Equality Impact Assessment (EqIA) Form

1. Entitle and give a brief description of the research study

Research Title:

UCLP-PRIMROSE: Evaluation of an integrated primary care service to reduce cardiovascular disease (CVD) risk in people with severe mental illness (SMI).

Research Design:

The current research builds on the PRIMROSE study (Osborn et al., 2018), a national multi-centre pragmatic cluster randomised controlled trial led by researchers at University College London (UCL). This research found that when a primary care service additionally focused on the physical health of people with SMI, this led to a large reduction in both psychiatric hospital admission costs and total healthcare costs. The implementation lessons and Patient and Public input from the original PRIMROSE intervention were used to inform the design of the new PRIMROSE-A intervention. In addition, peer coaches, who are individuals with lived experience of mental health problems, have been introduced to the programme to deliver sessions focused on recovery, complementing the nurse delivered care and potentially providing a more structured role, expanding coproduction, and facilitating recovery-based employment opportunities. In the current iteration of the intervention (UCLP-PRIMROSE), primary care providers will use UCLPartners' (UCLP) frameworks to identify people living with high-risk conditions for CVD. The framework augments PRIMROSE-A by systematically identifying patients on primary care records with SMI to optimise management. The framework utilises and trains the wider primary care workforce (e.g., health care assistants and pharmacists) to deliver appropriate interventions according to risk and was enhanced by the inclusion of peer support workers. UCLP-PRIMROSE is now being integrated into several GP practices across primary care networks (PCNs) in North London and Bradford as part of ongoing service transformation which focuses on a holistic and 'whole person' approach to providing care.

This current research is interested in better understanding how practices implement innovative interventions as part of their ongoing transformation. Therefore, this study will explore the factors influencing the implementation and continuation of UCLP-PRIMROSE with service users and providers (individuals driving and delivering UCLP-PRIMROSE such as nurses, peer coaches, general practitioners, and health care assistants). Additionally, this study will investigate with service users and providers the experiences and acceptability of UCLP-PRIMROSE. This study design is mixed methods, employing qualitative methods (observational ethnographic notes collated from practice visits to understand the intervention context, and interviews with service users and providers), and quantitative methods to evaluate the service (comparing routinely collected patient data related to UCLP-PRIMROSE over time, such as blood pressure, BMI, and cholesterol).

Research Location:

Several GP practices across NIHR Applied Research Collaboration (ARC) North Thames and

ARC Yorkshire and Humber.

Planned Research Period:

24 months.

Planned Research Size:

Up to 50 participants (service users and providers will be interviewed in this study), with additional collection of cohort and participant level data (anonymised and aggregated) from service users who have SMI and were included in the database stratification searches used by the included sites to assess CVD risk.

Characteristics of Research Participants:

Inclusion criteria for interview participants (providers and service users who have engaged with UCLP-PRIMROSE) is: aged 18 years or older; able to engage in an interview (with requested reasonable adjustments provided if possible); and capacity to provide informed consent. Anonymised patient records for all who accessed the UCLP-PRIMROSE Pathway (regardless of their CVD risk stratification) will be extracted to explore the outcomes of the intervention as part of a service evaluation.

2. What are the key aims and benefits of the research study?

Research Aim:

The primary objective of this study is to explore with service users and providers the experiences and acceptability of UCLP-PRIMROSE and factors influencing the implementation and continuation of the UCLP-PRIMROSE intervention.

Section Overview:

This section first explores the potential benefits of UCLP-PRIMROSE. Whilst this research is being conducted to explore the implementation of UCLP-PRIMROSE, the implementation training and delivery is not provided as part of this research project; uptake of the intervention is part of ongoing service transformation and undertaken within existing practice resources. Therefore, the research cannot claim benefits of the intervention, however, can identify facilitators, barriers, and learning related to UCLP-PRIMROSE. It is hoped through tracking and understanding the implementation, this will lead to greater success in future implementation and therefore further benefits.

Intervention Benefits:

The intervention aims to improve the physical and mental health of people with SMI using the UCLP-PRIMROSE Pathway model. The intervention aims to improve CVD (through managing clinical risk factors, optimising medication, and addressing medication adherence), mental health and perceptions of quality of life, but also support additional service user concerns, such as isolation, accommodation, or financial concerns through social prescribing and signposting to relevant resources. UCLP-PRIMROSE importantly includes behavioural strategies which empower service users to look after their own health, such as through goal setting. In previous iterations of PRIMROSE, service users set goals relating to CVD risk in practice nurse appointments which included:

- Lowering cholesterol
- Lowering blood pressure
- Managing pre-diabetes
- Managing diabetes
- Stopping smoking
- Losing weight
- Reducing alcohol intake

Within these goals, service users looked to:

- Increase physical activity
- Improve diet
- Start taking medication when appropriate
- Improve medication adherence
- Improve mental health

Service users additionally set goals with peer coaches relating to:

- Meaningful activity
- Being social
- Education and training
- Mental health
- Mental and physical wellbeing including engaging with health services
- Accommodation
- Financial and other support

From previous qualitative feedback, service users commented on the positive benefit or "pick me up" impact from finding out the intervention was available and described that the continuity of contact "helped me maintain a positive outlook", and gave service users the chance "to talk to someone". Overall, the intervention had the impact of:

- Improved access to care for SMI patients through increased bond with the practice
- Reduction in social isolation for SMI patients
- Reduced health inequalities and mortality gap for those with SMI
- Increased percentage of the population with SMI attending routine and specialist reviews
- Increased workforce participation of people with lived experience
- More integrated leadership within primary care network

The current iteration of PRIMROSE has been created to allow for stratification of patient need (prioritising those most at risk in post-COVID primary care), provides training materials that are easily accessible to healthcare providers that incorporate the latest NICE (The

National Institute for Health and Care Excellence) guidelines, and uses the wider workforce (upskills and gives confidence to) to alleviate pressures currently felt in primary care. Moreover, the UCLP-PRIMROSE pathway includes steps to reengage service users with SMI who do not engage with their annual health check, such as a review by a mental health nurse and outreach or specialist support.

The Current Research:

With the potential positives to UCLP-PRIMROSE as explored above in mind, by exploring experiences, perceptions, mechanisms of implementation, facilitators and barriers to implementation from a range of perspectives, this will allow learning around effective delivery of UCLP-PRIMROSE. Through moving away from traditional implementation evaluation methods to explore the effectiveness of the implementation, this research is ideally placed to take an equality lens, such as when exploring the context of the implementation site through ethnographic observation, and regular check-ins with implementation leads bi-weekly or monthly to flag barriers and facilitators relating to equality that may need further consideration. This enables equality related factors to be identified, considered, and actioned in real time within an action-based research framework for within-system learning as well as these learnings being taken forward for future intervention roll out.

Overall, by completing the research in this way to further support the successful implementation of UCLP-PRIMROSE into service transformation across England, this will support the health care and social system priorities set out by the NHS Confederation (2020) for the aftermath of the COVID-19 pandemic, related to mental health, health inequalities, integration and whole system thinking, and a new relationship between NHS, public services, and communities. The current research also meets the need to continue to work towards successful educational interventions directed at both healthcare professionals and service users with clear guidelines and clarity of roles for healthcare professionals to overcome barriers in the monitoring and managing of CVD in patients with SMI (Ali et al., 2020).

3. Identify any previous equalities related research or consultation relevant to your research study

Overview:

The current research study is exploring the implementation of the intervention UCLP-PRIMROSE, for individuals with SMI who have varying levels of CVD risk, regardless of their communities and backgrounds. Equality is an important lens to view the current research through due to the considerable intersectionality of SMI with protected characteristics (UK Government, n.d.). Therefore, this section mainly focuses on equalities related research on individuals with SMI, however considerations related to equality more widely in this research will also be documented briefly and considerations included in the Action Plan (such as reasonable adjustments for healthcare professionals with learning disabilities accessing the dissemination materials).

When considering service users with SMI and how this intersects with different characteristics, research which frames our study related to equality is explored below. This captures the prevalence of SMI, then the intersection of SMI with physical health, ethnicity, sex, the lesbian, gay, bisexual and trans (LGBTQ+) community, and learning disabilities.

SMI:

SMIs frequently present in the early to mid-twenties and have a major impact on health and social functioning (Osborn et al., 2016) with patients facing inequalities in health and access to healthcare (Ali et al., 2020). The estimated prevalence of SMI across the two locations is 1.0 to 1.5%, which is higher than the average prevalence across England (0.9%)(Barker, 2021). Moreover, Barker (2019) suggested an association between income deprivation and the increased likelihood of SMI, with individuals who live in the most deprived locations in the UK being 57% more likely to have SMI than those in areas of the lowest deprivation. Within the areas of focus there are greater gaps when deprivation is considered, such as SMI in London being reported 62% more likely in the most deprived areas (Barker, 2019).

Physical Health:

Research has found that the life expectancy of an individual with schizophrenia is 15-20 years less than the general population (Keenan et al., 2020; Osborn et al., 2016). People with SMI are at higher risk of having CVD, with recent research suggesting that the key cause of death in people using antipsychotic medication is cardiovascular conditions (Azfr Ali et al., 2021). This has been linked to inadequate monitoring, testing, and management (Holt et al., 2010; Mitchell et al., 2012). Interestingly, Mathur et al. (2012) reported that management of CVD risk may be better for people with SMI than the general population, but specifically for blood pressure glycosylated haemoglobin, and worse for smoking and obesity.

A systematic review that explored barriers to monitoring and managing CVD in patients with SMI identified system factors (lack of knowledge among HCP, resource availability, confusion around remit and roles, time constraints, and fragmented care) and patient level factors (such as disability from mental health condition and knowledge of patient)(Ali et al., 2020). Additionally, some symptoms of SMI such as social isolation, suspicion, and cognitive impairment and lack of social skills and stigma around mental illness may lead to barriers for help and care seeking (Phelan et al., 2001) around their physical health needs.

Ethnicity:

Research has consistently found increased prevalence of SMI in migrant and ethnic minority communities, with schizophrenia incidence for Black Caribbean people in the UK identified as amongst the highest in the world (Cantor-Graae & Selten, 2005; Kirkbride et al., 2012; Tortelli et al., 2015). Considering minority ethnic groups in England, the risk of a diagnosis of SMI is particularly elevated for people with Black Caribbean or Black African origins (Nazroo et al., 2020), but there is a higher prevalence reported for all ethnic minority groups (White Other, Mixed Ethnicity)(Halvorsrud et al., 2019).

Das-Munshi et al. (2017) explored excess mortality in people with SMI and the association with ethnicity, finding that some ethnic minorities (Back African, Black Caribbean, and South Asian) have lower mortality than those belonging to White British ethnicity. Moreover, Mathur et al. (2012) explored the differences in CVD and diabetes management in people with SMI, using analysis by ethnicity in London primary care trusts. This study found that people who were Black African or Caribbean were achieving poorer results of blood pressure control whereas people who were South Asian achieved better cholesterol control, and recommended future interventions monitor ethnicity to reduce health inequalities.

Additionally, Kai et al. (2007) explored healthcare professionals' experiences and perceptions of their work with diverse patient groups, specifically from diverse ethnic communities. This research found there was some uncertainty and apprehension of healthcare professionals in supporting patients who have different ethnicity to their own, which was caused by anxiety around being culturally inappropriate, appearing discriminatory or racists, and causing affront.

Sex

Research consistently (Falkenburg & Tracy, 2012) and internationally has identified sex differences among first episodes of psychosis, such as women having lower negative symptom severity, lower rates of alcohol and substance misuse, and a higher percentage of having a spouse or partner and living independently (Ayesa-Arriola et al., 2020). Healthy lifestyle, presence of a spouse or partner and having children may be protective against negative symptoms, and may be more common in women due to being older at illness onset (Ayesa-Arriola et al., 2020). A review of the literature considered whether recommendation for optimal and safe treatment options should be based on sex differences, viewing guidelines through the understanding that they were developed mostly on clinical trials on men yet there are differences between men and women based on reproductive stages (Seeman, 2021). Seeman (2021) identified that there were many differences between men and women worth considering, such as in the treatment of schizophrenia, women are more worried about side effects from antipsychotic medication than men but were less likely to be stigmatised, women experience fluctuation in symptom severity relating to menstrual stage (increasing symptoms and reduced response to medication during menopause), and women with SMI experience a higher prevalence of pregnancy related complications than women in the general population. Fernando et al. (2020) similarly concluded there should be sex-specific clinical guidelines when considering SMI. Moreover, the sex differences in SMI may have increased as longitudnal studies (Born in Bradford) identified that the COVID-19 pandemic has an adverse afect on mental health, particularly in women, younger adults, and individuals who are lonely or in low socio-economic circumstances (Dickerson et al., 2022).

LGBTQ+:

Although there is a higher prevalence of SMI in the LGBTQ+ population, with an associated increased risk of discrimination, there has been limited research with specific interventions especially outside of the US (Kidd et al., 2016). Chakraborty et al. (2011) reports that UK based research reflects international findings that there is an increased prevalence of mental health problems, including psychosis for individuals in the LGBTQ+ community. More specifically, Qi et al. (2020) found that sexual minorities in the UK have an increased risk of paranoia symptoms which may be partially explained by social adversity (such as bullying and lack of social support). Research to date has suggested lower level of patient satisfaction with services for SMI when patients identify as LGBTQ+ (Kidd et al., 2016), and that transgender people with SMI are uniquely vulnerable due to the intersection of stigma (Smith et al., 2018).

Experiencing multiple intersecting forms of discrimination has been scarcely explored in the literature around sexual and gender identity in the context of SMI (Kidd et al., 2016). For this population, Corrigan et al. (2003) in the US reported discrimination was faced by 53% of their participants with SMI, and O'connor et al. (2018) suggests that when an individual has multiple marginalised identities, this can lead to dual alienation and the need for services to address consider the intersectionality. This was similarly concluded in a study in Canada, where barriers to accessing support was associated with a lack of intersectional inclusion related to LGBTQ+ and SMI (Pilling et al., 2017). More recently, Kneale and Bécares (2021) associated sexuality and gender-based discrimination during COVID-19 was an important predictor of mental health issues for individual who are part of the UK LGBTQ+ community.

Learning Disabilities:

Mental disorders are more prevalent in people with learning disabilities (Hassiotis et al., 2000), with research reporting a prevalence of schizophrenia being three times higher in people with a learning disability than the general population (Smiley, 2005). As reported above for the intersection between SMI and LGBTQ+ communities, there is a lack of service evaluations exploring the experiences of those who have dual diagnosis of learning disabilities and SMI. However, preliminary research does suggest that more tailored and joined up support could be useful (Hemmings et al., 2009), especially in identifying unmet needs and reasonable adjustments to health checks (Emerson & Baines, 2010). Emerson and Baines (2010) highlighted several risk factors for people with learning disabilities which would also be associated with risk for CVD, such as low percentage of people with learning disabilities eating a balanced diet, engaging in physical exercise which meets the minimum recommended level, an increased likelihood of being under or overweight, and a lower likelihood of receiving regular health checks.

Equality within the Individuals Implementing and Delivering UCLP-PRIMROSE:

The above section presented equality related research for service users who have been diagnosed with an SMI. Individuals delivering and implementing UCLP-PRIMROSE will also be taking part in the research and will have their own intersecting equality related characteristics. Therefore, many of the same considerations related to equity should be applied to both groups below, such as when developing research materials, the researchers should consider accessibility related to learning disabilities not only for service users but also for providers. As with the service users, a questionnaire will be included to monitor the socio-demographic characteristics of the provider participants.

However, of particular relevance to individuals implementing and delivering UCLP-PRIMROSE is the prevalence of mental illness. Pre-COVID, Imo's (2017) systematic review highlighted concern for the rates of burnout and psychiatric morbidity in doctors based in the UK, with GPs scoring the highest on measures of burnout. Organisational, political, and societal factors have been associated with unprecedented pressures on primary care (Cheshire et al., 2017) with patient level factors of increasing patient complexity, an ageing population, and rising demand of the public (Baird et al., 2016). A systematic review of GP wellbeing during the COVID-19 pandemic found that there had been a negative impact internationally on GP wellbeing, with primary care facing increasing and additional challenges (Jefferson et al., 2022). Moreover, the pandemic is predicted to lead to continued pressures on the health and social care system (Khan et al., 2020). Therefore, the mental health and wellbeing of individuals working in primary care has grown especially over the last few years (House of Commons and Health and Social Care Committee, 2021), and consequently mental illness should be considered related to equality as particularly relevant to this research study for those implementing and delivering UCLP-PRIMROSE. Providers will be asked to participate in our research in addition to their current clinical and intervention implementation responsibilities, therefore consideration needs to be given to the level of burden taking part might have and mitigation of sensitivity and safeguarding around the research (the research team have created a sensitivity and safeguarding protocol for this).

4. Describe how the research study will (or may) affect or impact upon equality

UCLP-PRIMROSE was designed to address an important health inequality area, namely positive action measures that could have a positive impact on the mental health of an under-represented or ‘easy to ignore’ group (individuals with SMI) who also have a higher risk of CVD.

This research investigating the process of implementing UCLP-PRIMROSE including identifying barriers and facilitators across the two sites (London and Bradford) has been designed to support (and understand) real time within-system learning (such as through implementation leads having the opportunity to discuss engagement barriers with UCLP-PRIMROSE with researchers monthly). This may impact on equality through the development of how the sites are implementing and engaging with UCLP-PRIMROSE to address any identified barriers, including those related to equality. Moreover, it is planned that UCLP-PRIMROSE will be scaled up to be implemented across primary care in England as part of service transformation. Therefore, understanding the intersecting communities around equality from the current research study may support successful implementation for the range of individuals with SMI who are at risk of CVD in further implementation efforts.

There are additional elements of the research which may support in this positive impact upon equality. For example, there may be scope in the analysis of the quantitative service user data to explore which communities are not engaging with the intervention and identify groups who may need a more tailored approach to increase uptake. Nevertheless, though it is likely that we will identify findings related to equality that can be used to have a positive impact, this research study may need to ‘flag up’ the limitations and encourage further studies and projects to ‘plug any gaps’ due to the naturalistic NHS delivery of these interventions as part of service transformation, and therefore integration of UCLP-PRIMROSE within existing resources. Yet, this research will lead to the generation of assessment of barriers and facilitators which will create actionable and practical outputs for the increased success of implementation of UCLP-Primrose, whilst learning about the context specific factors.

Consideration in section 3 was given to the potential for increased burden of taking part in the research for particular groups, namely individuals with the disability of mental illness.

The impact of research participation burden is considered balanced against the benefits of the research across participant characteristics, and rationale for this approach was found in previous iterations of this service evaluation, such as service users reporting they enjoyed participation. Moreover, as will be documented in the Action Plan, patient and public involvement (PPI) will be integrated into the work to improve appropriateness and value of the research, limitation of burden, and increased positive impact across intersecting equality characteristics for service users. In relation to equality related factors in those implementing and delivering UCLP-PRIMROSE, the researchers are conscious of the mental health of healthcare professionals and the potential for added burden through taking part in this research within their already challenging occupation. As part of this implementation, the researchers will have regular contact with a selected GP/health care professional who is primarily responsible for implementing the intervention. This could potentially add stress onto their schedule as they feel pressured to take part on a particular day, at a particular time. This has been considered in the development of the methods (including discussions with GPs and healthcare professionals, and the wider implementation teams), to ease some of this stress, they will be encouraged to provide the researchers with three times during the week that they would be best to be contacted, allowing them some flexibility and therefore, easing some pressure.

5. Identify who – from the Protected Characteristic groupings or other relevant underserved or disadvantaged communities – will (or may) be affected and how (please tick in the appropriate box)

Age	Positive Impact	Negative Impact	No Impact	Impact Not Known
	✓			✓

Please explain your assessment:
This research study is likely to have a Positive impact generally on service users of all ages due to SMI frequently presenting in the early to mid-twenties. In addition, through the implementation of the intervention, healthcare professionals at the sites are trained in CVD prevention, which may have a wider beneficial impact for all service users with or at risk of CVD. In understanding the implementation for all ages in the current research project through recruiting with maximum variation sampling, this study can support the further implementation to benefit more people – this is the same for all the below categories. In future, when the service is rolled out across additional sites, people of all ages with SMIs and a high risk of CVD will benefit from the service.

As for all of these groupings there is an element of Impact Not Known, due to this work being an exploratory study investigating facilitators and barriers to UCLP-PRIMROSE implementation. Additionally, under this section, all participants in this study will be 18 or older, therefore this research will only hear directly from adult service users. However, barriers to younger service users may be identified by providers. Impact for providers taking part in this research study is also Not Known, with these providers working with UCLP-PRIMROSE and therefore potentially taking part in the research being determined on a site-by-site basis.

Disability	Positive Impact	Negative Impact	No Impact	Impact Not Known
	✓	✓		✓

Please explain your assessment:
We consider there to be a Positive impact for service users with pre-existing SMI due to providing consistent support with continuity of care which allows the supporting of their physical health in a holistic way (related to cardiovascular health but with the potential to help more widely, such as goal setting related to exercise to lower weight has also been associated with positive impacts for wellbeing), and having the opportunity to review this with a researcher. Previous research into PRIMROSE found participants enjoyed the interview, and as above the focus on implementation process could support individuals (both service users and providers) to be affected positively due to learning from the current work being fed back to the implementation sites and being taken forward in the future roll out of UCL-PPRIMROSE.

Nevertheless, there is likely to be a Negative impact for those with specific disabilities that make accessing this kind of intervention and the research interviews challenging. We consider this therefore to be a justifiable negative impact due to the implementation of the intervention being within the existing service resources and the limitations of the research project. However, reasonable adjustments to the interview process will be undertaken where possible and the researchers will be proactive in considering supporting participant wellbeing (created sensitivity and safeguarding protocols with thoroughly documented procedures and appropriate signposting).

In considering the people who are implementing and delivering UCLP-PRIMROSE who also have an increased prevalence of mental illness compared to the general population, there may be a Positive, Negative, or Impact Not Known (as above – exploratory study). The impact could be Positive due to the potential to engage with the intervention, learn new skills, have support and

connection to researchers to talk about their experience, or Negative due to the increased burden.				
Gender Reassignment	Positive Impact	Negative Impact	No Impact	Impact Not Known
				✓
Please explain your assessment: The impact of the ability to tailor this intervention to the intersecting communities of those with SMI and gender reassignment or providers who belong to this group is Not Known. However, due to the holistic approach and outreach, and identifying barriers in the implementation, the next iteration could be Positive.				
Marriage and Civil Partnership	Positive Impact	Negative Impact	No Impact	Impact Not Known
			✓	✓
Please explain your assessment: We suggest that the impact on people in this group is most likely to be Neutral, i.e. No Impact.				
Pregnancy and Maternity	Positive Impact	Negative Impact	No Impact	Impact Not Known
			✓	✓
Please explain your assessment: As identified in Section 3 women with SMI experience a higher prevalence of pregnancy related complications than women in the general population. However, as with the above section on marriage and civil partnership, the impact is Neutral or Not Known for service users and providers.				
Race	Positive Impact	Negative Impact	No Impact	Impact Not Known
	✓	✓		✓
Please explain your assessment: There is a higher prevalence of SMI in those identifying as ethnic minorities, but there are differences in the outcomes of support for CVD in SMI, and engagement with primary care. As this study is exploring the flexibility, adaptability such as culturally, and barriers with the UCLP-Primrose implementation, these may be able to be identified through this research and Positive impact reached. There is the possibility of a Negative impact as those whose first language is not English may not be able to engage with the interviews or at least to the same degree of efficacy. We consider this to be a ‘justifiable’ negative impact given our focus and that the research is not the implementing of the intervention, however consequently important barriers may not be highlighted around the implementation of UCLP-Primrose. Data around the characteristics of those engaging and not engaging will also be collected through the quantitative data collection. The research team will explore the potential to address access needs, such as availability of resources. As with all sections, there is also Impact Not Known.				

Religion or Belief	Positive Impact	Negative Impact	No Impact	Impact Not Known
			✓	✓
Please explain your assessment: Similar to the above section on marriage and civil partnership, the impact is Neutral and Not Known.				
Sex	Positive Impact	Negative Impact	No Impact	Impact Not Known
			✓	✓
Please explain your assessment: As explore in Section 3 there some research has concluded that there are sex-differences between people with SMI, which the current research could support to identify through identifying barriers and facilitators related to UCLP-PRIMROSE. However, similar to above, broadly the Impact is Not Known.				
Sexual Orientation	Positive Impact	Negative Impact	No Impact	Impact Not Known
	✓			✓
Please explain your assessment: The impact of the ability to tailor this intervention to the intersecting communities of those who are part of the LGBTQ+ community is Not Known, however there is opportunities to explore barriers within the interviews. Due to the holistic approach and outreach, and identifying barriers in the implementation, the next iteration of UCLP-PRIMROSE could be Positive.				
Other	Positive Impact	Negative Impact	No Impact	Impact Not Known
Please explain your assessment:				

6. Provide a summary of the main equality issues identified through this analysis

Across this research study, the issue of intersectionality is important. However, broadly, most consequences related to participation in this research project are **Impact Not Known** due to this research study being exploratory, and understanding issues relating to equality being part of this work. Therefore, how different populations will be affected due to real time changes through the current research and how learnings can be applied to future iterations of the interventions will be identified further along in this project, and therefore this document will be updated at various points throughout the research.

Nevertheless, this research could lead to broadly **Positive** impacts, particularly for the groupings of age, disability, pregnancy and maternity, sex, race, and sexual orientation due to either the increased prevalence of these characteristics in individuals with SMI or the potential for generalisable positive impact through supporting the successful scaling up of UCLP-PRIMROSE.

However, in terms of engagement with UCLP-PRIMROSE and the research evaluating the implementation, there may be **Negative** consequences where there are barriers. This could be related to the following groups: age, disability, race, and religion. However, as discussed in the Action Plan, actions to mitigate identified barriers will be considered such as assessing accessibility (e.g. offering both in person and online interviews which provides options for those with physical disability and those who may be less confident with or do not have access to technology, and reviewing documents through the health literacy lens / best practice in design for patient materials) and the available funding for reasonable adjustments to increase opportunity for engagement (e.g. use of translation services).

We consider there to be **No Impact (or Neutral Impact)** for people under the grouping of marriage and civil partnership.

7. How will you monitor and evaluate the equality impact of your study?

In addition to equality monitoring (collecting relevant protected characteristics) of all those taking part in the interviews and monitoring equality characteristics collected as routine by the implementation sites (extraction of quantitative practice data), we will undertake the following (please see the Action Plan for further details):

- Use this form as the foundation for ongoing consideration of equality related to our research study, reviewing every 4 months.
- Conduct a literature review to further understand the evidence base for equality related research relevant to this work, and specific to the two geographic locations (London and Bradford).
- Monitor and take a proactive effort to engage diversity in PPI groups and integrate learning from previous published research around barriers to engagement with interventions and research.
- Monitor any raised additional needs in terms of materials needed related to equality (such as monitoring of language(s) spoken and disability such as visual impairment) which might lead to different needs when engaging participants with the research study.

ACTION PLAN

What actions do you intend to take (or have you taken) to address the findings arising from the EqIA?

Action	By when?	Responsibility of?	Monitored through (by and when)?	Impact?
1. Form a specific equality focused Action Team To champion an equality focus in our work, mitigate risk, and improve potential impact of this work for the lives of people from all communities, an Action Team will be created. The Action Team will be the two research fellows who are leading on all elements of the research - the ethics application, research design, data collection, data analysis, and the write up. This includes Philippa Shaw and Zuneera Khurshid.	Before the start of the research work. The EqIA has been included as an agenda point in research fellows' meetings through March. The first EqIA dedicated Action Team meeting took place on 19/04/2022. The Action Team created the first draft of the EqIA ready for submission on the 28/04/2022 (reviewed by the CI), however the EqIA and Action Plan will be developed throughout this research.	Philippa Shaw.	Discussion of equality will be added onto all research fellow meeting agendas (the research fellows meet bi-weekly on a Monday). The first Monday per month will be a longer session to include an Action Team review. Notes will be taken at each meeting to record discussions and monitor changes made related to these. Philippa to add this into the rolling agendas and update the meeting invitations for the first Monday of each month. Once every four months, the Action Plan will be reviewed. Due to this form being submitted on the 28/04/2022, the next full review will take place on 01/08/2022.	By creating an Action Team with the research fellows across the two sites who are leading in the research this will allow for continued equality-related discussion throughout the project and identifying additional considerations as soon as they arise. Assess via the action plan. Ensure balanced workloads that also consider allocated work hours to the project.

2. Collaborative discussion of equality and PPI The Action Team will host a collaborative meeting to discuss how to fully integrate equality impact considerations and PPI into the project. Everyone who is involved in the project at this stage has been invited to enable across discipline and site learning, hearing a wide range of perspectives. Meeting invitations were sent to all members of the research team, clinicians/healthcare professionals involved in developing and implementing the intervention, PPI group leads, and members of UCLP (involved in creating training materials and providing support with UCLP-PRIMROSE implementation). For those unable to attend the meeting, a short summary of this equality impact assessment and the meeting notes were distributed so all members were able to provide feedback and have input into this part of the work if they have anything to add.	Before the start of the project and before submitting the EqIA. This meeting took place on 25/04/2022. The Action Team will discuss the action points from this meeting on the 03/05/2022.	Action Team. Philippa to distribute meeting invite and create meeting agenda.	This meeting will be recorded, notes taken, and action points highlighted. From the meeting the EqIA will be amended where necessary, and a PPI plan created. Notes will be distributed to those who were unable to attend to allow collection of additional feedback. Subsequently, discussion of equality and PPI will be added to the meeting agenda for all team cross site research meetings (second Tuesday of every month) which are recorded, and meeting notes taken.	By hosting this meeting, we are opening up the discussion to integrate perspectives from the wider research and implementation team, which will hopefully allow for comprehensive development of the EqIA Action Plan and PPI plan. Through including people who represent potential participants who will be taking part (those who are delivering and implementing the intervention including healthcare professionals) this will allow consideration of burden and appropriateness for these participants as highlighted in sections 3, 4, and 5 of the EqIA. Assess through the completion of the first EqIA first draft and outlining and circulation of a PPI plan. Moreover, in adding this to the monthly agenda, this will allow monitoring or additional considerations and ongoing discussion related to equality. Assess through the development of the EqIA over the duration of the project.

3. PPI PPI groups will be engaged e.g. to assess the research documents that are service user facing (topic guides, information sheets, consent forms, debrief sheets) and guide how to disseminate findings in a useful and accessible way. Contact for this has already been made with DIAMONDS Patient and Public Engagement panel 'DIAMONDS VOICE', which is a group of service users and family carers with experience of living with mental and physical health comorbidity. The Action Team will also reach out to a Peer Coaching Service within and UCLP PPI groups for the option of further support. The diversity of the PPI group will be explored related to representation of our target sample, with consideration of gaps in perspectives not accessed.	Before the start of the research work.	Action Team with Kristian Hudson (PPI budget holder). Philippa has contacted DIAMONDS VOICE and will connect with the Peer Coaching Service. Meeting with UCLP including discussion of PPI on 05/05/2022.	The integration of PPI will be monitored by the Action Team and through collaborative discussions with other project leads, and also overseen by NIHR ARC National Public Involvement Community (reports to be provided).	The Action Team have focussed on outlining the equality related research for individuals with SMI within the EqIA due to the increased prevalence of intersectionality within this participant group. By creating a PPI plan (point 2 of the Action Plan) we can review the materials and the process of research for groups of participants in particular who are indicated to have potential for Negative impact and impact Not Know (section 5 of the EqIA) to ensure thorough consideration around mitigating risk and improving inclusion in this research of people with protected characteristics. Assess through equality monitoring and communication with PPI groups. The intervention and broad approach to research have already been reviewed by a PPI panel. Through integrating further PPI engagement where forms have been adapted for the current iteration of the research and when progressing through the research, this will support hearing the patient and public voice and perspectives to improve appropriateness and accessibility throughout our work.

4. Build equality into the research design To allow for the equality monitoring and exploring barriers and facilitators related to equality when taking part in the intervention and the research, as emphasised as important in our research in section 7 of the EqIA, this will be integrated into our research methods. Necessary socio-demographic characteristics will be asked of all participants taking part in the interviews, socio-demographic characteristics will be collected from service user records in the quantitative element of the research, and equality related questions will be added into our interview topic guides (such as, specifically asking about equality when discussing barriers to service users engaging with the intervention).	When creating the research materials.	Action Team.	This will be monitored through the execution of the research, being discussed in the reflexivity meeting (point 7 of this Action Plan) and reviewed in the findings of this work.	By building equality into the research methods this will enable the research team to monitor and assess the impact of equality in the work, but also to flag barriers to engagement with the intervention and research throughout the data collection phase. Moreover, this will allow additional monitoring of the research to inform section 5 of the EqIA - identify who from the protected characteristic groupings or other relevant underserved or disadvantaged communities will (or may) be affected and how. This knowledge can then be integrated in real time into the intervention implementation and flagged for subsequent implementation and service evaluation. Assess through equality monitoring and integration into the research procedures.

5. Feasibility for reasonable adjustments to materials Accessibility was outlined in the EqIA as a necessary consideration for both groups of participants in this research (service users and healthcare professionals / those delivering or implementing this work). The Action Team will review the feasibility and scope for conducting research in additional more accessible ways, such as providing written documents in larger font or providing interviews in different languages. To achieve this, we will review the research teams existing skill sets, the support that can be accessed through our institutions, and the funding options connected to the project. The accessibility of project updates and outcome dissemination will also be created using guidelines for best practice for accessibility (such as including alternative text for images on PowerPoint slides and PDF documents, distributing materials before presentations, and creation in line with health literacy guidelines) and considering reasonable adjustments.	Before the start of the project & ongoing if additional barriers to research participation are raised at additional points throughout the research	Action Team with David Osborn and Kristian Hudson	The Action Team will assess the options of additional formats of documents and interviews and create a document detailing these (such as option for provision of documents and interviews to be provided / conducted in different language including in Urdu by Zuneera, and what this would mean for resources such as additional time and cost). This will be reviewed with David and Kristian to explore the feasibility and scope within the project timeline and funding. This review will take place before the research starts and the document monitoring accessibility needs updated throughout the project.	This will enable us to explore the feasibility and resources available to improve the accessibility of research documents and data collection. This is in addition to reviewing the documents considering best practice for accessibility relating to design and literacy. Assess through equality and barrier to engagement monitoring. Where there are resources available to support reasonable adjustments, these will be implemented. If it is not possible to develop more accessible documents to match the needs of the participants, this will be flagged up for future iterations of implementation of the intervention and service evaluation.

6. Continued equality related learning The research fellows will embrace continued learning and development throughout the project by taking part in training, discussions, and events related to equality and PPI throughout the project. This will be both project specific, considering equality related to participants who have multiple long-term conditions and more general relating to employing research methods.	Throughout the project.	Action Team Philippa is currently signed up to take part in the MLTC projects PPIE discussion (NIHR ARC National Public Involvement Community) in May, and ARC KSS Research Week which has the theme equality, diversity, and inclusion in applied research (20-23rd June).	The research fellows will create a record of attendance as part of their reflexive practice (point 7 of the Action Plan) to monitor this. After attending training / discussions the researchers will produce notes to disseminate to the wider team about their learnings and how this applies to the current research project either through email or as an update connected to an equality agenda point in meetings.	Through continued learning and development related to equality the researchers are working to keep up to date with their knowledge to enable the application of best practice within the current work. This will also support with the updating of this Action Plan when reviewing throughout the research (point 1). Assess through continuous development records of the Action Team related to equality and PPI.

7. Reflexivity The researchers will be proactive in regularly hosting discussions around the role of privilege and bias within our research. The researchers will additionally keep reflexivity journals throughout the project and engage in wider discussions when completing the analysis. Wider researcher discussion will also take place with the team, such as exploring and mitigating for bias when analysing research data and when discussing equality in meetings. Already discussed and actioned is member checking with the participants key points from interviews to check interpretation. The action team will include a reflexivity statement in appropriate dissemination materials, such as addressing the COREQ statements of reflection when writing up journal articles. The action team have also discussed writing a report / paper around the process of reflexivity when completing mixed methods intervention evaluation research with a multidisciplinary team across sites to demonstrate transparency in our approach, bring together best practice, and disseminate learning.	Before the start of the project and ongoing.	Action Team	The action team will participate in monthly discussions (first Monday of each month) around reflexivity and equality (incorporating point 1 and 7 of this action plan). Meeting agenda and action points will be recorded for each meeting. One meeting will be dedicated to working with the recently published NIHR Race Equality Framework – a practitioner's guide for public involvement in research. The first reflexivity meeting is 03/05/2022.	The researchers will therefore be demonstrating best practice in relation to qualitative work, engaging in processes of acknowledging bias and how this connects with equality in our work, and making sure this is documented for transparency. This is relevant for consideration of all protected characteristics highlighted throughout the EqIA, particularly as all the categories have the potential for Impact Not Known in section 5 and 6 due to this work being exploratory and having the potential to highlight equality related barriers and facilitators to engagement throughout the research process. Assess through meetings schedule, use of reflexivity journals, and quality of write up.

8. Maximum variation sampling Within the interviews we are aiming to gather a range of stories about experiences with the intervention. Where possible, recruitment will be completed using maximum variation (purposefully recruiting diversity in socio-demographic characteristics) to hear from a diverse range of participants. Moreover, due to the triangulation research approach we will be able to explore the socio-demographics of service users taking part in the interviews against the socio-demographics of all service-users who have taken part in UCLP-PRIMROSE (quantitative data collection for service evaluation). This will allow the researchers to explore the representation of the final sample. Where there has been a potential lack of engagement, literature will be searched to explore explanations for this without further burdening populations as commonly questions related to equality and engagement have already been asked by researchers.	During participant recruitment for interviews	Research fellows / Action Team – who will be recruiting the healthcare professionals, providers and peer coaches to discuss their experiences. Healthcare teams – those who will be recruiting the participants	Monitoring the diversity of participants through collection of socio-demographic characteristics. These are collected through a short questionnaire when consenting to take part in the study. The variation in the participants will be assessed by the Action Team at the mid-point of data collection, and efforts to engage participants with characteristics that are under-represented at this point will be made. Monitoring of protected characteristics will also take place using the quantitative data collection for service evaluation.	It is hoped this will extend the research study scope to better understand the experiences of people from one or more of the protected characteristic groups, particularly with the acknowledgement of intersectionality in section 3 of the EqIA. Findings of further refinement to recruitment will be flagged for future iterations of PRIMROSE evaluation. Assess through equality monitoring.

9. Next steps The Action Team will highlight any next steps including need for further research and practical implications for the implementation of UCLP-PRIMROSE related to equality.	Researched throughout the study, applied within the write up of the study	Action Team		This will allow the reviewing of potential gaps in the research through lack of representation from easy to ignore groups. Through flagging the need, but also incorporating existing research into the rationale this will create a more complete recommendation for research.

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