



Performer Accreditation Policy

**Pertaining to GPs and Practitioners with Special
Interests/Extended Roles and Consultants**
(who intend to deliver services in a primary care/community setting
as part of a commissioned contract)

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Version	Date	Author	Comments
1.0	May 2013	Claire Darbyshire	Original Version
2.0	August 2014	Claire Darbyshire	Updated version to include transitional changes, governance checks for clinicians delivering care closer to home in a primary care setting and contract monitoring arrangements
2.1	August 2014	Wendy Martin Executive Lead Nurse LWCCG	Review and agreement by LWCCG Executive Nurse
2.2	September 2014	Sunil Hindocha Chief Clinical Officer LWCCG	Review and adjustments
3.0	December 2017	Colin Jordan Lead Nurse for Quality and Accreditation	No changes to policy Background section updated
4.0	July 2024	Lisa Sharpe Quality and Accreditation Programme Lead	Renamed policy to more accurately reflect the policy content. Changed from Lincolnshire West CCG policy into Lincolnshire ICB policy template. All references to Lincolnshire West CCG and other CCG references changed to Lincolnshire ICB. Overall review and update in line with current practice and guidance. Inclusion of completed EIA and QIA.

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1. Introduction

1.1 This policy describes the underpinning principles for accreditation of Practitioners with Special Interests (PwSI) from different professions and groups of NHS specialist staff who may be commissioned to provide care closer to home. This also takes into account the originating directions that were set out in the Department of Health's Implementing Care Closer to Home in 2007.

1.2 The policy had been updated in consideration of the factors pertaining to the guidance set out by the Royal College of General Practitioners (2021) relating to 'GPs with Extended Roles (GPwER)'¹.

1.3 However, in keeping with Moving Healthcare Closer to Home (Monitor 2015)², it is evident that PwSI's perform a key function in light of pressures to deliver better outcomes for patients in the face of increasing demand and limited resources in acute care hospitals, as highlighted in that publication. In this regard, the 2015 publication not only referred to these still contemporary challenges but highlighted responses to the challenges as detailed in national policy of the time such as the Five Year Forward View, which was concerned with delivering more healthcare out of acute hospitals, at lower cost and closer to patients' homes.

The 2024/25 priorities and operational planning guidance focuses on the recovery of our core services through continuous improvement in access, quality, and productivity, whilst transforming the way we deliver care and create stronger foundations for delivery in the future.³

1.4 The introduction of local commissioning in March 2013 led to an increase in secondary care consultants working with Community Surgery Scheme (CSS) Providers to deliver services independently of their core employer or contract, both in a primary care or community settings. This has created a need for secondary care organisations to communicate with the ICB Accreditation Team to confirm elements of their governance processes in relation to those surgeons to inform the ICBs accreditation process. For instance, but not limited to, the employing Trust would confirm that the surgeon is compliant with annual appraisals, mandatory training and whether there are any active suspensions or conditions on the consultant's contract with the Trust. This in turn further enables the ICB to secure service quality, capacity and safety within the CSS.

2. Purpose

2.1 The purpose of this policy is to ensure that there are robust processes pertaining to the accreditation of Performers and timely development of services to ensure that a high quality, safe and efficient service is provided to patients. The process of accreditation should assure patients and commissioners that service providers operate within a coherent and quality assured clinical pathway and maintain the highest possible standards of clinical governance.

2.2 This document sets out a framework for assuring the quality and standards of individual practitioners. As such it can be used as a check list for clinicians and managers working to develop related services. The principles addressed within this policy are transferable to all practitioners with a specialist interest.

3. Scope

3.1 GPs, Practitioners and secondary care Consultants who are employed by services commissioned by the ICB; specifically, but not limited to the Lincolnshire Community Surgical Scheme (CSS) and the Community Optometry Triage and Treat Service (COTATS).

3.2 Providers who hold a contract with Lincolnshire ICB to deliver services based in the community; specifically, but not limited to the Lincolnshire Community Surgical Scheme (CSS) and the Community Optometry Triage and Treat Service (COTATS).

3.3 This policy relates to commissioned services where Performers will see and treat patients who are aged 16 years and over.

4. Definitions

4.1 A GP or Practitioner with Special Interest/ Extended Role or Consultant shall be referred to as Performers throughout this policy.

4.2 Performers are generally practitioners who supplement their core role by delivering an additional service to meet the needs of patients. Working principally in the community, they deliver a clinical service beyond the scope of their core professional role or may undertake advanced interventions not normally undertaken by their peers. They will have demonstrated appropriate skills and competencies to deliver those services without direct supervision.

4.3 The growth of care provided closer to home has attracted Consultants in secondary care to enter into contracts with community Providers to deliver what might previously have been considered secondary care services but in primary care or community-based premises.

4.4 Where the Accreditation Team is referenced throughout this policy, this relates to the Lincolnshire ICB's Accreditation Team unless otherwise stated. The Accreditation Team are part of the ICB's Primary Care Quality Team who sit within the ICB Nursing and Quality Directorate.

4.5 For the purpose of this policy, reference to premises concerns the procedure rooms that are used to deliver services in a community setting by an accredited Performer.

5. Roles and Responsibilities

5.1 Lincolnshire ICB Accreditation Team

In order to secure care quality and patient safety, the Accreditation Team undertake a governance check on all applicants for accreditation, including Consultants based in secondary care, to ascertain the following details:

- Evidence of professional registration with the appropriate body
- Details of other healthcare employers
- Details of any limitations, or conditions on professional registration
- Notification of any current, pending or recent investigations, concerns or complaints with current employer(s)
- Date of revalidation (Doctors/Surgeons)
- Date of latest appraisal assessment
- Responsible Officer (Doctors/Surgeons)

The Accreditation Team will support applicants through the accreditation process and re-accreditation of existing Performers.

5.2 Providers holding a contract for services where Performers require accreditation

It is the responsibility of the service providers to ensure that their Performers are accredited to deliver services as stated within their NHS Contract with the ICB. Performers are not able to see and treat patients until ICB accreditation has been awarded.

6. Application Process and Validation

6.1 Qualifications

The knowledge and skills and formal qualifications required for each post will be defined for each contract type individually, this may include:

- Formal medical qualifications and full registration with the appropriate professional body and any additional relevant qualifications.
- A reference will be requested from an individual who can confirm suitability for the post in terms of skills and competence.

6.2 GP and other Registered Practitioner Application Process

Applications will only be accepted from GPs and other practitioners who have been qualified and practicing continuously for more than three years. The specific Application Form, supplied by the Accreditation Team, should be completed, and will include but not restricted to:

- Description of the service — the applicant will provide a detailed description of how their role is to be defined within the service.
- Education, training and development — submission of evidence to include up to date mandatory training i.e. Basic Life Support, Infection Prevention and Control, Safeguarding Adults and Children, courses attended and personal development plans aligned to their role.
- Clinical governance and quality activities — a minimum of one service improvement project/audit to be submitted annually to demonstrate patients' safety and focus on clinical effectiveness of the service to be delivered.

- Evidence of current professional indemnity insurance acknowledging the additional role.
- Demonstration of clinical mentorship —proforma to be completed by supporting clinician.

Each Performer will complete their own application and be aligned to work with a service provider who is the contract holder. The process for this application can be seen in Appendix A for GPs, Appendix B for Consultants and Appendix C for Optometrists.

6.3 Secondary Care Consultant Application Process

The Performer will be responsible for supplying the Accreditation Team with the relevant evidence required to attain assurance of competence and skills required for the service they will deliver in the community. This should be in conjunction with the provider who holds the specific contract with the ICB and with whom they will be working. The evidence required will include but not restricted to:

- Full time employing Trust and name of Responsible Officer
- Education, training and development — submission of evidence to include up to date mandatory training i.e. Basic Life Support, Infection Prevention and Control, Safeguarding Adults and Children.
- Details of last appraisal assessment and revalidation date.
- Evidence of current professional indemnity insurance acknowledging the additional role will be required.

The process for this application can be seen in Appendix B for Consultants.

6.4 Non-Registered Performer

Accreditation applications will only be considered for specific procedures which have been confirmed as appropriate for non-registered performers, for example microsuction of ear wax.

The Performer will be responsible for supplying the Accreditation Team with the relevant evidence required to attain assurance of competence and skills required for the service they will deliver in the community. This should be in conjunction with the provider who holds the specific contract with the ICB and with whom they will be working. The provider will maintain responsibility and accountability for these performers. The evidence required will include but is not restricted to:

- Training and certification acquired in specific service being delivered.
- Evidence to include up to date mandatory training i.e. Basic Life Support, Infection Prevention and Control, Safeguarding Adults and Children.
- Confirmation that there is appropriate indemnity in place, either for the individual or for the organization, such as NHS Regulations – Clinical Negligence Scheme for Trusts (CNST) or Clinical Negligence Scheme for General Practice (CNSGP).
- Providers and performers should ensure that competencies in the procedures undertaken are maintained and that appropriate peer or competent clinician supervision is provided.

- Performers must maintain a professional development logbook recording practical supervision received, courses attended and other related further education together with feedback on performance.

The process for this application can be seen in Appendix D for Non-Registered Performer.

6.5 Membership requirement

Membership of the appropriate Royal College and/or Professional Body as appropriate to the role.

6.6 Accreditation Decision by Panel

If the candidate satisfies the above criteria a virtual accreditation panel will be convened which will formally assess the candidate's evidence of knowledge, skills and continuous professional development. The Panel will be drawn from:

- An independent professional clinical advisor as most suitable to the role applied for, this individual will be a senior clinical lead from within the relevant specialty.
- A senior commissioner from the ICB.
- A senior professional representative from the Local Medical, Optometry or Pharmacy Committee.
- A lay person from the executive body of the ICB.
- The Accreditation Programme Lead.

The Candidate must demonstrate within evidence submitted for consideration of the panel:

- Appropriate and necessary levels of skill and competence to fulfil the role described
- A clear understanding of the role that they are being asked to fulfil
- Demonstrate knowledge of the appropriate local clinical pathway
- Set out commitment to ongoing training, updates and education through appraisal and use of Personal Development Plans
- Make appropriate peer review and mentoring arrangement with references or reports from clinical assessors

The panel will elect to decide on the accreditation of the candidate based on their submitted evidence supplemented with appropriate photo ID which is verified by the Accreditation Team.

6.7 Service Visit

Where the Performer's service is dependent upon premises and equipment, such as, but not limited to, the Community Surgical Scheme, an inspection from the ICB Health Protection Team will be undertaken before any contracted services are delivered from that location. The ICB may also choose to visit the service, as part of the contractual review or quality monitoring process. Further reference regarding premises is detailed in section 8.5.

7. Professional Development

7.1 Continuing Professional Development (CPD)

The Performers, as professionals, have a duty to keep their professional knowledge and skills up to date through a continuous process of learning and reflection. CPD will include regular professional updates appropriate to both the core professional role and any relevant extended role. The Performer is responsible for ensuring this takes place. Training programmes must be prior approved and accredited by an appropriate professional body. The Performer must satisfy the criteria that this has been done prior to accreditation and that it will continue after accreditation has been granted.

7.2 Annual Appraisal

The Performer must undergo an appraisal with a trained appraiser on an annual basis.

7.3 Clinical Support

The Performer must detail named clinical mentor support and any peer support mechanisms and keep records of interactions.

8. Governance

8.1 The function of performer accreditation is to ensure 'fitness for purpose' through a process of obtaining assurance of the skills and competencies of the individual Performers working within primary care/community commissioned services.

8.2 The Accreditation Team will manage a locally held secure data base of accredited Performers to include length and dates of accreditation, details of specialty and all other evidence supplied with applications.

8.3 Role of Responsible Officer, Appraisal and Revalidation

GMC registered applicants are required to provide details of their Responsible Officer (RO) and any other employers through the application process. The Accreditation Team will contact the applicant's Responsible Officer and the HR departments of existing employers to ensure that professional appraisers and revalidating officers are aware of the extended role of the clinician and are able to consider this within their own processes.

Responsible Officers as defined within the guidance provided by the British Medical Association:

The specific responsibilities of an RO are:

- Ensuring that effective systems to support revalidation are in place (including appraisal and clinical governance systems).

- Evaluating the fitness to practice of all doctors with whom the designated body has a prescribed connection and making a recommendation to the GMC regarding revalidation.
- Identifying and investigating concerns about doctors' conduct or performance.
- Ensuring that support and remediation is provided where a doctor's practice falls below the required standard.
- Overseeing doctors whose practice is supervised or limited under conditions imposed by the GMC.

The Accreditation Team will contact Responsible Officers at the time of application for accreditation or re-accreditation of a Performer to confirm the scope of the practitioners role, and ensure that a positive recommendation for revalidation has been made, that the Doctor has been considered fit to practice in their core role, that there are no active concerns about a doctors' conduct and performance and that no limitations or conditions have been imposed by the GMC.

It is the responsibility of the Performer and/or the Provider to notify the Accreditation Team of any changes in their employment or contracts. Notifiable changes include:

- Change in employer.
- Suspension from any other contract either pending or following investigation.
- Conditions / limitations being placed upon any contract including GMC imposed conditions and limitations.
- Sickness absence necessitating a period of leave longer than 28 days.
- Disclosure of new convictions not already considered within DBS certificate provided as part of the application process.

8.4 Re-accreditation

Re-accreditation will take place every three years. Re-accreditation will follow a formal process and must be related to the service to be delivered. The appropriate re-accreditation application form will be supplied by the ICB Accreditation Team, and the applicant will provide a detailed description of how their role is to be defined within the proposed service.

The Performer's application should be submitted at the least one month, but preferably three months, before re-accreditation is required.

If the Performer's work is discontinued, or the individual is unable to use their enhanced skills for a period longer than twelve months, they must be re-accredited before they can work again as a Performer in the community service.

8.5 Premises Accreditation

Performer services are safe and effective only if delivered within a working environment that is properly resourced and properly clinically governed, therefore, the premises where the Performer will work are also required to be accredited by the ICB Health Protection Team.

The Care Quality Commission (CQC) defines the standards required of all providers of

NHS services, including reference to appropriate premises requirements, information technology, etc. However, Lincolnshire ICB will also refer to the specialty-specific guidance to identify any requirements relating to specific services they are developing or accrediting.

The procurement process details the premises accreditation and also includes evidence of CQC registration, information governance arrangements and financial checks.

All premises must be accredited prior to the commencement of the service and Providers will be expected to comply with the ICB's Health Protection Team's IPC specification, which has been made available to all Providers and which brings together guidance from the relevant national guidance.

Contracts cannot be issued until this process is complete and compliance is demonstrated. Within six months of starting the contract, the Quality Team may wish to visit the service and will give a minimum of 24 hours' notice. If there is an indication at any time that patient safety is at risk, contract management procedures may be initiated.

8.6 Addition of further procedures (Community Surgical Scheme)

Where primary care surgery is accredited, Performers may develop further surgical skills as part of their continuing professional development and wish to add additional procedures to their portfolio. In this case, the panel will consider each additional procedure as a new application. The instruction to commence accreditation of procedures will come from the AQP Contracting Team and be followed by an application from either the individual Performer or from the Provider that they will be working with.

9. Patient Safety

9.1 Risk Management

Patient safety is enhanced by the use of healthcare processes, working practices and systematic activities that prevent and reduce the risk of harm to patients, service users and staff alike. The CQC define the standards required of all providers of NHS services and Performers would be required, as a minimum, to meet these standards together with any specialty-specific guidance identified within the contract.

9.2 Incident Reporting

The Performer will be required to identify, report and learn from all patient safety incidents and to meet the requirements set out by the CQC in accordance with essential standards of quality and safety.

All patient safety related incidents must be reported by the Provider to NHS Lincolnshire ICB's Quality Services Team in line with the integrated governance requirements identified as part of the CSS AQP contract relating to patient safety incident reporting.

9.3 Record Keeping

Accurate, contemporaneous and comprehensive information is essential for high quality patient care. Information about the clinical care of patients is recorded in their clinical records and includes presenting symptoms, diagnosis and records of treatment documenting each episode of care for future reference. Records also serve the wider purposes of teaching, research and clinical audit as well as providing evidence in the event of litigation. They are also a vital source of statistical and managerial information for the day to day running and future planning of the NHS. Performers are required to work in line with best practice standards for record keeping published by their professional body (GMC, GOC etc).

9.4 Complaints

The Performer must ensure that a full and positive response is provided to all complainants, whether their complaint was made verbally or in writing. It is important to satisfy the complainant that his/her concerns have been listened to, an apology offered and/or an explanation provided as appropriate. The service provider will aim to investigate all complaints thoroughly and impartially and to provide a prompt and positive response. The Performer must participate fully with the complaints procedure.

All Performers will investigate and manage complaints in line with the service provider's complaints and reporting procedures or NHS England reporting procedures, or the ICBs complaints procedure, whichever route is most appropriate to the nature and origin of the complaint.

Complaints as part of the service improvement programme will be viewed as valuable feedback and must be reported to the ICB by the service provider as part of the Quality Schedule within each contract.

9.5 Concerns

The term "Concerns" covers all intelligence received from or about the service, which either relate to process and systems or to an individual Performer, and which pose a potential risk to the service, patients, the public, staff and the individual Performer providing the service.

A concern can be raised in a variety of ways, including for example through a complaint, or an incident report, as a result of the service quality monitoring schedule results, through audit, as a result of declarations or disclosures from the service provider, the individual providing the service or their peers.

10. Audit and Monitoring

10.1 Evaluation of the programme under which the Performer is operating is built into the service contract. In addition to this the Performer themselves must produce at least one audit per year which relates to their clinical activity within the service e.g. against best practice guidance and in consideration of the scope of the service. This includes

the dissemination of the results to others to ensure learning from outcomes. The sample should be statistically representative of the patients seen by the individual Performer.

10.2 Quality monitoring will be undertaken by the Accreditation Team in line with the service contract. Individual Performers under the contract should be able to demonstrate their participation with these processes and their personal impact on quality improvement.

11. Service Governance and Information Storage

11.1 The Accreditation Service is ultimately governed by the ICB Chief Nurse; through the Deputy Director of Nursing and Quality in Primary and Community Care and the Head of Primary Care Quality.

11.2 Quarterly reports are published to the appropriate members of the ICB Primary Care Quality Team, Boards and Directorates.

11.3 Conflict of interest is managed by the Accreditation Team, by ensuring that panel members declare interests in involvement with applicants, and where potential conflicts of interests are highlighted, the application is processed by alternative staff.

11.4 Records of conflict of interest declarations are kept by the Accreditation Team. Information is stored in line with the Data Protection Act (1998) and GDPR principles.

12. Communication, Monitoring and Review

12.1 This policy is available to all Lincolnshire ICB staff via the Intranet and will be circulated to all providers who employ Performers and to the individual Performers, both new and existing.

12.2 Monitoring of compliance with Performer accreditation is undertaken by the Accreditation Team.

12.3 Any individual who has queries regarding the content of this policy or has difficulty understanding how this policy relates to their role, should contact the Accreditation Programme Lead.

13. Staff Training

13.1 Training requirements for Performers are detailed in Sections 6.2 and 6.3. CPD requirements to ensure that Performers meet the criteria of accreditation are outlined above in Section 7.

14. Equality and Diversity Statement

14.1 NHS Lincolnshire Integrated Care Board (ICB) is committed to designing and implementing policies and procedures and commissioning services that meet the diverse needs

of our local population and workforce, ensuring that none are placed at a disadvantage over others.

15. Interaction with other Policies

- 15.1 Incident Reporting Policy
Patient Safety Incident Response Policy

16. References

1. Moving Healthcare Closer to Home (Monitor 2015)
[Moving healthcare closer to home implementation.pdf \(publishing.service.gov.uk\)](#)
2. GPs with Extended Roles (GPwER)
[RCGP-Guide-to-GP-clinical-extended-roles-June-21-v21.pdf](#)
3. NHS England - Priorities and operational planning guidance 2024/25
[NHS England » Priorities and operational planning guidance 2024/25](#)

17. Glossary

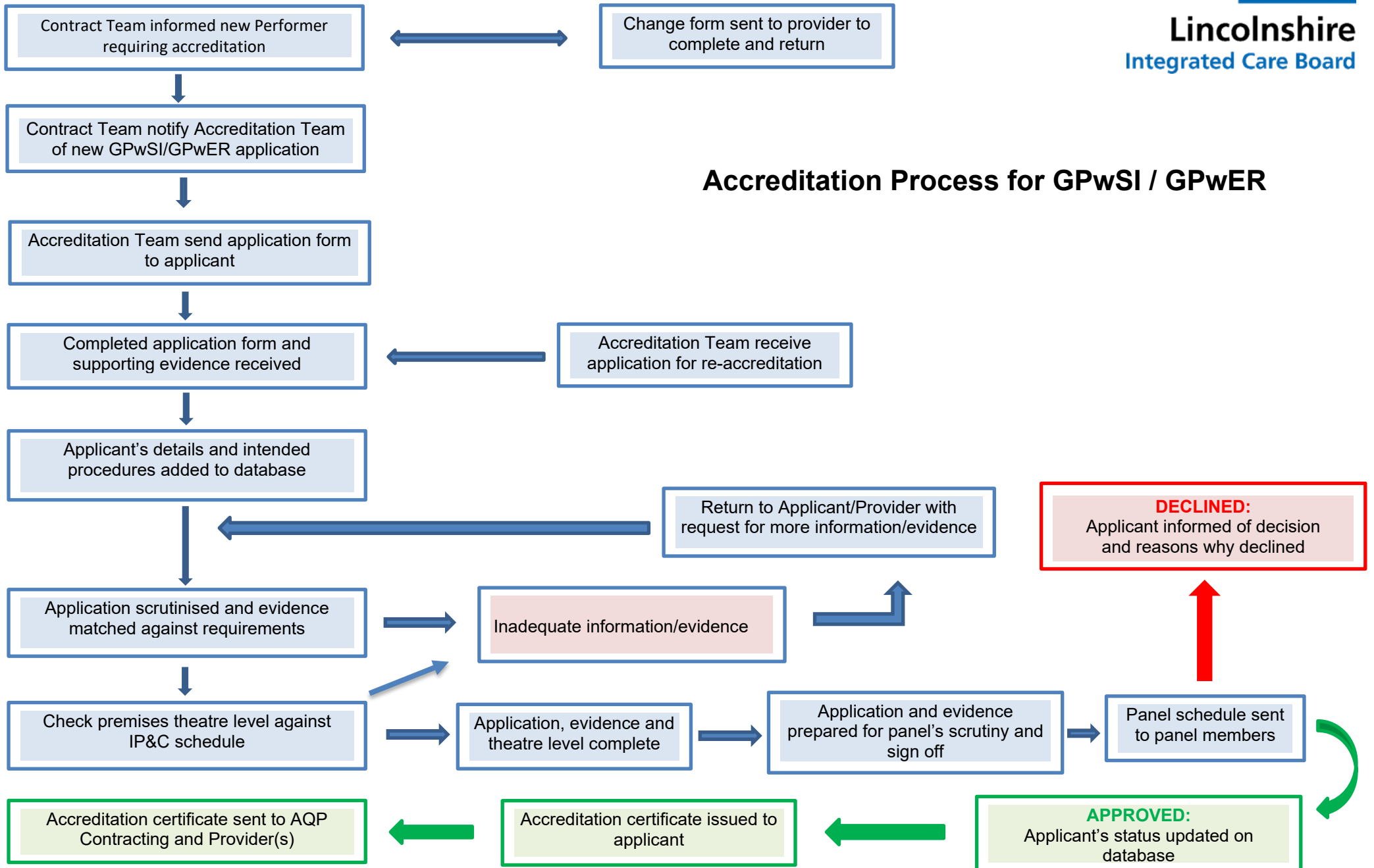
- 17.1 The following acronyms have been using in this policy:

Acronym	
AQP	Any Qualified Provider
CNSGP	Clinical Negligence Scheme for General Practice
CNST	Clinical Negligence Scheme for Trusts
COTATS	Community Triage and Treat Service
CPD	Continued Professional Development
CQC	Care Quality Commission
CSS	Community Surgical Scheme
DBS	Disclosure and Barring Service
EIA	Equality Impact Assessment
GDPR	General Data Protection Regulation
GMC	General Medical Council
GOS	General Optical Council
GP	General Practitioner
GPwER	GP with Extended Role
GPwSI	GP with Special Interest
HR	Human Resource
ICB	Integrated Care Board
IPC	Infection Prevention and Control
LFPSE	Learning from Patient Safety Events
LWCCG	Lincolnshire West Clinical Commissioning Group
NHS	National Health Service
PwSI	Practitioner with Special Interest
QIA	Quality Impact Assessment
RO	Responsible Officer

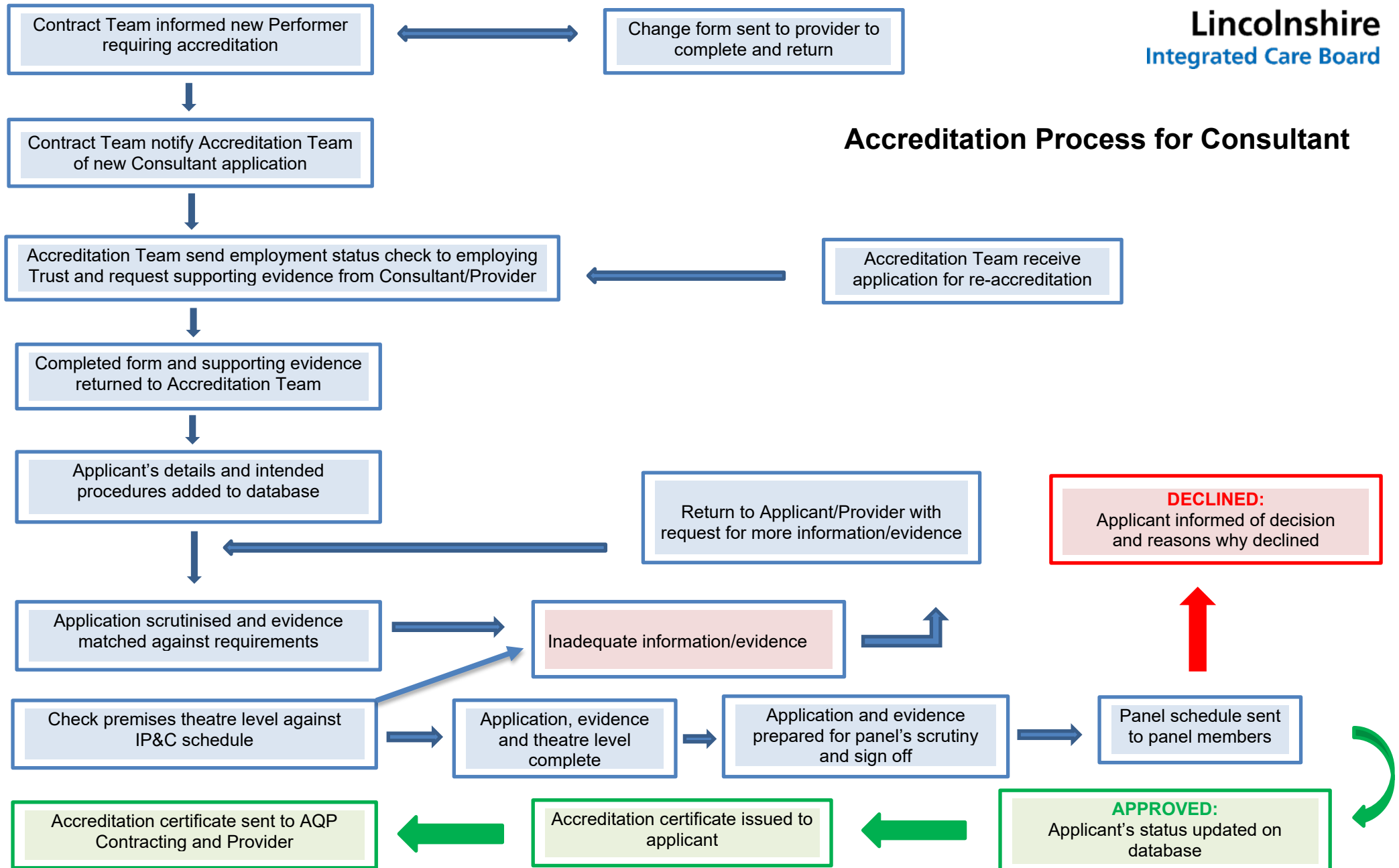
Appendix A



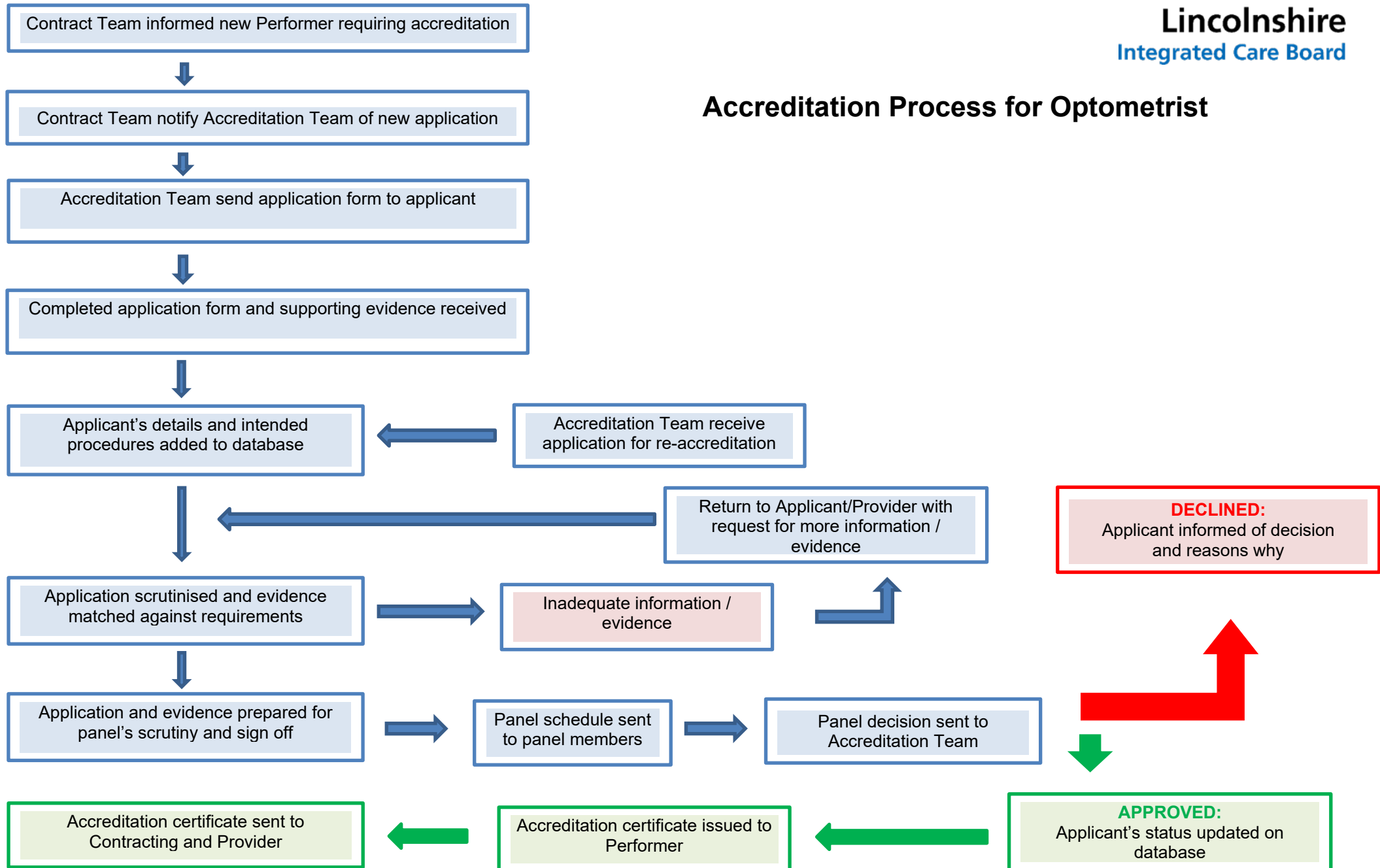
Accreditation Process for GPwSI / GPwER



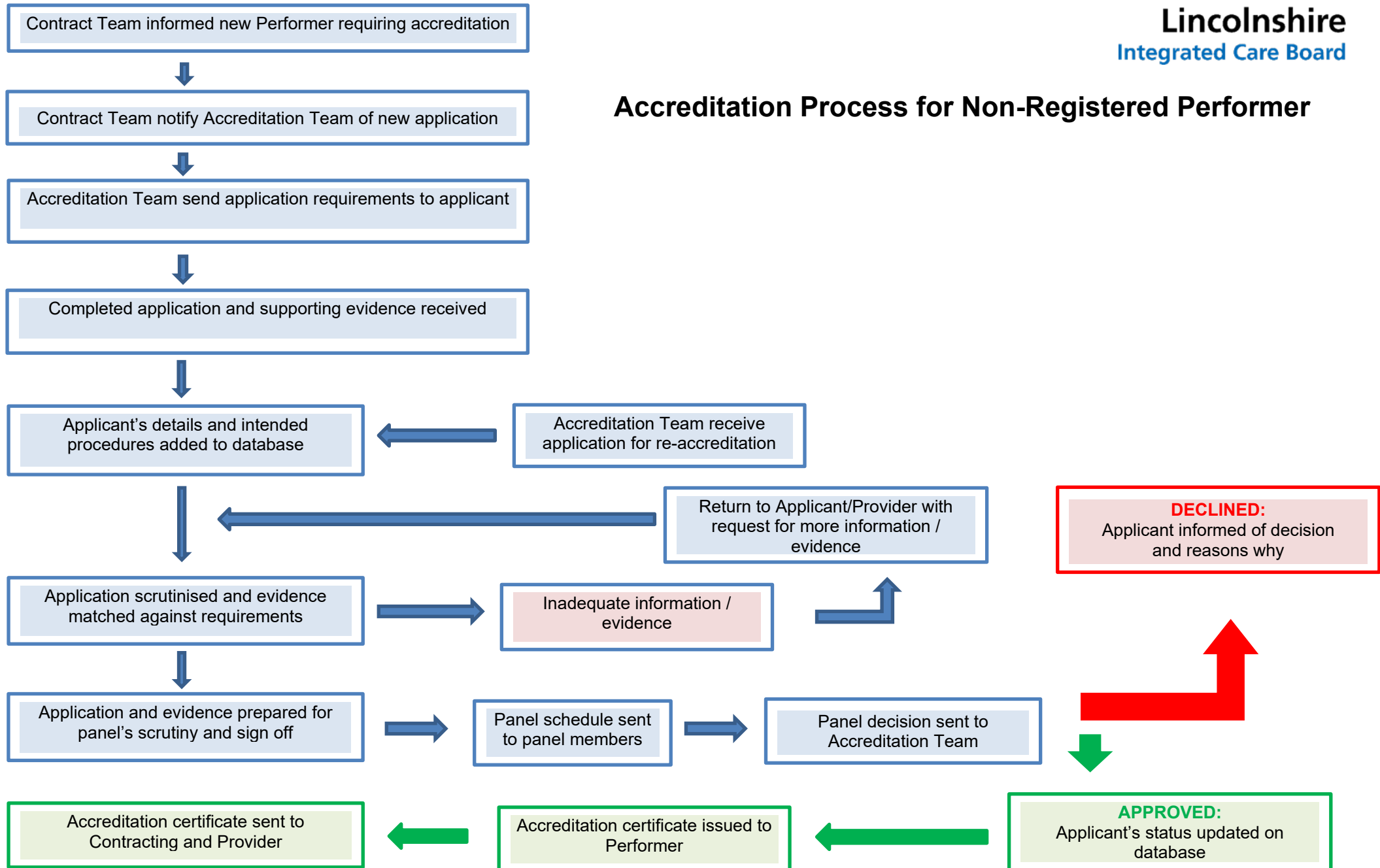
Accreditation Process for Consultant



Accreditation Process for Optometrist



Accreditation Process for Non-Registered Performer



Equality Impact Assessment Form

Project Details

Project name	Lincolnshire ICB Performer Accreditation Policy
EIA author	Lisa Sharpe
Team	Nursing and Quality Team
Date completed	25 July 2024
Version	4.0

What is the aim of the project/proposal?

The purpose of this policy is to ensure that there are robust processes pertaining to the accreditation of Performers and timely development of services to ensure that a high quality, safe and efficient service is provided to patients. The process of accreditation should assure patients and commissioners that service providers operate within a coherent and quality assured clinical pathway and maintain the highest possible standards of clinical governance.

To review and update existing Lincolnshire West CCG policy as an ICB policy in line with latest practice and guidance available.

Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.

General Medical Council and General Optometry Council registrants who work in the community as part of an ICB commissioned service. Non registered performers, who undertake work in the community which is commissioned by the ICB.

Stage 1: Scoping point

Is a full Equality Impact Assessment (EIA) required for this project?

You should consider whether a full EIA is required, referring to the relevant guidance for information and guidance on making this decision.

It is important this decision is made with an open mind and correctly, advice should be sought from the EIHR team if you are unsure.

Yes	<input checked="" type="checkbox"/>	Proceed to the full EIA form	No	<input type="checkbox"/>	Explain why full EIA is not required
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The policy will affect safety and quality of care and service provision for patients. It will also affect professional registrants for GMC and GOC and specific and approved non-registered performers. Performer accreditation is already an embedded process within the ICB and there is no change to the process. Whilst a full assessment may not be required, we have still gone through this form to assess any potential impact on protected characteristics and other groups and

Stage 1: Scoping point

Is a full Equality Impact Assessment (EIA) required for this project?

You should consider whether a full EIA is required, referring to the relevant guidance for information and guidance on making this decision.

It is important this decision is made with an open mind and correctly, advice should be sought from the EIHR team if you are unsure.

included mitigating action where necessary.

Equality Impact Assessment (EIA) Form

If, at an initial stage, further information is needed to complete a section, this should be recorded and updated in subsequent versions of the EIA. An EIA is a developing document, if you need further information for any section then this should be recorded in the relevant section in the form and dated.

1. Evidence used

To demonstrate that the decision made has been informed you should include examples of the information used to determine the impact and complete the EIA.

Examples are likely to include:

- **Population data** e.g. demographic profile (census).
- **Service activity data** e.g. profile of patients using a service.
- **Consultation and involvement findings** e.g. any engagement with service users, local community, specific groups.
- **Research** e.g. good practice guidelines, service evaluations, literature reviews, reports.
- **Participant knowledge** e.g. experiences of working with different population groups, experiences of service users in other service areas/localities.

Not applicable.

2. Potential impact of decision

In the following boxes, for each protected characteristic, detail the findings and impact identified (positive or negative) within the research detailed above. This should include any identified health inequalities which exist in relation to this work.

As part of these considerations, you should include how the ICB will be meeting the requirements of the public sector equality duty (PSED):

“In exercising their functions, public authorities must have due regard to the need to:

- *Eliminate unlawful discrimination, harassment and victimisation.*
- *Advance equality of opportunity between people sharing a protected characteristic and others.*
- *Foster good relations between people sharing a protected characteristic and others.”*

Before completing this section, you should ensure you can suitably answer the following:

What is the equality profile of the population i.e. service users/patients and/or workforce that is intended to benefit from the activity/project?

(By collecting and analysing demographic data of protected characteristics relating to patients/service users and/or workforce, within the geographical area concerned, the ICB will be able to identify the groups that may be adversely affected at a greater proportion to others).

<p>2.1 Age <i>Describe age-related impact and evidence. This can include safeguarding, consent and welfare issues.</i></p>
<p>This policy is applicable across all age ranges in terms of performer and for patients aged 16 years and over who undergo treatment.</p>
<p>2.2 Disability <i>Describe disability-related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health, learning disabilities and cognitive impairments.</i></p>
<p>This policy is applicable to all Performers, regardless of any disability, including those who would be registered with either the GMC or the GOC. These professional bodies recognise that being disabled does not necessarily mean that you cannot practice medicine safely and the ICB would be guided by the Performers inclusion on these registers. Consideration will be given to reasonable adjustments to this process.</p>
<p>2.3 Gender reassignment (including transgender) <i>Describe any impact and evidence in relation to transgender people. This can include issues such as privacy of data and harassment.</i></p>
<p>This policy is applicable to all GMC and GOC registrants and there is no anticipation that it would adversely affect a person who had transitioned or who described themselves as gender neutral or fluid. Due consideration must be given to using preferred pronouns during the process of accreditation.</p>
<p>2.4 Marriage and civil partnership <i>Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working and caring responsibilities.</i></p>
<p>This policy is applicable to all registrants, regardless of marital status or working hours.</p>
<p>2.5 Pregnancy and maternity <i>Describe any impact and evidence in relation to pregnancy and maternity. This can include working arrangements, part-time working and caring responsibilities.</i></p>
<p>This policy is applicable to all registered Performers. If a Performer takes extended leave for whatever reason, and the absence is for a period longer than 12 months, the Performer will need to go through the ICBs re-accreditation process regardless of the expiry date on their accreditation certificate. Performers would be expected to achieve a level of activity within a 12 month period in order to maintain their skills for procedures that they have been accredited to carry out. This applies to all Performers and not just those who take maternity leave.</p>
<p>2.6 Race <i>Describe race-related impact and evidence. This can include information about different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures and language barriers.</i></p>
<p>This policy is applicable to all Performers regardless of race. All GMC and GOC registrants must demonstrate an advanced level of spoken and written English and thus the accreditation policy should not adversely affect a person who speaks English as a second language.</p>
<p>2.7 Religion or belief <i>Describe any impact and evidence in relation to religion, belief or no belief on service delivery or patient experience. This can include dietary needs, consent and end-of-life issues.</i></p>

This policy equally applies to all Performers regardless of religion or belief. It is not anticipated that the policy will adversely affect anyone from a certain religion or belief.

2.8 Sex
Describe any impact and evidence in relation to men and women. This could include access to services and employment.

This policy applies to all Performers regardless of their sex.

2.9 Sexual orientation
Describe any impact and evidence in relation to heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers.

This policy equally applies to all Performers regardless of sexual orientation and it is not expected that the policy will adversely affect a person due to sexual orientation.

2.10 Carers
Describe any impact and evidence in relation to part-time working, shift patterns and general caring responsibilities (not a legal requirement, but an ICB priority and best practice).

This policy applies to all Performers regardless of their caring responsibilities and it is not anticipated it would adversely affect a person with caring responsibilities.

2.11 Other disadvantaged groups
Describe any impact and evidence in relation to groups experiencing disadvantage and barriers to access and outcomes. This can include socio-economic status, resident status (e.g. migrants and asylum seekers), homeless people, looked after children, single parent households, victims of domestic abuse and victims of drug/alcohol abuse. This list is not finite. This supports the ICB in meeting its legal duties to identify and reduce health inequalities.

The academic entry requirements to university in order to become a professional registered with the GMC or GOC may itself mean it is more challenging for people from some backgrounds to access but it is not anticipated that the process of accreditation itself would adversely affect some communities more than others.

3. Human rights				
<i>The principles are Fairness, Respect, Equality, Dignity and Autonomy.</i>				
Will the proposal impact on human rights?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Are any actions required to ensure patients' or staff human rights are protected?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If so, what actions are needed? Please explain below.				

4. Health inequalities

The Health and Social Care Act 2012 established the first specific legal duties on ICBs to have regard to the need to reduce inequalities between patients in **access** to, and **outcomes** from, healthcare services and in securing that services are provided in an integrated way. These duties had legal effect from 1 April 2013. The duties require that ICBs properly and seriously take into account inequalities when making decisions or exercising functions, and has evidence of compliance with the duties, whilst also assessing how well commissioned providers have discharged their legal duties on health inequalities.

4.1 What evidence have you considered to determine what health inequalities exist in relation to your work?

It can include local and national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other equality analyses. If there are gaps in evidence, state what you will do to mitigate them.

It may be different or similar to that which has informed the EIA.

Not applicable.

4.2 What is the potential impact of your work on health inequalities?

Can you demonstrate through evidenced-based considerations how the health outcomes, experience and access to healthcare services differ across the population group and in different geographical locations that your work applies to?

If you feel that the project will not impact / be relevant to health inequalities, please give a rationale.

Not applicable.

4.3 How can you make sure that your work has the best chance of reducing health inequalities?

Not applicable.

5. Engagement/consultation

What engagement is planned or has already been done to support this project?

It is expected that the ICB will have carried out a level of engagement with those affected, whether formal or informal. This should be focused on the groups most affected and as per the guidance document published by NHSE: [Working in partnership with people and communities: statutory guidance](#)

Engagement activity	With whom? <i>e.g. protected characteristic/group/community</i>	Date

Please summarise below the key findings/feedback from your engagement activity and how this will shape the policy/service decisions e.g. "patient told us, so we will..." (If a supporting document is available, please provide it or a link to the document).

Not applicable.

6. Mitigations and changes

If you have identified mitigations or changes, summarise them below. E.g. restricting prescribing over-the-counter medication. In this case, it was identified that some patient groups require high volumes of regular prescribing of paracetamol, this needs to remain under medical supervision for patient safety, therefore, an exception is provided for this group, which has resolved the issue.

Are these vital to the project continuing?

Not applicable.

7. Is further work required to complete this EIA?

Please state below what work is required and to what section e.g. additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g. disability)

Work needed	Section	When	Date completed
No			

8. Development of the Equality Impact Assessment

If the EIA has been updated from a previous version, please summarise the changes made and the rationale for the change. E.g. Additional information may have been received – examples can include consultation feedback or service activity data.

Version	Change and rationale	Version date
E.g. version 0.1	The impact on wheelchair users identified additional blue badge spaces are required on site to improve access for this group.	26 September 2017

9. Final sign off

Completed EIA forms must be signed off by the completing manager. They will be reviewed as part of the decision-making process. Service lines should maintain an up-to-date log of all EIAs.


Version approved:		
	Name	Date
Signature of responsible officer		
Which committee will be considering the findings and sign off the EIA?		
Minute number (to be inserted following presentation to committee)		

Appendix F Quality Impact Assessment

Programme or project being assessed	Lincolnshire ICB Performer Accreditation Policy review
Date completed	25 July 2024
Contact person (name, Directorate, email, phone)	Lisa Sharpe, Quality and Accreditation Programme Lead, Nursing and Quality Directorate lisa.sharpe@nhs.net
Name of strategic leader	Kevin Shaw, Deputy Director of Nursing and Quality

Quality Impact Assessment - Initial Screening Tool		Instructions:						
		<ul style="list-style-type: none"> • Answer Positive, Neutral or Adverse (P, N or A) against each quality domain • If Neutral or Adverse, insert a Consequence (C) and Likelihood (L) score, multiply the scores, and insert the total score in the Total (T) column • Add a brief description of the potential impact and mitigating actions • Insert Y (yes) indicating need for a Stage 2 QIA for any domains with scores of 8 or greater • Record the total score of all domains • Complete an Equality Impact Assessment (EIA) and the EIA section on the QIA screening tool 						
Quality Domain	Impact Question	P/N/A	C	L	T	Brief description of potential impact	Mitigation strategy and monitoring arrangements	Stage 2 QIA? Y/N
Duty of Quality	Could the proposal impact on any of the following? <ul style="list-style-type: none"> • The duty to safeguard children and vulnerable adults • The duty to promote equality – see https://bit.ly/3v85CNs • The functions of other services within the organisation • The clinical effectiveness of services • Patients' and public experiences of services • Compliance with NHS constitution's core principles - see https://bit.ly/37vzY4k Any other factors related to the duty to uphold and improve quality	P				Accreditation will ensure that Performers are meeting the requirements of their specific professional registration and that the Performers are fit to practice safely.		No
Patient Safety	<ul style="list-style-type: none"> • Avoidable harm; clinical/environmental/other • Infection prevention and control practices, systems, statutory expectations, and 	P				Performer Accreditation ensures that the ICB has carried out due diligence in relation to safeguarding patients seen within the services delivered in		No

	<p>acceptable standards</p> <ul style="list-style-type: none"> • Referral to treatment times • Safeguarding Adults, Young People & Children – see https://bit.ly/3jeY3ih • Workforce levels and competencies <p>Any other risk indicators relevant to patient safety</p>				the community.		
Patient / Staff experience	<ul style="list-style-type: none"> • Informed choice, autonomy, and involvement • Access to services • Dignity, respect, compassion, and consent • Patients' satisfaction with services • Complaints and redress <p>Any other risk indicators relevant to patient experience:</p>	P			<p>Accreditation of performers ensures that the services provided in the community are by professionals who have undergone a robust process to establish their skills and competency.</p> <p>The services that this policy apply to have been designed to give greater choice and improved access for procedures in a community setting closer to the patients home.</p> <p>All patients will be given the opportunity to complete patient satisfaction surveys following their treatment and the results of these will be analysed and discussed with the teams seeing these patients in order to continually improve the patient experience.</p> <p>Providers of these services are all required to have appropriate protocols and policies in place for delivery of their service. This includes but is not limited to their complaints process.</p>		No

Clinical effectiveness	<ul style="list-style-type: none"> Evidence based practice and standards Clinical outcomes Clinical leadership and engagement Any other risk indicators relevant to clinical effectiveness:	P			<p>As part of the accreditation process, performers are expected to demonstrate compliance with their professional registration requirements.</p> <p>Accredited performers are expected to also comply with best practice standards and show continued professional development.</p> <p>All performers are required to take part in annual clinical audit and identify any actions that may be required to maintain high standards of care for the patient.</p>		No	
	Non-clinical/operational impact	<ul style="list-style-type: none"> Impact on cost effectiveness Impact on infrastructure Impact on staff satisfaction and welfare Impact on the public perception of the organisation Social value impact Relationships with partner organisations 	P			<p>By moving services into the community, we are giving our secondary care providers additional capacity to see the higher risk, acute conditions. Seeing high volume, low risk procedures in the community also provides a cost effective and accessible service to our patient population.</p>		No
		Total overall score =		0				
EQUALITY	An Equality Impact Assessment must also be undertaken							
Name of person completing the Equality Impact Assessment:	Lisa Sharpe			Date:	25 July 20024	Signature: 		
Position:	Quality and Accreditation Programme Lead							