decision-makers on the equalities impact of the proposal. Please seek feedback and review from the Equality and Inclusion Team before requesting sign off from your Director[1].

Equality and Inclusion Team Review:	**Director Sign-Off:**
Reviewed by Equality and Inclusion Team	C A Gray
Date: 18/08/2023	Date: 29/08/2023

[1] Review by the Equality and Inclusion Team confirms there is sufficient analysis for decision makers to consider the likely equality impacts at this stage. This is not an endorsement or approval of the proposal.