

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 31 January 2022</b>
<b>Title:</b>	<b>Engagement update on interim redesign of Systemic Anti-Cancer Treatment (SACT) delivery in response to the COVID-19 pandemic</b>
<b>Responsible Director:</b>	<b>Kirstin Dickson, Director Transformation and Sustainability</b>
<b>Report Author:</b>	<b>Seonaid Lewis, Engagement Manager</b>

## 1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Emerging issue
- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

## 2. Report summary

### 2.1 Situation

The COVID-19 pandemic has required us to rapidly reconfigure services and provide care in new and different ways. During the initial pandemic response it was necessary to adapt very quickly to develop a pathway of care for managing patients with COVID-19 alongside maintaining a level of service for other patients. One service area that had to be reviewed and interim changes put in place, was chemotherapy service delivery. The Lead Cancer Team were asked to review chemotherapy services to consider whether there were any alternative options that would ensure a high quality, risk stratified and safe service.

Service change proposals should be informed by individual people and communities of people with lived experience and feedback should be sought on temporary models to inform potential future changes. During this initial response, quick decision making was needed to maintain essential services safely, and the urgency of the situation did not allow time to involve or engage with public and patients as we would normally. As such we have implemented an engagement plan over the past 12 months to gather feedback and experience from staff and patients on the interim changes.

## **Regional Chemotherapy Service Model**

Board members will recall receiving previous information pre-pandemic on the three-tiered regional service model set out by the West of Scotland Cancer Network which has three distinct tiers of cancer treatment:

<b>Tier 1</b>	Highly specialised treatments that are provided on West of Scotland basis at the Beatson West of Scotland Cancer Centre, Glasgow.
<b>Tier 2</b>	Higher risk of patient having adverse reaction, and in some cases longer duration of treatment. A typical regime is often Tier 2 for the first 2 cycles when the risk of reaction is highest. Tier 2 treatments are delivered on an acute hospital site with access to the full range of resuscitation, medical support services and multidisciplinary teams. Inpatient and day wards.
<b>Tier 3</b>	Lower risk treatments, with patients less likely to have adverse reaction. A patient is usually moved to Tier 3 if the first 2 treatments with a specific drug or regime have been uneventful at Tier 2. Nurse-led treatment delivered on a site where a more limited clinical support is available, as patients have been deemed low risk of adverse reaction. Day wards - simple short infusions, subcutaneous treatments and supportive medicines.

As a result of the COVID-19 related service review, a series of interim service changes took place across Oncology services, to both protect the vulnerable patient group and to support wider site / divisional COVID-19 plans. As a result, all inpatient Chemotherapy is currently delivered in Ward 3A University Hospital Crosshouse (UHC). All Tier 2 outpatient Systemic Anti-Cancer Therapy (SACT) is now delivered from one dedicated site at UHC (Ward 5E). Tier 3 outpatient SACT is delivered from a dedicated upgraded unit in Kyle, Ailsa Hospital. We continue to deliver some Tier 3 in ward 5E (UHC) - for those for whom travel to Kyle Unit may be more difficult or impractical. Patients who are equidistant between Ailsa Hospital and University Hospital Crosshouse are offered the opportunity to attend Kyle Chemotherapy Unit at Ailsa Hospital.

In line with current National Guidance we are now in a position to review these interim service changes brought about by the pandemic and consider a more permanent model for service delivery.

Engagement with patients and staff throughout the period of interim changes has enabled the collection of valuable service user and staff experience. As we move through this next phase of engagement we will gather evidence to support the planning of our future Chemotherapy Services and ensure the decision making process is well informed by those who use and deliver the services.

## **2.2 Background**

The ultimate aim of the West of Scotland Strategic Review of SACT Services was to ensure high quality, safe and sustainable SACT services across the West of Scotland.

The emerging service model aims to:

- improve patient experience and outcomes;
- deliver treatment in the most clinically appropriate place;
- ensure consistency of pathways and processes;
- provide equitable access to treatment, including access to clinical trials; and
- optimise resource use.

The Regional Planning Group endorsed the strategic direction for SACT services across the West of Scotland in August 2017. There are significant pressures in relation to chemotherapy delivery due to a gradual increase in new presentations of cancer but more due to a rapid increase in the treatment options available. This means that chemotherapy is available for some patients where it would not have been in the past, and that for many patients additional chemotherapy options are available beyond those previously provided.

Patient and carer engagement on the emerging model of care has been undertaken across all four West of Scotland NHS Boards and the principals of the model widely supported. Our local strategy is to implement this plan within Ayrshire and Arran to support safe and effective care delivery for patients and staff, as close to home as possible, where this can be done safely. The plan is based upon a tiered model of care with one Tier 1 centre for the whole of West of Scotland region, Beatson West of Scotland Cancer Centre, one Tier 2 site within Ayrshire and Arran and as many Tier 3 sites as needed.

It was therefore necessary to undertake a review of chemotherapy services within Ayrshire and Arran, in conjunction with Boards within the West of Scotland Cancer Network (WoSCAN). As part of the review a comprehensive patient and public engagement exercise was undertaken from January to March 2020. This exercise provided a meaningful opportunity for people to be informed and provide feedback and lived experience to inform future service planning.

Following the Chemotherapy Service Review in 2019 and associated public engagement in early 2020, it was recommended and proposed that our Tier 2 site should be based at University Hospital Crosshouse. Additionally, it was recommended that development of further Tier 3 delivery sites should be considered. However, any further development in the implementation of this care model was paused in March 2020 due to the onset of the pandemic.

Although the Chemotherapy Service Review for future service delivery was undertaken in 2019, the urgent changes made to Chemotherapy Services over the past 18 months has happened as a direct result of COVID-19 and as such can be categorised as: *“Changes that were introduced on a temporary basis and are now being considered as a longer term or permanent model for service delivery”*. This categorisation is outlined in the [Engagement and participation in service change and redesign in response to COVID-19 Guidance note - November 2021](#) published by Healthcare Improvement Scotland. The guidance acknowledges the extended duration of the pandemic response and the new national guidance for NHS Boards, Integration Joint Boards and Local Authorities, [Planning with People](#).

These changes had to be implemented very quickly for patient safety and consequently there was limited opportunity to undertake our normal levels of informing and engagement in relation to these changes. Although these interim changes had been brought about through necessity, we recognised the importance of hearing how the changes have affected both staff and patients and were keen to learn from their experiences as we moved towards a more permanent solution. We therefore undertook an engagement exercise with patients and staff in October 2020 to seek initial feedback and experience from patients and staff on the relocation of tier 3 low risk SACT delivery from Station 15 (UHA) to the new Kyle Unit, Ailsa campus, working within the ongoing parameters of COVID-19.

Questionnaires were developed to capture patient and staff views and experience. 36 patient questionnaires were completed during this initial engagement period and 23 staff questionnaires were received. The feedback from patients was overwhelmingly positive, with 98% rating their overall experience as very good and 100% rating the treatment environment as very good. Key themes reflected ease of access, increased feeling of safety being separate from the acute hospital and a seamless flow of care provided by friendly and professional staff. This is reflected in the following quotes.

*“Everything to do with the new unit is very positive and supportive. The whole environment is, compared to even station 15, exceptional and should remain such. Safety is total.”*

*“Nice to be away from main hospital as it’s more of a homely environment”*

*“The team is caring and reassuring. They are obviously settled in the new environment and enjoying it which passes on to the patient”*

The feedback from staff was also positive and mirrored that of the patient feedback, which was both encouraging and reassuring. Key themes that emerged included more space, better staff morale, safer environment and improved patient experience.

*“A great and successful response to a difficult and challenging situation caused by these uncertain and unsafe COVID times”.*

*“This change has provided the chemo day unit with a better space to work in”. “I feel that the staff morale has increased working in Kyle”*

## **2.3 Assessment**

An Engagement Plan for 2021/22 was produced which sets out a timeline for all engagement activity (appendix 1). An engagement steering group was established to take this forward. The purpose of the engagement plan is to:

- ensure that patients, NHS staff and partner organisations are aware of the interim changes and current service model;
- implement an effective and meaningful engagement process to enable patients, directly involved staff and partner organisations to be involved and share their views and feedback on the interim changes and current service model; and
- provide NHS Ayrshire & Arran Board with an engagement report to ensure that these service changes and any future proposals are informed by patients, staff and partner organisations.

### **2.3.1 Phased Engagement on interim changes**

- **Kyle Unit - Tier 3 service delivery**

As we began to remobilise services and reinstate our business as usual, we were able to carry out a further period of engagement in May/June 2021 around the relocation of tier three low risk chemotherapy service to Kyle Unit, Ailsa campus. Staff and patient questionnaires were prepared based on the previous questions used in 2020 to ensure consistency and enable us to compare and contrast with the previous engagement responses. 52 patient feedback questionnaires were completed within Kyle Unit during this engagement phase.

The feedback mirrored that of the previous engagement exercise in October 2020, with 100% of patients rating their overall experience as very good and the same key themes coming through around, safety aspect being located away from main hospital, improved environment and excellent staff care. Better parking was also a key topic. Staff feedback within Kyle Unit was also extremely positive, with overwhelming support for the new Tier 3 service delivery, away from the acute site. A summary of engagement activity can be found in appendix 2.

### **Key benefits of Tier 3 relocation to Kyle Unit**

- Kyle Unit provides a spacious environment with areas for multidisciplinary team members and adjacent out-patient appointment facilities;
- Haematology and Oncology out-patients operating throughout the week;
- Situated out with the acute hospital environment - safer for patients and staff during the pandemic by not having to enter an acute hospital;
- Good parking and accessibility – for example, easier for those patients for whom walking across University Crosshouse carpark or through a large hospital building is a challenge; and
- Patients easily transferred to University Hospital Ayr if they react to treatment or require medical care.

The [Christie Model](#) of SACT delivery is a tried and tested way of delivering Tier 3 Chemotherapy in a local setting that does not require acute support. It can be delivered in many settings with examples ranging from outreach community hubs, to Chemotherapy buses. The review group used the Christie Model principles when considering what might be possible for Tier 3 SACT delivery within Ayrshire and Arran and expanded on these to include haematology regimens following the risk stratification principles. In the future there could be scope to consider new SACT regimens and non SACT therapies potentially being added in a staged approach, following risk assessment and agreement by the relevant clinicians, as appropriate.

### **Success of the Tier 3 relocation to Kyle Unit**

- Locating Tier 3 services on a non-acute site has not been done before in Scotland
- Spacious multidisciplinary environment providing Tier 3 Chemotherapy, plus outpatient clinics supporting effective team working and providing a streamlined pathway for patients
- Focused use of medical resource and increased flexibility
- Non SACT supporting treatment in Rapid Assessment
- Platform to include Ayrshire Cancer support and engage them in care
- Scope to develop non-medical prescribing clinics, which would provide a '*one stop shop*' for patients.

### **Interim changes at University Hospital Crosshouse (UHC)**

As stated in current national guidance; service changes, redesigns and new proposals should be informed by the 'lived experience' of patients', service users', carers' and third sector groups'. As such we took the opportunity to seek feedback from patients and staff on the relocation of all Tier 2 services to UHC, to enable us to consider how this can be used to inform current practice and future service design.

This encompassed ward 3A, inpatient chemotherapy ward, and 5E which provides Tier 2 and Tier 3 day case. 98 patient feedback questionnaires were completed. Patient feedback was on the whole very positive, as illustrated below.

*“As a result of monthly phone calls with the doctor, from given an appointment in 5E to getting my transfusion. This is more efficient than the previous system and hopefully saves doctors time as well”.*

*“I prefer the reduced number of patients, the clean and spacious environment. The patient levels allows for more staff time with patients, which provides a quicker administration of medication”.*

Staff feedback was also supportive, key themes mirrored that of the patient feedback, with a focus on improved environment for patient care and the safety aspect. A summary of engagement activity can be found in appendix 2.

### **Key benefits of the Tier 2 relocation to Ward 5E UHC**

- High risk chemotherapy regimens administered on an acute site with easy access to the oncology in-patient ward, where appropriate
- Patients easily transferred to oncology in-patient ward or appropriate other ward where medical care required
- Ward 5E separated from haematology out-patient area resulting in reduced footfall compared to the previous 3C location
- Provides a spacious environment with access to multi-disciplinary team.

- **Ongoing Engagement and Communication**

We understand that current national guidance should be applied in a proportionate and realistic way to involving people in service redesign, recognising that temporary models may not always reflect the previous ‘status quo’ and therefore there is a ‘new starting position’. As such, we are now in a position to reflect on these interim service changes, brought about by the pandemic, and consider a more permanent model for chemotherapy service delivery.

A further period of engagement has recently been carried out to ensure that any service change proposals are informed by the experiences of patients’ and staff. This phase of engagement was tailored more specifically to key aspects of the interim changes and provided an opportunity for staff to provide reflection and feedback across the whole service and not just within their own areas. Patient questionnaires were also refocussed to ensure that previous key themes could be further explored, for example, travel, transport and parking. 118 patient questionnaires were gathered.

### **2.3.2 Next Steps**

We are in the process of collating the questionnaire feedback and identifying the emerging key themes. This information will be used to inform and plan further engagement with staff over the coming weeks. A series of staff informing and discussion sessions are planned for February 2022. It is important that we take the time to consider and learn from the views and experiences of our patients and staff and use this to inform our future chemotherapy service delivery model.

- **Service Change Guidance**

In order to meet the expectations of effective engagement as set out in policy and guidance, *Healthcare Improvement Scotland – Community Engagement (HIS-CE)* recommends that NHS Boards consider a series of steps to inform the engagement process. Consideration should also be given to any ongoing engagement activity in related areas that may be taking place at local, regional or national levels and how this feedback can be used to inform next steps. We have been working with and updating HIS-CE regularly on the status of this service change. They have provided advice throughout the key stages, along with recommendations, as outlined in the attached letters (appendix 3). The first letter relates to the current interim changes outlined in this paper, in response to the pandemic, and the second letter relates to the earlier Chemotherapy Services Review and associated engagement activity early 2020. The service is in a very different position now due to the prolonged nature of the pandemic however the implemented crucial changes do align with our pre-pandemic intentions.

- **Public informing and communication**

It is crucial that we work towards achieving a shared understanding with people and communities around these interim changes and current service status. Our intention is to plan a period of public informing and communication alongside the upcoming staff engagement. Clear timely messaging and information will ensure that communication and engagement is proactive rather than reactive. This next phase of informing and engagement will form the basis of a fuller engagement report to help inform future planning and decision making. A further paper will be developed summing up all of the engagement work and public informing.

### **2.3.3 Quality/patient care**

Reflecting on the interim changes to our SACT delivery, they correlate with our pre-pandemic intentions and subsequently we are able to deliver an appropriate, safe and patient centred service model for our current SACT services in Ayrshire and Arran:

- to develop a pathway of care for managing patients with COVID-19 alongside maintaining a level of service for other patients;
- to provide a single dedicated inpatient ward at University Hospital Crosshouse;
- to continue to treat as many patients as possible as close to home as possible, where this can be done safely; and
- to provide a dedicated unit for Tier 3 SACT delivery which is located out with the acute hospital and therefore much safer for patients and staff and provides better parking and accessibility.

Other significant changes to the way we deliver our service, due to the pandemic, have provided mitigating steps in relation to key points highlighted within the Chemotherapy Service Review. For example, patients now receive their initial assessment via Near Me or in person at the site closest to their home, where this can be done safely. Patient pathways, including the use of Near Me/Attend Anywhere, have been redesigned to minimise clinical risk - additionally helping to minimise travel, parking and access issues for patients.

Patient feedback from the engagement process on the interim changes has on the whole been extremely positive. Key themes that have emerged reflect ease of access, a seamless flow of care provided by friendly, caring and professional staff,

and in relation to the new Kyle Unit, an increased feeling of safety being separate from the acute hospital and better parking. Overall there has been a more positive perspective on travel and transport to and from appointments however challenges in parking at Crosshouse continues to have an adverse impact.

#### **2.3.4 Workforce**

A workforce planning paper is currently being developed to support the interim measures and ongoing reconfiguration of services.

#### **2.3.5 Financial**

There is no financial impact in relation to the engagement work described in this paper.

#### **2.3.6 Risk assessment/management**

We are following national guidance to ensure that statutory requirements for effective engagement and communication are understood and met. However this continues to be impacted by the pandemic and associated pressures and restrictions, particularly in relation to limitations around methods for meaningful stakeholder engagement.

- Failure to implement a robust staff engagement and communication approach could result in negative staff morale/ staff disengagement / mistrust.
- Failure to communicate information to the public on the interim changes and current service status in an effective and timely manner may lead to reduced public perception and increased number of complaints, concerns and adverse media.

This risk will be monitored and overseen via the Chemotherapy Oncology Planning Oversight Group and Corporate Management Team.

#### **2.3.7 Equality and diversity, including health inequalities**

The chemotherapy engagement Equality Impact Assessment (EQIA) was refreshed in 2020 to reflect the engagement associated with the Chemotherapy Service Review. An updated EQIA specifically pertaining to these interim service changes has since been produced (appendix 4). This EQIA reflects the interim changes to service delivery due to the COVID-19 pandemic and includes information on the engagement activity that has been undertaken.

An associated action plan is being developed to progress any highlighted mitigations and further improvements. This is being progressed through the Chemotherapy Planning and Oversight Group to ensure that the Board's Equalities Outcomes are reflected throughout the engagement and service planning.

#### **2.3.8 Other impacts**

There are no other relevant impacts associated with this paper.



### **2.3.9 Communication, involvement, engagement and consultation**

An Engagement Steering Group has been established to plan and progress all engagement activity in relation to the interim changes to SACT delivery highlighted within this paper. This group reports to the Oncology Chemotherapy Oversight Planning Group.

Engagement with patients and staff has continued throughout the duration of these changes. We are also engaging with third sector partners to ensure they are kept informed and involved in future service planning.

### **2.3.10 Route to the meeting**

The content discussed in this paper has been considered and supported by the Corporate Management Team.

## **2.4 Recommendation**

For discussion. NHS Board Members are asked to discuss and acknowledge:

- the rationale and interim service change made to Systemic Anti-Cancer Treatment (SACT) delivery in response to the COVID-19 pandemic;
- the engagement that has taken place throughout these changes and the interim outcomes from the engagement plan delivered to date; and
- the further planned engagement described in the paper

## **3. List of appendices**

The following appendices are included with this report:

Appendix No 1 - Engagement Plan

Appendix No 2 - Engagement Summary

Appendix No 3 - Healthcare Improvement Scotland - Community Engagement responses

Appendix No 4 - Equality Impact Assessment for Interim changes

## Appendix 1 – Engagement Plan

### Chemotherapy Services

- Redesign of Systemic Anti-Cancer Treatment (SACT) delivery in response to the COVID-19 pandemic

### Engagement Plan 2021

Document Status:	Draft	<b>Key contacts</b>
Version Number:	v0.03	Peter McLean, Consultant Haematologist
Document location:	Programme Management Office	Fraser McJannett, General Manager - Surgical Services UHC
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Approved By:	Chemotherapy Planning & Oversight Group	Emma Smith, Clinical Nurse Manager - Cancer Services
Date Effective From:	August 2021	Caroline Rennie, Macmillan Nurse Consultant
Review Frequency:	Ongoing	Wendy Short, Senior Charge Nurse, Kyle Ward, Ailsa Hospital
Next Review Date:		Judith McKee, Senior Charge Nurse, UHC
		Clare Crichton, Digital Engagement & Media Officer
		Ken Brown, Staff Side Representative

#### Approvals

Name & Title / Group:	Date:	Version:
Chemotherapy Planning & Oversight Group	01/12/21	0.02

## **Introduction**

During the initial pandemic response it was necessary to adapt very quickly and develop a pathway of care for managing patients with COVID-19 alongside maintaining a level of service for other patients. At this time the Lead Cancer Team were asked to review chemotherapy delivery to consider whether there were any alternative options that would ensure a high quality, risk stratified and safe service.

Following this review a series of environmental moves were implemented across Oncology services to both protect the vulnerable patient group and to support wider site / divisional COVID-19 plans. As a result, in a series of steps over several months, all inpatient activity and high risk (Tier 2) outpatient chemotherapy was moved from University Hospital Ayr (UHA) to University Hospital Crosshouse (UHC). Within UHC outpatient chemotherapy moved from ward 3C to ward 5E. Low risk (Tier 3) outpatient chemotherapy was moved from Station 15 (UHA) to Kyle Ward, Ailsa campus Ayr, while high risk outpatient chemotherapy (Tier2) was initially hosted within the Medical Day Unit (UHA) prior to transfer to ward 5E (UHC).

As outlined in the *Engagement and participation in service change and redesign in response to COVID-19 Guidance note - July 2020/November 2021*, the urgent changes we have had to implement for our chemotherapy services over the past 18 months, as a direct result of COVID-19, are categorised as: *“Changes that were introduced on a temporary basis and are now being considered as a longer term or permanent model for service delivery”*. We are now therefore now in a position to consider making these temporary changes our permanent model for service delivery. As such and in line with current national guidance, a period of informing and engagement will be undertaken to ensure that these service change proposals are informed by patients, staff and partner organisations.

This engagement plan outlines how we will engage with patients, staff and partner organisations, to gather views and feedback on the changes, proposed service model and the impact it has had on patients and staff.

The purpose of the engagement plan is to:

- ensure that patients, NHS staff and partner organisations are aware of the implemented changes and proposed service model;
- implement an effective and meaningful engagement process to enable patients, directly involved staff and partner organisations to share their views and feedback on the current service and proposed service model; and
- provide NHSAA Board with an engagement report to ensure that this service change proposal is informed by patients, directly involved staff and partner organisations.

## **Background**

The West of Scotland Cancer Network (WoSCAN) Systemic Anti-Cancer Treatment (SACT) future service delivery plan was endorsed by the Boards within the network including NHS Ayrshire and Arran in 2017. Our local strategy is to implement this plan within Ayrshire and Arran to support safe and effective care delivery for patients and staff. The plan is based upon a tiered model of care with one Tier 1 centre for the whole of WoS region, currently Beatson WoS Cancer Centre, one Tier 2 site for Ayrshire and as many Tier 3 sites as required.

Following the Chemotherapy Service Review in 2019 and associated engagement in early 2020, it was proposed that our Tier 2 site should be at UHC. Additionally, it was recommended that development of further Tier 3 delivery sites should be considered. An extensive public engagement exercise was undertaken from January to March 2020, which included focus groups, public information, discussions with patients and carers in clinical settings, local media coverage and an engagement survey. This exercise provided a meaningful opportunity for people to be involved and provide feedback and lived experience. However, any further development in the implementation of this model was paused in March 2020 due to the pandemic.

Due to the pace of the urgent changes to our SACT delivery, and associated restrictions on engagement methods due to the pandemic, there was no scope to engage appropriately or meaningfully with patients or public at that time. We therefore took the opportunity, when safe to do so, to gather views and feedback from patients and staff on the temporary changes that had been implemented, to enable us to consider and inform current practice and future service design.

<b>Timeline</b>	<b>Engagement Activity</b>	<b>Summary</b>
Oct 2020	<ul style="list-style-type: none"><li>A period of engagement took place in with staff and patients to gather views and feedback on the relocation of Tier 3 service delivery from Station 15 (UHA) to Kyle Ward (Ailsa campus, Ayr)</li></ul>	<ul style="list-style-type: none"><li>Questionnaire developed to seek views from patients and staff - <i>engagement opportunities and methods were somewhat restricted due to the pandemic.</i></li></ul>
May / June 2021	<ul style="list-style-type: none"><li>Further engagement exercise undertaken on the relocation of Tier 3 chemotherapy service delivery, to reflect current status.</li><li>Engagement with staff and patients to gather views and feedback on the relocation of Tier 2 services to University Hospital Crosshouse - this encompassed Wards 3A, which is a SACT delivery inpatient area, and 5E which provides Tier 2 and Tier 3 day case.</li></ul>	<ul style="list-style-type: none"><li>Questionnaires were based on the previous questions used in 2020 to ensure consistency and enable us to compare and contrast.</li><li>In total across the three ward areas we received 150 completed patient questionnaires and 27 staff responses.</li></ul>

## Chemotherapy Services Informing and Engagement Plan

The engagement plan sets out a timeline of activity from September 2021 - March 2022. Key to this is collaboration with oncology staff to plan and implement the engagement process. We will ensure that our engagement approaches are inclusive and utilise appropriate methods - as a minimum this will include patient feedback questionnaires for those currently using services, staff questionnaires and targeted engagement with Third Sector partners and organisations.





### Key objectives:

- **Understanding impact:** Identify people who currently use the services and those who may have been undergoing treatment during the implementation of the changes and seek their views and lived experiences.
- **Communicating clearly:** Ensure that all informing and engaging communications are clear, transparent and accessible.
- **Engagement process:** Undertake meaningful and inclusive engagement using tailored approaches - this will include a blend of digital and face-to-face engagement, as appropriate.
  - Evaluate the engagement process and use this learning to inform current approaches and to enhance future engagement.
- **Using feedback:** Collate feedback from patients and staff on the service changes and produce a comprehensive engagement report which will be used to inform decision making on the proposed service model.
  - Provide appropriate feedback to staff and patients on the outcome of the engagement and impact of their involvement
  - Use to inform next steps and future service planning

### **Key stakeholders have been identified as:**

- Patients and their family members / carers
- Directly involved staff (e.g. Medical, Nursing, Specialist, Pharmacy)
- Third Sector Partners / Organisations - (*Ayrshire Cancer Support, North Ayrshire Cancer Care, Irvine and Troon Cancer Care*)
- Patient Transport

## Engagement Action Plan

Timeline	Activity	Summary	Responsibility	Status/Notes/Update
By August 2021	Establish steering group to plan and oversee engagement.	<ul style="list-style-type: none"> <li>Identify key Oncology staff</li> <li>Develop engagement plan                             <ul style="list-style-type: none"> <li>Learning from previous engagement</li> </ul> </li> <li>Prepare questionnaires</li> <li>Refresh and update Equality Impact Assessment to reflect COVID-19 situation, subsequent interim changes and service status</li> </ul>	Engagement Team / Engagement Steering Group	Complete Engagement Steering Group Meetings: <ul style="list-style-type: none"> <li>28/07/21</li> <li>31/08/21</li> <li>28/09/21</li> <li>06/02/22</li> </ul>
30/09/21	Meeting arranged with Staff Side to discuss upcoming staff engagement process.	Initial meeting took place with staff side to discuss approach and function of upcoming staff engagement process.	Claire Ritchie Ewing Hope Seonaid Lewis	Agreement to commence with staff engagement questionnaires to reflect on interim changes and inform future service planning.
11/10/21 - 04/11/21	<b>Patient engagement</b> <ul style="list-style-type: none"> <li>Questionnaires disseminated within each of the three ward areas to gather views and feedback from patients</li> </ul>	<ul style="list-style-type: none"> <li>Questions developed to gather experiences and views on current service delivery, impact on patients and staff and interim service model.</li> <li>Infographics produced to share feedback and information on previous engagement activity within ward areas.</li> </ul> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">   <small>NHSAAA Kyle Ward Patient Survey - Oct</small> </div> <div style="text-align: center;">   <small>NHSAAA Ward 3A Patient Survey - Oct</small> </div> <div style="text-align: center;">   <small>NHSAAA Ward 5E Patient Survey - Oct</small> </div> <div style="text-align: center;">   <small>DRAFT Kyle Ward - Patient Feedback Po</small> </div> </div>	Engagement Steering Group	Complete 118 Patient questionnaires were completed across the 3 ward areas: Kyle Unit - 28 Ward 3A - 22 Ward 5E - 68
15/10/21 - 01/11/21	<b>Staff engagement</b> <ul style="list-style-type: none"> <li>Inform and update directly involved staff on current position</li> <li>Questionnaire disseminated to all directly involved staff</li> </ul>	<p>Engagement questionnaire circulated to core staff teams to seek feedback and views on proposed new service model - via hard copy and electronic link to complete online.</p> <ul style="list-style-type: none"> <li>Circulated widely to include specialist nurses, visiting oncologists and pharmacy</li> <li>Feedback from previous (May/June 2021) engagement made available and summary infographics produced.</li> </ul>	Engagement Steering Group	Complete 35 completed staff questionnaires received: Kyle Unit - 15 Ward 3A - 7 Ward 5E - 5

Timeline	Activity	Summary	Responsibility	Status/Notes/Update												
w/c 18/10/21	<b>Engage with Third Sector</b> - Community services and supports.	<ul style="list-style-type: none"> <li>Ensure third sector and voluntary groups are informed of the changes and proposed service model</li> <li>Scope out engagement opportunities with third sector organisations</li> <li>Discuss future engagement targeted around travel and transport</li> </ul>	Seonaid Lewis	18/10/21 - Meeting took place with Sandra McCall, CEO Ayrshire Cancer Support - to inform on service model proposal, provide update on engagement process and discuss future engagement opportunities.												
w/c 02/11/21	Collate and analyse engagement questionnaire responses. <ul style="list-style-type: none"> <li>Pull out key themes</li> <li>Prepare information to feedback to those that participated - staff and patients</li> </ul>	<ul style="list-style-type: none"> <li>34 staff questionnaires and 118 patient questionnaires were completed in this latest phase:</li> </ul> <table border="0"> <tr> <td><b>Ward 3A:</b></td> <td><b>Ward 5E:</b></td> <td><b>Kyle Unit:</b></td> <td></td> </tr> <tr> <td>7 staff</td> <td>5 staff</td> <td>15 staff</td> <td>8 visiting /</td> </tr> <tr> <td>22 patients</td> <td>68 patients</td> <td>28 patients</td> <td>specialist staff</td> </tr> </table>	<b>Ward 3A:</b>	<b>Ward 5E:</b>	<b>Kyle Unit:</b>		7 staff	5 staff	15 staff	8 visiting /	22 patients	68 patients	28 patients	specialist staff	Engagement Team	Following this engagement activity and collation of questionnaire responses it was agreed to delay the Board proposal paper until early 2022 to allow more time to inform and engage with staff. Staff team discussions and information sessions to be planned.
<b>Ward 3A:</b>	<b>Ward 5E:</b>	<b>Kyle Unit:</b>														
7 staff	5 staff	15 staff	8 visiting /													
22 patients	68 patients	28 patients	specialist staff													
01/12/21	Chemotherapy Oncology Planning Oversight Group meeting to review plan and discuss next steps: <ul style="list-style-type: none"> <li>Agree revised timelines</li> <li>Scope out engagement sessions with core staff</li> <li>Workforce planning paper to be reviewed and updated</li> <li>Staff engagement materials to be developed</li> </ul>	<p>Propose that further staff informing/engagement activity takes place early 2022 to ensure directly involved staff are fully informed on the new service model and involved in discussions and planning for a more permanent model of service delivery.</p> <p>Propose that an engagement summary paper will be presented to the Board in January 2022 for noting - setting out the engagement that has been undertaken to date and next steps. Followed by the new service model proposal paper in March 2022.</p> <p>Next steps:</p> <ul style="list-style-type: none"> <li>Further informing and engagement with staff to be arranged - Team discussions required to provide further information for directly involved staff</li> <li>Informing materials to be developed</li> </ul>		<p>Staff side representative invited to join the Oversight Group.</p> <p>Key actions from meeting:</p> <ul style="list-style-type: none"> <li>Weekly group to be established to oversee engagement/service planning</li> <li>Seonaid to circulate staff and patient questionnaire responses to group for further discussion</li> <li>Engagement Team to prepare summary of patient / staff engagement</li> <li>Update email to be circulated to all directly involved staff</li> </ul>												

Timeline	Activity	Summary	Responsibility	Status/Notes/Update
Jan 2022	<b>Staff Engagement Planning</b>	<p>Plan and progress staff engagement and communication.</p> <ul style="list-style-type: none"> <li>• Agree approach and format for staff sessions</li> <li>• Identify and agree facilitators</li> <li>• Prepare staff presentation - to include key themes from staff and patient engagement</li> <li>• Arrange Teams meetings and links for all sessions</li> <li>• Prepare staff communications</li> <li>• Prepare information for patients to provide feedback from previous engagement activity</li> <li>• Prepare engagement summary report</li> <li>• Infographics to be produced to share summary of November questionnaire responses with staff and patients</li> </ul>	Engagement Steering Group	<p>Ongoing</p> <p>12/01/22 - Chemotherapy Planning and Oversight Group meeting took place to discuss staff engagement and workforce planning paper.</p> <p>Prepare interim engagement update paper and supporting information to be presented at January Board meeting - Seonaid Lewis</p>
By March 2022	Review and update Equality Impact Assessment (EQIA) and Fairer Scotland Duty assessment template	<p>Update EQIA to reflect COVID-19 situation, subsequent interim changes and service status</p> <ul style="list-style-type: none"> <li>• EQIA review meeting to be arranged</li> <li>• Populate action plan template</li> </ul>	Review Group	Ongoing
Feb 2022	Staff engagement sessions	Planning underway		



## Appendix 2 – Engagement Summary

36  
responses

### Patient Engagement – October 2020 (Kyle Unit)

#### % of patients who rated their overall experience at Kyle Unit as 'Very Good'



*"The unit is very bright and welcoming"*

*"Staff are friendly, helpful and efficient"*

*"Easy parking close to entrance"*

*"Feel safe with the unit being completely separate"*

*"Great location"*

#### % of patients who rated the treatment area at Kyle Unit as 'Very Good'



*"Feels very clean and I like the open space"*

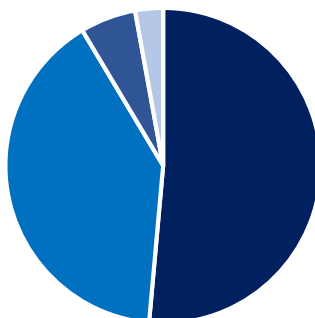
*"Very good space for patients and staff"*

*"Safe and clean rooms"*

*"I was happy not to have to enter the main hospital"*

*"Kyle Ward is far superior to Station 11 in all respects"*

#### Patient waiting period between scheduled appointment time and starting treatment.



- 0 - 5 mins
- 6 - 10 mins
- 11 - 15 mins
- 16 - 30 mins

#### Patient Comments

*"Far superior in every way"*      *"Parking better at Kyle - there are no lifts and stairs".*

*"Much better, easier access, both parking and walking".*

*"It is easy to access and reassuring that we don't need to go through main hospital".*

*"More space to be treated as an individual. Privacy a big thing".*

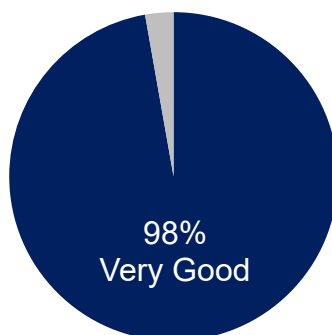
*"Easier parking - no need to mix with other patients from other clinics - staff brilliant"*

## Staff Engagement – October 2020 (Kyle Unit) *23 responses*

% of staff who rated the treatment area and facilities at Kyle Unit as 'Very Good'



% of staff who rated the clinic space and facilities at Kyle Unit as 'Very Good'



*2% rated 'Good'*

### Staff Feedback

*"A great and successful response to a difficult and challenging situation caused by these uncertain and unsafe COVID times"*

#### Patient Experience

*"Love the Kyle ward. Very glad we moved here. Patients love it too as far as I can see"*

*"Feedback from patients has been 1<sup>st</sup> class – lots of room to treat each patient"*

*"Being away from the main hospital seems to be helping patients be calm and positive"*

*"Good to have clinics at same site as chemo delivery"*

*"Bright, spacious, easy accessed. Feel this is what an oncology unit should be like"*

#### Work Environment

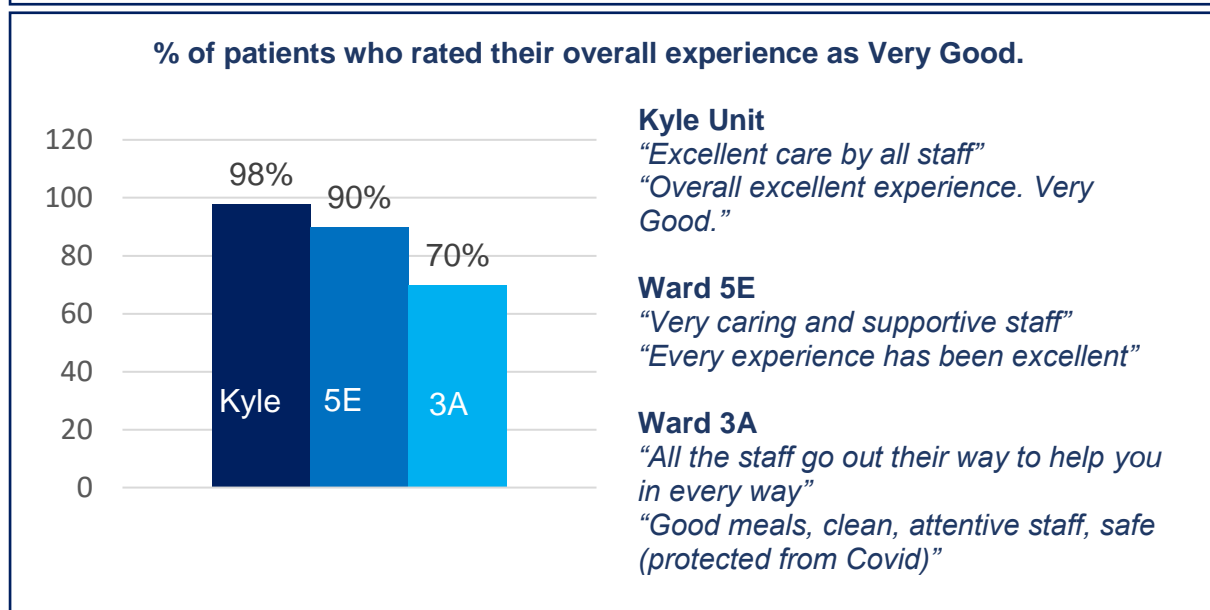
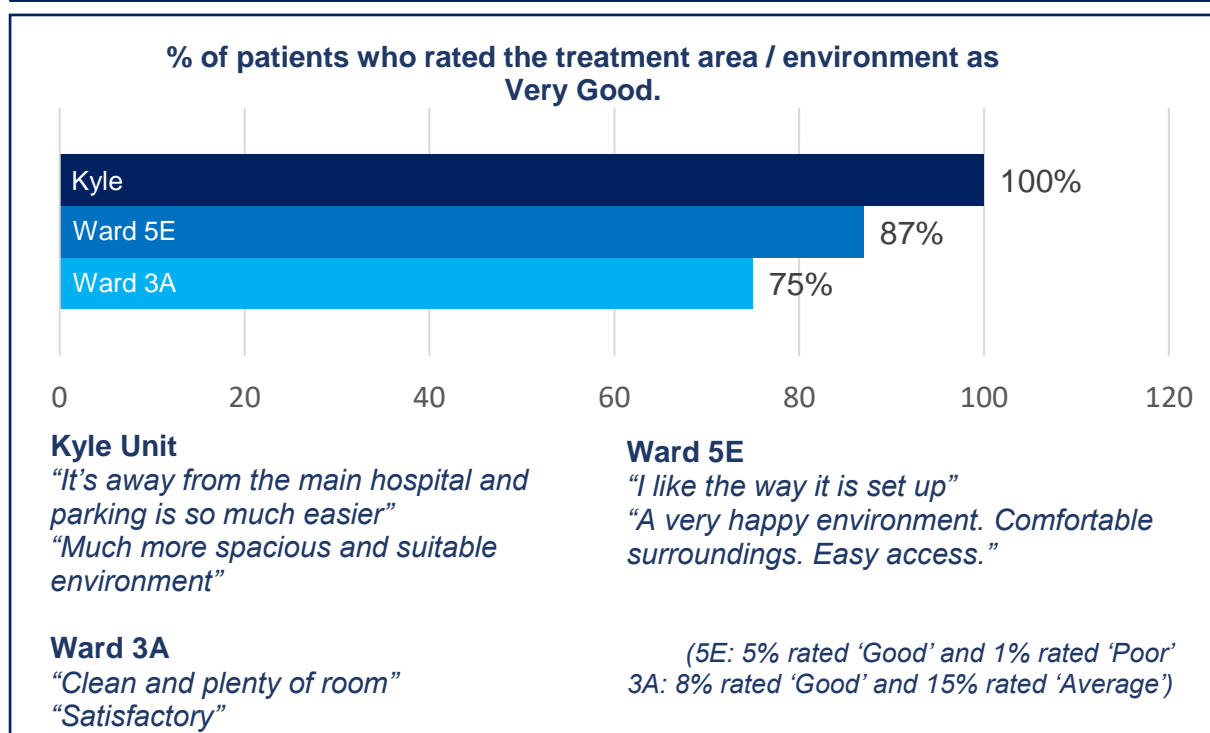
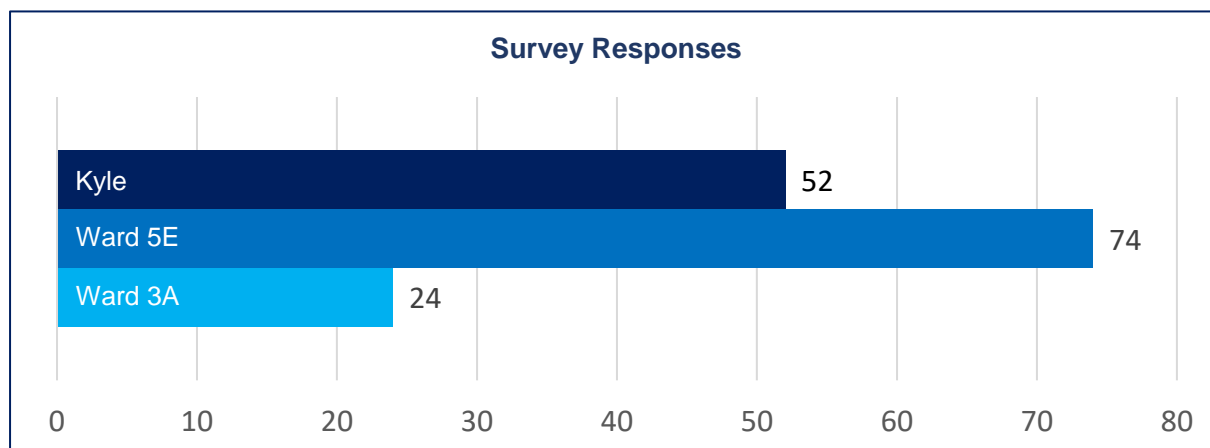
*"I feel that the staff morale has increased working in Kyle"*

*"Patients feel more secure - creates a better working environment for staff"*

*"Pharmacist area is spacious and in good position for workflow for communication with clinics and day case nurses."*

*"Day is better planned, time to spend with patients".*

## Patient Engagement on interim changes – May / June 2021



## Patient Feedback (Kyle Unit) – May / June 2021

### KEY THEMES

52 patient responses

#### Staff

*“Staff always professional and very nice”*

*“The nurses run it efficiently and have great communication with patients”*

*“Excellent care from all staff from nurses, ANP to reception staff. Couldn't have made the journey without them”*

*“Staff are brilliant and able to answer any questions”*

*“Fantastic staff”*

*“The unit access is fantastic and being in complete isolation from the main hospital for infections is a real comfort. The open-ness of the unit is a great comfort. I hope it's never moved again” .*

Spacious, safe, bright, parking.

#### Ward Environment / Facilities

*“The area is bright, airy and pleasant”*

*“Wonderful facilities” “Clean and spacious”*

*“Bright and airy. Ward well laid out”*

*“Spacious and light. Relaxing during treatment”*

*“If one has to be on treatment I cannot think of a better place to be”.*

#### Parking / Access

*“Parking is so much easier”*

*“We don't need to walk far when tired”*

*“Easier access - easier to park”*

The fact that the area is away from the main hospital is the main benefit which allows privacy and the discretion required.

#### Location

*“Reassuring to know the patients are away from any infection in the main hospital”*

*“Lovely surroundings”*

*“I feel much safer here than the main hospital”*

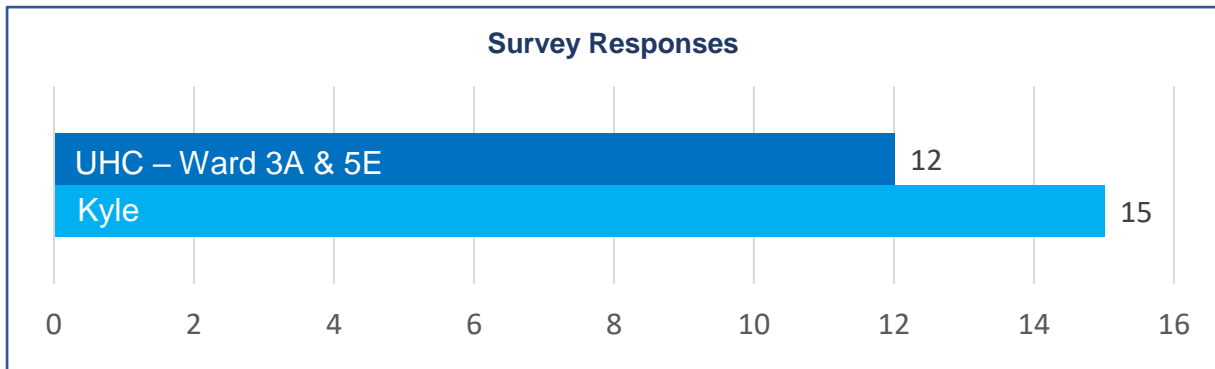
#### Comparison with Medical Day Unit / Station 11

*“Much more spacious in Kyle ward, and more suitable environment for staff to work in”*

*”I feel it's a more practical area to use for treating cancer patients”*

*“I find the Kyle ward easier. No stress and can be dropped off at the door. Big improvements”*

## Staff Engagement on interim changes – May / June 2021



### Treatment area / environment ratings

#### Kyle Unit



*“The facilities here feel custom made for our needs, patient safety and comfort are very high here and it’s an extremely safe working environment”.*

*“This Covid response needs to be made permanent. We have provided a service that is safer, more patient focused, creates more space for future development and enables the service to function as it should. Not just SACT but looks at full journey of cancer patient”.*

#### Ward 5E

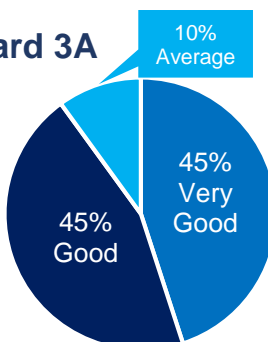


*“I have worked in Oncology for many years and this is the safest the unit has been”.*

*“Day unit is of a high quality. Turnover of patients is very high, very busy environment. Lifelong learning takes place due to the dynamic, changing face of cancer treatments”.*

*“Good ward area but could be doing with being bigger. More chair space. Much brighter area, patients like it”.*

#### Ward 3A

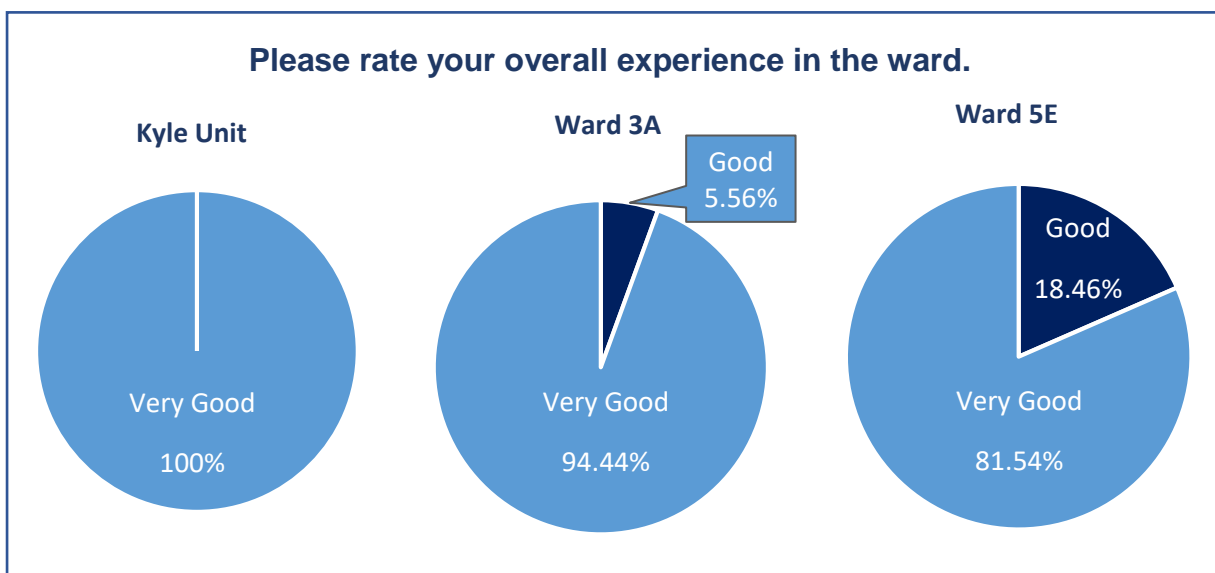
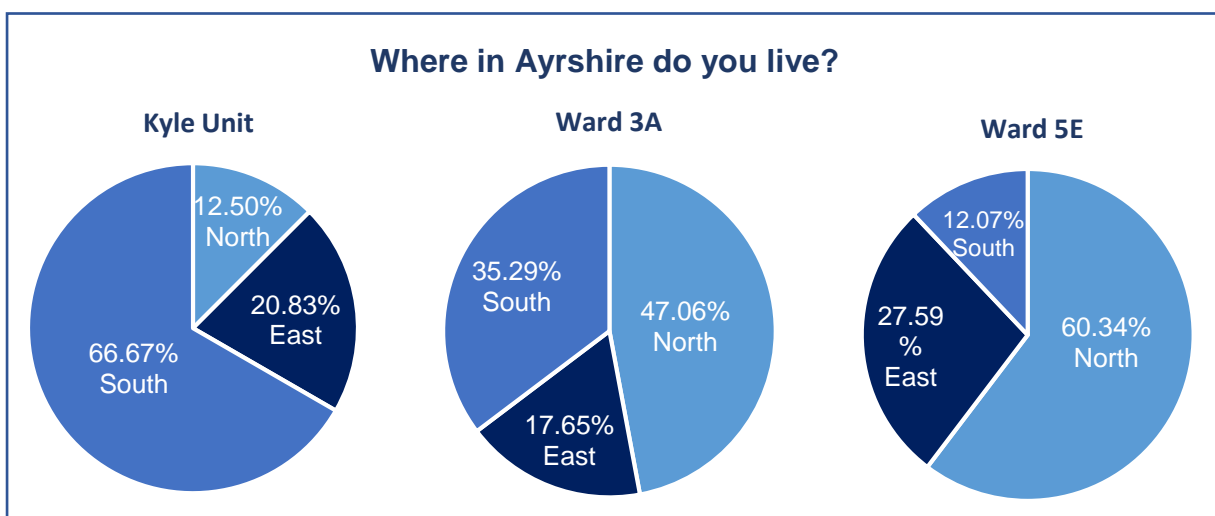
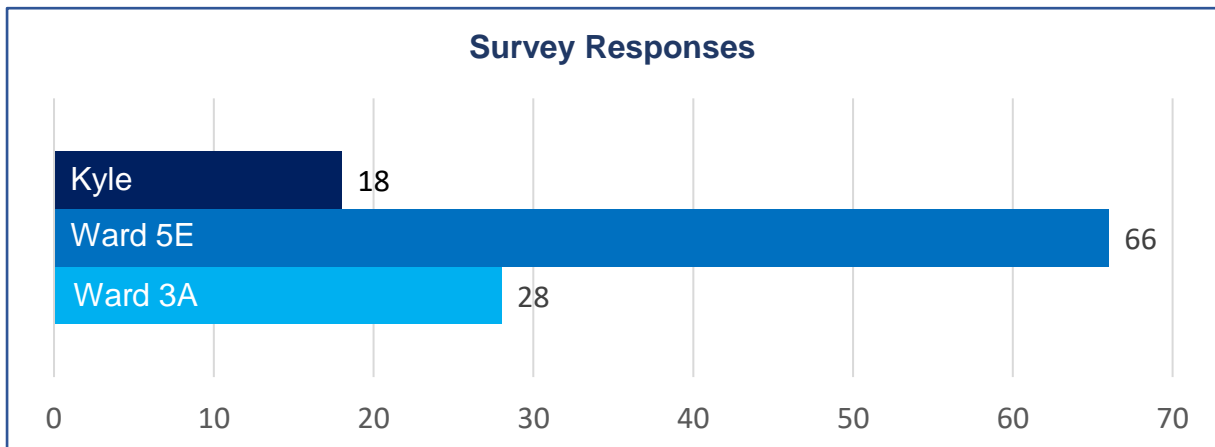


*Ward 3A is a very enjoyable place to work. Patient / client group are so appreciative of the care they receive.*

*Patients and staff appreciate the response and service changes. We have all been kept protected. Reduced anxiety amongst patients coming in. Feel safer.*

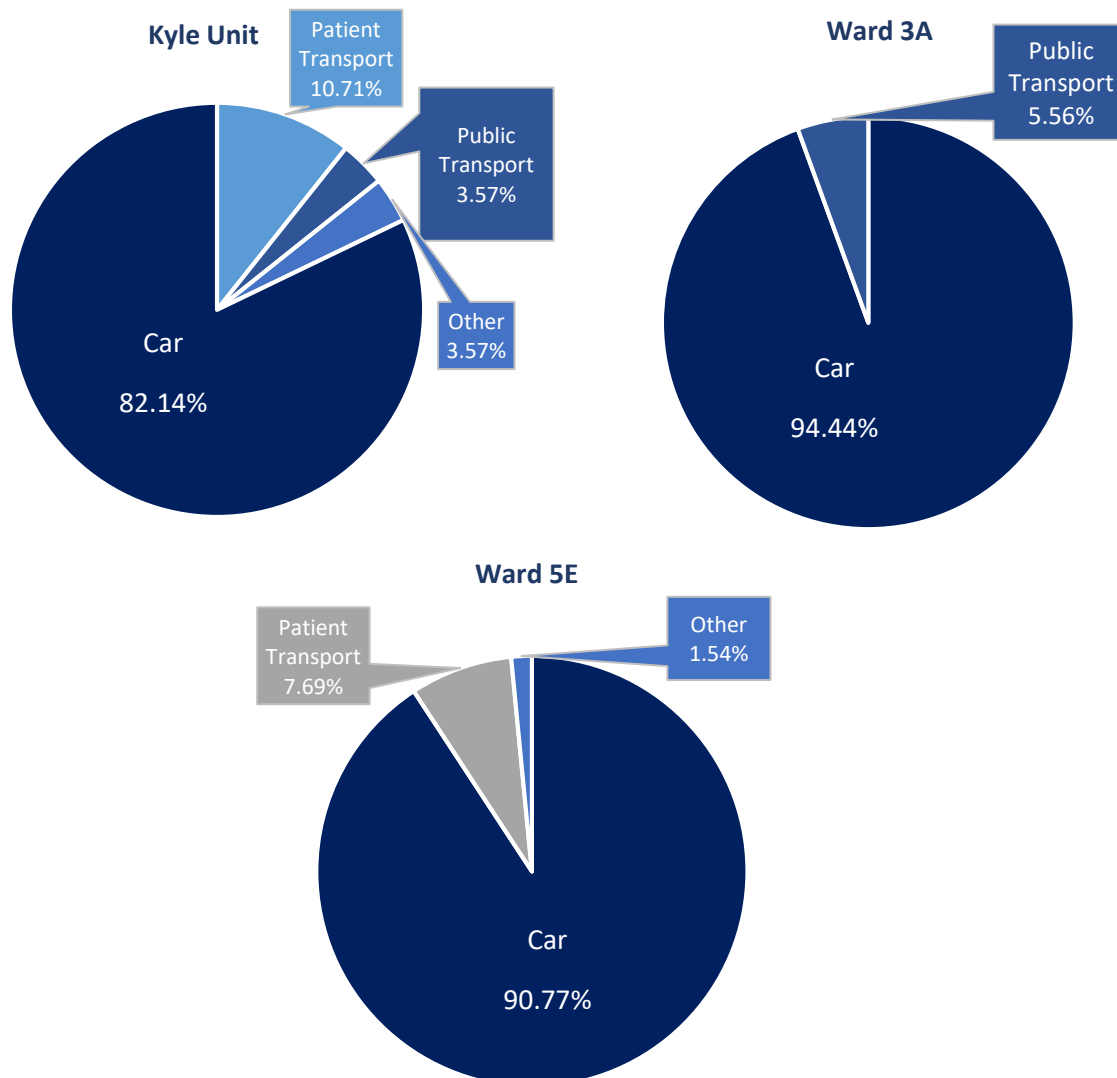
*“Often require more space - bigger unit would allow ease of movement although staffing would also have to increase to support”.*

## Patient Engagement Summary – Oct / Nov 2021

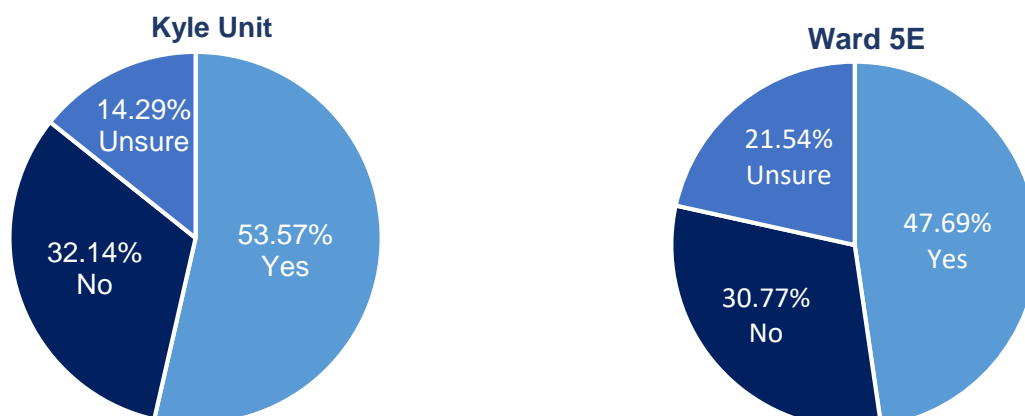


## Patient Engagement Summary continued – Oct / Nov 2021

How would you normally travel to hospital for treatment?



In relation to Tier 3, If the option was available, would you be willing to travel a little further within Ayrshire and Arran to get timely treatment or access to multi-functional facilities, for example, wider supports and services?



## Appendix 3 – HIS Letters



### By email to:

Professor Hazel Borland  
Interim Chief Executive  
NHS Ayrshire & Arran  
Chief Executive and Chair's Office  
Eglinton House, Ailsa Hospital  
Dalmellington Road, AYR KA6 6AB

23 December 2021

Dear Hazel

### [West of Scotland Systemic Anti-Cancer Therapy \(SACT\) model](#)

Thank you for your letter of 10 December, with the additional information requested.

We understand the unique operational arrangements that have been required to be put in place in response to the COVID pandemic.

To ensure our advice on engagement and consultation continues to be robust and proportionate, our approach will be to consider each NHS Board's proposals on a case-by-case basis in line with national guidance and *Healthcare Improvement Scotland – Community Engagement's* COVID-19 guidance note (November 2021).

Our next step is for these changes, developed in response to COVID, to be considered by our Service Change Sub-Committee and the Scottish Health Council Committee, which meet in January and February 2022 respectively. The committees will reconsider their view in light of the additional information you have provided and form a view about whether or not making these temporary changes a permanent service model continues to meet the threshold for major service change as already intimated in our letter of May 2020. We will inform you of the conclusions of these discussions as soon as is practically possible afterwards.

There are specific requirements set out in 'Planning with People' for those changes that are considered 'major' and this may inform your next steps e.g. governance and proportionality.

In the meantime, to ensure your engagement process is open, robust and meets with national guidance, we reiterate the recommendations made previously by us in our letter of May 2020:

- Involves people and communities in the engagement planning group (e.g. Chemotherapy Service Review Patient and Public Reference Group) to inform and provide support to the communications and engagement plan – this may include methods of engagement and the development/review of communication materials.
- Prepares and makes publicly available information that clearly sets out the reasons for change



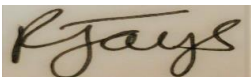
and describes the proposed/ interim model, benefits and potential constraints e.g. explain areas that you believe cannot be influenced and why. Information should make clear the process you have followed to date and how people's feedback from previous engagement exercises has been taken into account. You should also make clear how a decision will be made.

- Provides sufficient opportunities for people to ask questions and provide feedback on the proposed/ interim arrangements. This will also enable you to capture details and suggestions for potential improvement to the current interim arrangements.
- Makes the equality impact assessment publicly available and engages with people and communities on whether the proposed actions are sufficient in helping to mitigate potential adverse impacts e.g. transport and travel.

We note you plan to take an engagement report to your Board meeting in January 2022 – if this remains the timescale you are working to, we would be pleased if you would share our letter of May 2020 together with this letter to ensure NHS Ayrshire and Arran's Board members are sighted on current discussions and timescales.

Please get in touch if you would like to discuss.

Kind regards

A handwritten signature in black ink on a light brown background, reading "R. Jays".

Ruth Jays, Director  
Healthcare Improvement Scotland – Community Engagement

Date: 12/05/2020

Professor Hazel Borland  
Nurse Director  
Interim Deputy Chief Executive  
NHS Ayrshire and Arran,  
Eglinton House,  
Ailsa Hospital  
Dalmellington Road,  
Ayr  
KA6 6AB

Dear Hazel

### **NHS Ayrshire & Arran – Chemotherapy Services Review**

Thank you for submitting information on proposed changes to chemotherapy services in NHS Ayrshire & Arran.

*Healthcare Improvement Scotland – Community Engagement* recognises that this proposal has been developed from the emerging West of Scotland Cancer Network tiered model. It is our understanding that proposed changes to regional or national services should follow the principles set out in the Scottish Government's guidance, CEL4 (2010) <sup>1</sup>.

As part of the regional model, Tier 1 services will be provided at the Beatson Cancer Centre in Glasgow, with NHS Ayrshire & Arran's proposed change including the provision of:

- The Tier 2 cancer unit at University Hospital Crosshouse (also serving as an outreach facility for its local catchment area)
- Tier 3 outreach facility provided at University Hospital Ayr
- Eight inpatient chemotherapy beds transferred from University Hospital Ayr and consolidated at University Hospital Crosshouse
- Some specialist services and treatments may be repatriated from the Tier 1 regional cancer centre (in Glasgow) to NHS Ayrshire & Arran.

This proposal would mean that all patients currently attending University Hospital Ayr would go to University Hospital Crosshouse for their initial assessment and first chemotherapy treatment. Following the initial assessment and treatment, it is anticipated that around 75% of treatments would continue to be delivered from University Hospital Ayr for those patients that would currently access their care there.

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<sup>1</sup> [https://www.sehd.scot.nhs.uk/mels/CEL2010\\_04.pdf](https://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf)

## View on status of proposal

Based on the information you have shared with us, we have considered whether this proposed change would likely meet the general threshold for 'major service change'.

We feel the proposal meets the threshold for major service change on the basis that:

- Patients who are already vulnerable due to their illness may have to travel further for the initial assessment and first treatment, with a proportion also requiring to do this for further treatment appointments.
- It is unclear from the information available how many people currently attend University Hospital Ayr for their first consultant assessment appointment and first treatment.
- There has been significant public and political interest to the proposed changes with two online petitions (attracting over 13,900 signatories) – The Ayrshire Post, 'Save Station 15 at Ayr Hospital'<sup>2</sup> and a local councillor petition 'Save Station 15 – Retention of services in Station 15 Ayr Hospital'<sup>3</sup>
- Proposed change will support the implementation of the emerging West of Scotland tiered model. We are aware that engagement with some service users and carers took place early in the process. However, it is unclear to *Healthcare Improvement Scotland – Community Engagement* how information on this emerging regional model has been made publicly available and what further opportunities people and communities have had to provide their views on it.

In our considerations, we note that NHS Ayrshire & Arran refers to existing operational challenges and potential benefits of the proposal, which include enhanced safety, sustainability of the service and access for patients.

## Next steps

We believe that the engagement activities undertaken to date, the increased level of public awareness and the feedback received from patients and the public will be valuable in moving forward to consultation. The public consultation should meet the requirements as set out in CEL 4 (2010) guidance.

The engagement undertaken by NHS Ayrshire & Arran from January to March 2020 included focus groups, public information, discussions with patients and carers in clinical settings, local media coverage and an engagement survey. In particular, the *Community Engagement Directorate* highlights the significant number of people who were made aware of the proposal through the range of approaches used by NHS Ayrshire & Arran. In addition, the engagement survey achieved a good return of 671 responses from geographic areas across NHS Ayrshire & Arran with 69% of respondents being members of the public or patients. The feedback from this exercise has enabled you to identify a number of themes that people felt required further consideration, including:

- Additional travel times for some patients and parking challenges
- Poor public transport links, rurality and increased cost of travel
- Consolidation of inpatient beds for chemotherapy and symptom management/end of life care
- Relationships with clinical and nursing staff and continuity of care

The consultation offers an opportunity to further understand the concerns and issues that people have raised so far and what considerations could be taken to respond to these points. With transport and access identified by approximately 70% of the 671 respondents, a focus of the engagement during this consultation should be targeted to understand what the concerns are from the geographic areas; what potential mitigating steps are possible; and, how these could potentially be delivered in any future model.

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2 <https://www.change.org/p/jeane-freeman-msp-ayrshire-post-save-station-15-at-ayr-hospital> (29.04.20)

3 <https://www.change.org/p/nhs-ayrshire-and-arran-retention-of-services-in-station-15-ayr-hospital> (29.04.20)

We are aware that some people did not appear to fully understand the proposals when made public, with perceptions that Station 15 at University Hospital Ayr may close. The consultation materials will offer an opportunity to further articulate the reasons for change and describe the proposed model. We are aware that some materials were produced in the latter parts of the recent engagement to support these. It will be important to use this type of material and build on it.

In proceeding to public consultation, NHS Ayrshire & Arran should clearly articulate which aspects of the Chemotherapy Services Review proposal people can influence through their involvement and where there are constraints that may limit choice, ensure the reasons for this are shared. For example, if the West of Scotland regional model places constraints on how chemotherapy services may be delivered within NHS Ayrshire & Arran, this should be clearly explained. However, the Board should be informed of, and give genuine consideration, to any alternative suggestions that are put forward as a result of the consultation.

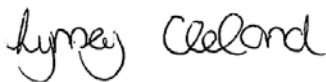
The priority and focus of both the public and the NHS is currently in responding to the COVID-19 pandemic and we recommend careful consideration be given to the most appropriate time to take this consultation forward. We would welcome the opportunity to discuss the practicalities of this with you.

If the proposal changes I would ask that you contact us at the earliest opportunity as it may be necessary to review this position.

Whilst the points raised represent the view of *Healthcare Improvement Scotland – Community Engagement*, the decision on whether a change to services should be designated as 'major' rests with the Scottish Government.

Please contact me if you wish to clarify any of the above points.

Yours sincerely

A handwritten signature in black ink that reads "Lynsey Cleland". The signature is written in a cursive, flowing style.

Lynsey Cleland  
Director of Community Engagement  
Healthcare Improvement Scotland

[Lynsey.cleland@nhs.net](mailto:Lynsey.cleland@nhs.net)

## Appendix 4 – Equality Impact Assessment

### EQUALITY IMPACT ASSESSMENT

**This is a legal document stating you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission**

If you require advice on the completion of this EQIA, contact [elaine.savory@aapct.scot.nhs.uk](mailto:elaine.savory@aapct.scot.nhs.uk)

'Policy' is used as a generic term covering policies, strategies, functions, service changes, guidance documents, other

<b>Name of Policy</b>	Redesign of Systemic Anti-Cancer Therapy (SACT) delivery in response to the COVID-19 pandemic		
<b>Names and role of Review Team:</b>	Peter MacLean, Clinical Director - Cancer Services / Consultant Haematologist Caroline Rennie, Macmillan Nurse Consultant Nicky Batty, MacMillan Practice Development Facilitator - Acute Cancer Seonaid Lewis, Engagement Support Officer Elaine Savory, Equality and Diversity Adviser	<b>Date(s) of assessment:</b>	Initial assessment - 21/10/21 The EQIA is updated on an ongoing basis.

#### SECTION ONE AIMS OF THE POLICY

1.1. **Is this a new or existing Policy :** New – temporary changes to service delivery due to the COVID-19 pandemic

Please state which: Policy  Strategy  Function  Service Change  Guidance  Other

1.2. **What is the scope of this EQIA?**

NHS A&A wide  Service specific  Discipline specific  Other (please detail)

1.3a. **What is the aim?**

*The aim of this service change is to provide a safe, high quality and risk stratified service for SACT delivery in Ayrshire and Arran due to the impact of the COVID-19 pandemic.*

The aim is to safeguard patients receiving Systemic Anti-Cancer Therapy treatment and oncology staff during the COVID-19 pandemic and to identify the most appropriate model of service delivery to ensure a safe, high quality and risk stratified service moving forward.

### 1.3b. What is the objective?

During the initial pandemic response it was necessary to adapt very quickly and develop a pathway of care for managing patients with COVID-19 alongside maintaining a level of service for other patients. At this time the Lead Cancer Team were asked to review the delivery of Systemic Anti-Cancer Therapy (SACT) and consider whether there were any alternative options that would ensure a high quality, risk stratified and safe service - and additionally to release in-patient bed space to be used for dedicated COVID-19 wards.

Following this review a series of environmental moves were implemented across Oncology services to both protect the vulnerable patient group and to support wider site / divisional COVID-19 plans. As a result, in a series of steps over several months, all inpatient activity and high risk (Tier 2) outpatient chemotherapy (*for the first 2 cycles, if no reactions they can continue at the patients local oncology unit i.e. Kyle Unit or ward 5E*) was moved from University Hospital Ayr (UHA) to University Hospital Crosshouse (UHC). Within UHC outpatient chemotherapy moved from ward 3C to ward 5E. With regard to UHA low risk (Tier 3) outpatient chemotherapy relocated from Station 15 (UHA) to Kyle Ward, Ailsa campus Ayr, while high risk outpatient chemotherapy (Tier2) was initially hosted within the Medical Day Unit (UHA) prior to transfer to ward 5E (UHC). (*Appendix one - relocations summary table*)

#### **Within cancer services there are 3 tiers of treatment, as well as provision of inpatient service:**

**Tier 1:** Highly specialised treatments that are provided on West of Scotland basis at the Beatson West of Scotland Cancer Centre

**Tier 2:** Higher risk of patient having adverse reaction, and in some cases longer duration of treatment. A typical regime is often Tier 2 for the first 2 cycles when the risk of reaction is highest. Tier 2 treatments are delivered on an acute hospital site with access to the full range or resuscitation and medical support services.

**Tier 3:** Lower risk treatments, with patients less likely to have adverse reaction. A patient is usually moved to Tier 3 if the first 2 treatments with a specific drug or regime have been uneventful at Tier 2. Tier 3 treatments can be delivered on a site where a more limited clinical support is available as they have been deemed low risk of adverse reaction.

*The West of Scotland Cancer Network (WoSCAN) SACT future service delivery plan was endorsed by Boards within the network, including NHS Ayrshire and Arran. Our local strategy is to implement this plan within Ayrshire and Arran to support safe and effective care delivery for patients and staff, as close to home as possible, where this can be done safely. The plan is based upon a tiered model of care with one Tier 1 centre for the whole of West of Scotland region, Beatson West of Scotland Cancer Centre, one Tier 2 site within Ayrshire and Arran and as many Tier 3 sites as needed.*

Although the Chemotherapy Service Review for future service delivery had been undertaken in 2019, the urgent changes to chemotherapy services that have been implemented over the past 18 months have taken place as a direct result of COVID-19 and as such are categorised as: “Changes that were introduced on a temporary basis and are now being considered as a longer term or permanent model for service delivery” (<https://www.hisengage.scot/media/1732/service-change-engagement-and-covid-guidance-note-jul20.pdf>). Any further developments or recommendations that had emerged from the review were paused due to the onset of the pandemic.

### 1.3c. What are the intended outcomes?

The intended outcome is to deliver the most appropriate, safe and patient centred service model for SACT delivery in Ayrshire and Arran.

- To develop a pathway of care for managing patients with COVID-19 alongside maintaining a level of service for other patients.
- To assess the impact and benefits of the service changes that have had to be implemented due to the COVID-19 pandemic.
- To continue to treat as many patients as possible as close to home as possible, where this can be done safely.
- A single dedicated inpatient ward delivering all inpatient chemotherapy - specialist oncology/haematology medical, nursing and pharmacy support.
- To consider making these temporary service changes, brought about by the pandemic, our permanent model for service delivery.
  - This should be applied in a proportionate and realistic way, recognising that temporary models may not always reflect the previous 'status quo' for the service and therefore there is a 'new starting position'.

During Covid-19 Phase 1, cancer services were reviewed based on the evidence around clinical risk within each area. Telephone consultations were introduced and are now the new norm, with face to face appointments in selected cases. Enhanced senior referral vetting was introduced to establish which patients required face to face review, with telephone consultations being the norm. Pre SACT clinical assessments were mostly transferred to telephone assessment, but where face to face review was needed this is still delivered on the Hospital site closest for the patient. Most chemotherapy and radiotherapy continued with enhanced precautions for vulnerable, shielding patients.

#### Current context

- Pre SACT assessment by phone or at closest Hospital site except where the pre-existing service was delivered from a single site.
- All Inpatient SACT delivered at UHC - Ward 3A
- First 2 cycles Tier 2 SACT delivered from one dedicated site at UHC - Ward 5E, if no reactions the patients can then be treated at their local oncology unit i.e. Kyle Unit or Ward 5E
- Tier 3 outpatient SACT delivered from an upgraded unit at Kyle Ward Ailsa campus, within UHA grounds.
- Continue to deliver some Tier 3 in ward 5E (UHC) - for those for whom travel to Kyle Ward may be more difficult or impractical, for example:
  - patients from Arran who travel by ferry to and from treatment in the same day
  - those living closer to UHC who would need to travel further to go to Kyle Ward, Ayr
- Patients who are equidistant between Ailsa Hospital and University Hospital Crosshouse will be offered the opportunity to attend Kyle Chemotherapy Day Case Unit in Ailsa Hospital.
- Telephone assessment and online electronic assessment ([My Clinical Outcomes](#)) are currently being used where appropriate to minimise travel for assessment - from the period May 2018 - June 2021, 116 haematology patients have completed 1, 384 electronic assessments.
- Patient pathways, including the use of [Near Me / Attend Anywhere](#), have been redesigned to minimise clinical risk (*Near Me / Attend Anywhere is a safe and secure video calling platform that helps us to offer patients video call access to our services from wherever they are, without the need for travel*). From the period May 2020 to May 2021, 163 Oncology Services Near Me appointments were undertaken with patients.
- Covid testing pathways in place for pre- in-patient admissions.

#### 1.4. Who is this policy intended to benefit or affect? In what way? Who are the stakeholders?

Patients and their carers/families  
Staff (Medical, Nursing, Pharmacy)  
Laboratory Services  
Supporting clinical services (Radiology, Cardiology, Renal, etc.)  
Third Sector / Voluntary Organisations, for example Ayrshire Cancer Support  
Supporting clinical services

The following information illustrates the number of patients impacted by these changes.

##### **SACT data 01 January - 30 September 2021**

- In the first 9 months of 2021 a total of **817** patients received at least one cycle of parenteral chemotherapy – that is either intravenous or subcutaneous – within a day unit in NHS Ayrshire and Arran. Collectively, these patients received 5978 episodes of treatment - an average of 7.3 each.
- Of the **276** patients from the catchment of Ayr Hospital, **81 (30%)** had at least one treatment at UHC over this period. Of the 1788 treatment episodes provided to these Ayr catchment patients however only **172 (10%)** were delivered at UHC. **This equates to just over 2 treatments at UHC for each Ayr catchment patient for whom this applies.**
- At the same time **132** patients from the UHC catchment area, had at least one treatment delivered at Ayr, with an average of 14% of treatment episodes for UHC catchment patients delivered at Ayr.
- For those **33** patients living equidistant between the 2 hospital sites, 80% of treatment episodes were delivered on the UHA site.

The above data confirms that prior to the transfer of Tier 2 chemo from UHA to UHC in October 2021, there was a significant pre-existing cross site transfer of SACT activity.

Over this period **39** patients received Tier 2 treatment within the Medical Day Unit at UHA, this would swell the number of patients potentially having treatment diverted to UHC from **81 to 120**, roughly a 50% increase.

From this data we would anticipate approximately **150 - 160** patients from the Ayr catchment will require to travel to UHC for SACT per year, with each patient requiring on average 2 such trips over the course of their treatment. This would account for approximately 15% of the total treatments delivered to this patient group.

There are on average **3 - 4** patients per day within the Haematology/Oncology in-patient ward at University Hospital Crosshouse who would previously have been treated within the Haematology/Oncology in-patient ward at University Hospital Ayr.

Of the total activity in 2021 58% of the overall treatment episodes are delivered in UHC and 41% in UHA. This is in keeping with the overall NHS Ayrshire and Arran population split.



## **Tier 2 and Tier 3 Risk Stratification**

The Christie Model of SACT delivery (<https://www.christie.nhs.uk/about-us/our-future/innovative-models-of-care>) is a tried and tested way of delivering Tier 3 Chemotherapy in a local setting that does not require Acute support. It can be delivered in many settings with examples ranging from outreach community hubs, to Chemotherapy buses. The review group used the guidelines from the Christie model and expanded on these to include haematology regimens following the risk stratification principles when considering what might be possible for Tier 3 SACT delivery within Ayrshire and Arran context and available sites. It was agreed that Kyle ward, Ailsa campus Ayr would be a suitable Tier 3 site and that the Christie Model of SACT would be used initially - in the future new SACT regimens and non SACT therapies could potentially be added in a staged approach, following risk assessment and agreement by the relevant clinicians, as appropriate.

### **Key benefits of the Tier 2 relocation to Ward 5E (UHC)**

- High risk chemotherapy regimens administered on an acute site with easy access to the oncology in-patient ward (ward 5E) where appropriate.
- Patients easily transferred to oncology in-patient ward or appropriate other ward where medical care required.
- Ward 5E separated from haematology out-patient area resulting in reduced footfall compared to the previous 3C location.
- Provides a spacious environment with access to multi-disciplinary team members.

### **Key benefits of the Tier 3 relocation to Kyle Unit**

- Kyle ward provides a spacious environment with areas for multi-disciplinary team members and adjacent out-patient appointment facilities.
- Haematology and Oncology out-patients operating throughout the week.
- Situated out with the acute hospital environment - safer for patients and staff during the pandemic by not having to enter an acute hospital.
- Good parking and accessibility - e.g. easier for those patients for whom walking across UHC carpark and through large hospital building is a challenge.
- Patients easily transferred to UHA if they react to treatment or require medical care.
- Patients who are equidistant between Ailsa Hospital and University Hospital Crosshouse will be offered the opportunity to attend Kyle Unit in Ailsa Hospital.

### 1.5. How have the stakeholders been involved in the development of this policy?

- Local internal steering group has been established to plan and oversee the service model
- Internal engagement steering group has been established to co-ordinate engagement activity - to seek views and feedback on the changes and impact
- Patient and staff engagement has taken place during these changes to gather feedback on how this has impacted on patients and staff and seek views on the new service model (summarised in below table). This has enabled us to gather valuable service user experience and evidence that supports the case for change.

Timeline	Engagement Activity	Summary
Oct 2020	<ul style="list-style-type: none"> <li>• A period of engagement took place with staff and patients to gather views and feedback on the relocation of Tier 3 service delivery from Station 15 (UHA) to Kyle Unit (Ailsa campus, Ayr)</li> </ul>	<ul style="list-style-type: none"> <li>• Questionnaire developed to seek views from patients and staff - <i>engagement opportunities and methods were somewhat restricted due to the pandemic.</i></li> </ul>
May / June 2021	<ul style="list-style-type: none"> <li>• Further engagement exercise undertaken on the relocation of Tier 3 chemotherapy service delivery, to reflect current status.</li> <li>• Engagement with staff and patients to gather views and feedback on the relocation of Tier 2 services to University Hospital Crosshouse - this encompassed Wards 3A, which is a SACT delivery inpatient area, and 5E which provides Tier 2 and Tier 3 day case.</li> </ul>	<ul style="list-style-type: none"> <li>• Questionnaires were based on the previous questions used in 2020 to ensure consistency and enable us to compare and contrast.</li> <li>• In total across the three ward areas we received 150 completed patient questionnaires and 27 staff responses.</li> </ul>
Oct / Nov 21	<ul style="list-style-type: none"> <li>• A further period of engagement took place with patients and staff within wards 3A, 5E and Kyle Unit, to seek views and feedback on the interim changes, current service status and future service planning.</li> <li>• This phase of engagement was tailored more specifically to key aspects of the interim changes and provided an opportunity for staff to provide reflection and feedback across the whole service and not just within their own areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Questionnaires tailored more specifically to key aspects of the interim changes across each of the ward areas.</li> <li>• Opportunity for staff to provide reflection and feedback across the whole service and not just within their own ward / tier areas.</li> <li>• Patient questionnaires were refocussed to ensure that key themes from previous engagement could be further explored, for example, travel, transport, parking.</li> </ul>

- A further engagement exercise with patients and staff was completed in November 2021 to gather views and seek feedback on the interim changes, current service status and future service planning. This is currently being collatd.
- Engagement has taken place with third sector organisations who provide patient support and transport, to ensure that they are informed and involved in service planning and engagement.
- Extensive engagement with staff, patients, service users and the population of NHS Ayrshire & Arran took place January - March 2020 as part of the Chemotherapy Service Review for future service delivery - the outputs from this engagement exercise have been used to inform service planning and further engagement activity.

**1.6 Examination of Available Data and Consultation** - *Data could include: consultations, surveys, databases, focus groups, in-depth interviews, pilot projects, reviews of complaints made, user feedback, academic or professional publications, reports etc.)*

The decision to implement this service change has been driven by the need to provide a safe, high quality and risk stratified service for SACT delivery in Ayrshire and Arran in line with the impact of the COVID-19 pandemic. Consideration has also had to be given to ensuring appropriate accommodation provision for patients who are immune-compromised and therefore at a higher risk of implications of COVID-19.

**Name any experts or relevant groups / bodies you should approach (or have approached) to explore their views on the issues.**

*\*Information to be added by EQIA review team (November 2021)*

**What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?**

*\*Summary to be added by Engagement Team (November 2021)*

*\*Information to be added from Chemotherapy Services Review engagement exercise (Jan-March 2020) and recent engagement linked to these current changes – (EQIA review team to action, November 2021)*

**What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?**

*\*Information to be added from Chemotherapy Services Review (EQIA review team to action, November 2021)*

**1.7. What resource implications are linked to this policy?**

*\*A SACT service delivery and workforce resource paper is in the process of being finalised for discussion at Health Board level.*

**SECTION TWO**

**IMPACT ASSESSMENT**

Complete the following table, giving reasons or comments where:

The Programme could have a positive impact by contributing to the general duty by –

- Eliminating unlawful discrimination
- Promoting equal opportunities
- Promoting relations within the equality group

The Programme could have an adverse impact by disadvantaging any of the equality groups. Particular attention should be given to unlawful direct and indirect discrimination.

If any potential impact on any of these groups has been identified, please give details - including if impact is anticipated to be positive or negative. *(The Impact Assessment is currently under review and will remain a working document for the duration of the service modelling)*

**If negative impacts are identified, the action plan template in Appendix C must be completed.** *(under development - EQIA Review Team Feb 2022)*

**Equality Target Groups – please note, this could also refer to staff**

	Positive impact	Adverse impact	Neutral impact	Reason or comment for impact rating
<b>2.0 All patients during Covid-19</b>	X	X		<p>As a result of the pandemic, changes had to be made to the existing delivery of Chemotherapy services to ensure safe, person-centred care.</p> <p>All inpatient chemotherapy has been transferred to Ward 3A at University Hospital Crosshouse. The first 2 cycles of Tier 2 chemotherapy are delivered in ward 5E at UHC, following this if there have been no reactions the rest of the treatment can be delivered at the patient’s local oncology unit i.e. Kyle Unit or Ward 5E. Whilst this may require extra travel for some families or carers, for others it does not. Due to the no visiting clause in response to the pandemic, there is no additional adverse impact on visitors having to travel at this time.</p> <p>For those patients in receipt of oral chemotherapy, a volunteer group was established and provided door to door delivery of all oral chemotherapy.</p>

<p><b>2.1. Age</b></p> <ul style="list-style-type: none"> <li>Children and young people</li> <li>Adults</li> <li>Older People</li> </ul>	<p>X</p>	<p>X</p>	<p>X</p> <p>X</p> <p>X</p>	<p>Young people under the age of 16 will not be affected by this service change.</p> <p>Young people 16-25 will be given the choice of whether to attend Glasgow or local Tier 2 or Tier 3. Depending on the diagnosis, young people may require to continue to attend Glasgow. For those who have a choice, we would encourage the young acute leukemic patients to attend Glasgow for treatment. The centre is purpose built for teenage/young adult with targeted support groups and activities.</p> <p>The first 2 cycles of Tier 2 is now delivered from UHC, following this if there have been no reactions the rest of the treatment can be delivered at the patient's local oncology unit i.e. Kyle Unit or Ward 5E. This will have an adverse impact on travel and transport for those adults who live further away but not so for those within the UHC catchment. Those patients living in the remoter parts of the UHA catchment will be most impacted, as this will involve longer travel times.</p> <p>It is important to recognise that the primary purpose of designating a treatment Tier 3 is to allow treatment closer to home, however we do have to note that we are constrained in choice of location and that clinical safety must take priority over convenience.</p> <p>As tier 3 is currently delivered from both acute hospital sites, there is scope for some patients to be given the opportunity to attend Kyle Unit or Crosshouse, if this is equidistant for the patient, clinically appropriate and patient preference - thus mitigating adverse impact of further travel.</p> <p>For some older people, travelling for treatment could potentially result in individuals having to be transported using a local cancer charity/transport support provider and therefore at this current time there is no scope for an individual's partner or carer to travel with them due to COVID-19 related safety restrictions. However for some older patients who are able to transport themselves or live close to the relevant site, the impact remains neutral.</p>
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<p><b>2.2. Disability</b> (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment, mental health)</p>		X		<p>Patients with a physical disability who require travel support would need to use the Patient Transport service (provided by Scottish Ambulance Service). The service provided by Third Sector Cancer Support organisations cannot accommodate patients who require assistance to get in and out of the car, as this service is provided by volunteers. This could potentially increase the impact on the patient transport service in terms of travel time and capacity.</p> <p>Additionally due to the pandemic volunteer drivers are only allowed to transport one person in the vehicle per journey - so carers and family members would not be able to travel together with the patient.</p> <p>Telephone assessment and online electronic assessment (<i>My Clinical Outcomes</i>) and the use of Near Me / Attend Anywhere are currently being used where appropriate to minimise travel for assessment. However, it is recognised that patients with sensory or cognitive needs may not be able to utilise these services. Additionally this is also relies on patients having access to digital methods and appropriate Wi-Fi connection.</p> <p>Existing service provision for patients requiring communication support remains the same.</p>
<p><b>2.3. Gender Reassignment</b></p>			X	<p>The impact on gender reassignment patients is neutral.</p>
<p><b>2.4. Marriage and Civil partnership</b></p>			X	<p>The impact on marriage and civil partnership patients is neutral.</p>
<p><b>2.5. Pregnancy and Maternity</b></p>		X	X	<p>For patients who are pregnant / have very young babies there may be positive impact, as all Tier 2 is now delivered at UHC, where the Ayrshire Maternity Unit (AMU) and Inpatient Paediatric Unit (IPU) are also based. As described above (2.1) there is some choice of attending either acute site for Tier 3 treatment, so the impact would remain neutral.</p>
<p><b>2.6 Race/Ethnicity</b></p>			X	<p>The change to this service provision will have no differential impact on someone's race or ethnicity. Existing processes for supporting patients whose first language is not English would still be followed.</p>

<b>2.7 Religion/Faith</b>			X	The change to this service provision will have no differential impact on someone's religious or faith beliefs. Chaplaincy services are available at both sites should any patients require access or support.
<b>2.8 Sex (male/female)</b>		X		<p>A person's sex would have no specific impact due to the proposed service model however the impact on sex for the chemotherapy service provision falls in line with travel and transport implications.</p> <p>According to the 2019 Scottish Transport Statistics, 71% of households had a car or other motor vehicle. Car ownership is more common in:</p> <ul style="list-style-type: none"> <li>• Higher income households</li> <li>• Remote and rural areas (regardless of income)</li> <li>• Households with more people (e.g. families with children)</li> </ul> <p>However, driving is gendered. Simply having a car in a household does not mean that men and women use the car equally, even if both have a driving license. Only 64% of women (compared to 76% of men) have a full driving license.</p> <p>This means that women are more reliant on other modes of transport, particularly public transport. Therefore, there is the potential for travel to be more challenging for women.</p> <p>Mitigating actions are outlined in the provision of transport at section 5?</p>
<b>2.9 Sexual Orientation</b> <ul style="list-style-type: none"> <li>• Lesbians</li> <li>• Gay men</li> <li>• Bisexuals</li> </ul>			X	The change to this service provision will have no differential impact on someone's sexual orientation.
<b>2.10 Carers</b>		X		<p>Staff as carers could potentially be impacted upon in terms of caring responsibilities however this is not specifically due to the service changes.</p> <p>Carers could be adversely impacted if they need to use volunteer transport, as only the patient is able to travel due to current COVID-19 restrictions. The change in service does not affect this as the limitations are due to COVID restrictions.</p>

<b>2.10 Homeless</b>			X	The impact of someone being homeless would be neutral.
<b>2.12 Involved in criminal justice system</b>	X			The local HMP is based on the outskirts of Kilmarnock and therefore, Crosshouse is closer should anyone within the prison require to undergo any treatment. If the individual is still undergoing treatment when they are liberated, travel to the relevant site may be required. However, this will depend on the need for Tier 2 or Tier 3 treatment.
<b>2.13 Literacy</b>			X	The impact of someone's literacy ability would be considered to ensure their understanding of the changes. Existing processes for supporting individuals would be followed.
<b>2.14 Rural Areas</b>	X	X	X	<p>Rurality as a whole will have an impact on patient transport and travel time, as some parts of Ayrshire are remote and rural.</p> <p>Rurality affects all parts of Ayrshire with the proportion of the population defined as remote greatest in East Ayrshire and the only significant 'very remote' population being on Arran - therefore the proposal to deliver the first 2 cycles of tier 2 chemotherapy from UHC will have a positive impact for patients living within these locations. Following the first 2 cycles of treatment if there have been no reactions the rest of the treatment can be delivered at the patient's local oncology unit i.e. Kyle Unit or Ward 5E.</p> <p>For patients living in the south of South Ayrshire there will be additional travel required to access Tier 2 treatment at Crosshouse - (Ballantrae to Crosshouse is 48.8 miles which is an additional 15 miles from Ayr). However for other geographical areas, Crosshouse is a closer to home option - for example, patients travelling from the Isle of Arran.</p> <p>For Tier 3 treatment, equidistant patients have an opportunity to select the location closest to home.</p>



<p><b>2.15 Staff</b></p> <ul style="list-style-type: none"> <li>• Working conditions</li> <li>• Knowledge, skills and learning required</li> <li>• Location</li> <li>• Any other relevant factors</li> </ul>	<p>X</p> <p>X</p>	<p>X</p>		<p>There is an impact on nursing / clinical staff with the potential for some staff to have additional travel/travel time and also others to have reduced travel/travel time. However this will not be differential in relation to the proposed model of service delivery.</p> <p>Existing organisational change processes will be implemented to ensure staff are not financially adversely impacted, including excess travel costs which would be covered for a 4-year period.</p> <p>This is not an agreed model at present and cross cover is being provided on an adhoc basis. The current adhoc cross cover provides staff from Kyle Unit with opportunities to maintain their Tier 2 and in-patient SACT knowledge, skills and experience.</p> <p>Both Kyle Unit and Ward 5E are more spacious and comply with CEL30 (2012) guidance with regards to spacing between beds/chairs which provides a safer work environment for both patients and staff.</p> <p>The single Tier 2 site at UHC for the chemotherapy in-patient and assessment/ verification service may mean less travel time for some visiting oncologists who previously travelled to UHA.</p> <p>Both sites have pharmacy hubs within the oncology areas</p> <p>MDT now established on Microsoft Teams so can be accessed by staff working from home.</p> <p>Telephone prescribing clinics can be delivered by staff working from home.</p>
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**2.16. What is the socio-economic impact of this policy / service change? (The [Fairer Scotland Duty](#) places responsibility on Health Boards to actively consider how they can reduce inequalities of outcomes caused by socio-economic disadvantage when making strategic decisions)**

	Positive	Adverse	Neutral	Rationale/Evidence
<b>Low Income Poverty</b>		X		<p>We know that women and disabled people are particularly likely to experience poverty (Scottish Government, 2019), and that women and disabled people are less likely to drive and more likely to use buses (Transport Scotland, 2018). Approximately 10% of patients attending chemotherapy services travel by public transport and these patients could be disproportionately disadvantaged in terms of increased travel to either site depending on where they live. To assist with chemotherapy patient access to the single Tier 2 site for chemotherapy in-patient and assessment/verification service and to help mitigate against additional patient travel, NHS Ayrshire &amp; Arran is committed to:</p> <ul style="list-style-type: none"> <li>• Providing a limited number of dedicated car parking spaces for use by volunteer driver services transporting patients to chemotherapy services.</li> <li>• Ensuring patients are given information about access to Ayrshire Cancer charities that are committed to providing transport locally for people to attend appointments and treatment at both hospitals.</li> </ul>
<b>Living in deprived areas</b>		X		
<b>Living in deprived communities of interest</b>		X		
<b>Employment (paid or unpaid)</b>		X		

<b>SECTION THREE CROSSCUTTING ISSUES</b>				
<b>What impact will the proposal have on lifestyles? For example, will the changes affect:</b>				
	<b>Positive impact</b>	<b>Adverse impact</b>	<b>No impact</b>	<b>Reason or comment for impact rating</b>
<b>3.1 Diet and nutrition?</b>			X	The change to this service provision will have no differential impact on exercise and physical activity.
<b>3.2 Exercise and physical activity?</b>			X	The change to this service provision will have no differential impact on substance use.
<b>3.3 Substance use: tobacco, alcohol or drugs?</b>			X	The change to this service provision will have no differential impact on risk taking behaviour.
<b>3.4 Risk taking behaviour?</b>			X	The change to this service provision will have no differential impact on risk taking behaviour.

<b>SECTION FOUR CROSSCUTTING ISSUES</b>				
<b>Will the proposal have an impact on the physical environment? For example, will there be impacts on:</b>				
	<b>Positive impact</b>	<b>Adverse impact</b>	<b>No impact</b>	<b>Reason or comment for impact rating</b>
<b>4.1 Living conditions?</b>			X	The change to this service provision will have no differential impact on an individual's living conditions.
<b>4.2 Working conditions?</b>	X			It is anticipated that working conditions will improve for staff as the aim is to provide specialist oncology/haematology medical, nursing and pharmacy support in the right place at the right time, and thus providing safe and effective care for patients.

4.3 Pollution or climate change?	X		X	<p>There is limited impact on pollution or climate change for this proposal. For some people the travel distance will be reduced, whilst for others there may be additional travel.</p> <p>However, increased telephone assessment, online electronic assessment (<a href="#">My Clinical Outcomes</a>) and <a href="#">Attend Anywhere</a> helps mitigate against this for some patients.</p>
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**Will the proposal affect access to and experience of services? For example:**

	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
<b>Health care</b>	X	X		<p>Having a single in-patient chemotherapy unit at UHC and the first two cycles of Tier 2 chemotherapy, has demonstrable advantages, such as:</p> <ul style="list-style-type: none"> <li>• Confidence and familiarity with new therapies</li> </ul> <p>Co-located services and adjacencies may have an adverse or positive impact:</p> <ul style="list-style-type: none"> <li>• Inpatient renal services available only on Crosshouse site</li> <li>• 24 hour laboratory services including blood transfusion only available on Crosshouse site. Ayr has reduced hours to access this service.</li> <li>• Interventional radiology is currently only provided on Ayr site.</li> </ul>
<b>Social Services</b>				<p>The current support provided by social services has the potential to affect some patients care packages should they require to travel additional distances for care. However, telephone assessment and online electronic assessment (My Clinical Outcomes) can mitigate against this for some patients. We are also mindful that across Ayrshire Wi-Fi connection is variable and therefore, this service may not be available for all. Also see narrative at section 1.2 in relation to ongoing improvement works across Ayrshire.</p>

<b>Education</b>			X	There is no differential impact on education services for this service change.
<b>Transport</b>				<p>This proposal may have an impact on transport needs dependent on the level of care and treatment required by individuals.</p> <p>It is anticipated that some of the impacts of transport will be mitigated through:</p> <ul style="list-style-type: none"> <li>• better education of the public of what support services are available</li> <li>• use of Tier 3 sites providing closer to home treatment</li> <li>• remote technology</li> </ul> <p>To assist with chemotherapy patient access to chemotherapy services and to help mitigate against additional patient travel, NHS Ayrshire &amp; Arran is committed to:</p> <ul style="list-style-type: none"> <li>• Providing a limited number of dedicated car parking spaces for use by volunteer driver services transporting patients to chemotherapy services.</li> <li>• Ensuring patients are given information about access to Ayrshire cancer charities that are committed to providing transport locally for people to attend appointments and treatment at both hospitals.</li> <li>• Ensuring that public transport information is available from chemotherapy service reception areas.</li> </ul> <p>There will also be increased parking requirements. Finding ways to minimise the issue of parking and maximise the use of transport services will be considered further as part of this work.</p> <p>Improved service organisation allows people to plan their time better which may have an impact on travel arrangements locally for family/friends.</p> <p>Through the engagement work, transport and travel for families and carers is a recurring theme and if we move forward with this new model of care, we will consider what solutions can be put in place to minimise this impact.</p>
<b>Housing</b>			X	There is no differential impact on housing services for this service change.

**SECTION FIVE**

**MONITORING** *(To be discussed and agreed by the Chemotherapy Oversight Planning Group Feb 2022)*

**How will the outcomes be monitored?**

**What monitoring arrangements are in place?**

**Who will monitor?**

**What criteria will you use to measure progress towards the outcomes?**

**PUBLICATION**

Public bodies covered by equalities legislation must be able to show that they have paid due regard to meeting the Public Sector Equality Duty (PSED). This should be set out clearly and accessibly, and signed off by an appropriate member of the organisation.

Once completed, send this completed EQIA to the **Equality & Diversity Adviser**

**Authorised by**

**Title**

**Signature**

**Date**

**Identified Negative Impact Assessment Action Plan** *(To be completed by EQIA Review Team - Nov 2021)*

Name of EQIA:

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments

Further Notes:

Signed:

Date:

**Changes to Chemotherapy Services on University Hospital Ayr site due to COVID-19****January 2020** – status quo

Intensive Inpatient Chemotherapy	Non-Intensive Inpatient Chemotherapy	Tier 2 (High Risk) Day case Chemotherapy	Tier 3 (Low risk) Day case Chemotherapy	Chemotherapy Prescribing Clinics (Haematology)	Chemotherapy Prescribing Clinics (Oncology)
Station 15(IP)	Station 15(IP)	Station 15(DC)	Station 15(DC)	Station 15	Suites/ Ballochmyle

**March 2020** – initial Covid contingency required Station 15 as Covid HDU ward

- Decision to transfer Intensive Chemotherapy to UHC

Intensive Inpatient Chemotherapy	Non-Intensive Inpatient Chemotherapy	Tier 2 (High Risk) Day case Chemotherapy	Tier 3 (Low risk) Day case Chemotherapy	Chemotherapy Prescribing Clinics (Haematology)	Chemotherapy Prescribing Clinics (Oncology)
Ward 3A UHC	Station 11	Medical Day Unit	Medical Day Unit	Ballochmyle	Suites/ Ballochmyle

**July 2020** – recovery in Day case activity such that MDU no longer had capacity

- Ballochmyle Suite needed again for usual clinical activity
- Over this period a process of review examined alternative delivery sites including Kyle Unit, but at this point the cost of such a move was prohibitive

Intensive Inpatient Chemotherapy	Non-Intensive Inpatient Chemotherapy	Tier 2 (High Risk) Day case Chemotherapy	Tier 3 (Low risk) Day case Chemotherapy	Chemotherapy Prescribing Clinics (Haematology)	Chemotherapy Prescribing Clinics (Oncology)
Ward 3A UHC	Station 2 *	Station 11	Station 11	Station 11	Suites/ Ballochmyle

\* Note - Station 2 accommodated non-intensive patients but was not a chemotherapy delivery area.

**October 2020** – further inpatient pressures required the return of Station 11

- Station 2 also became an unsafe site for Haematology/Oncology inpatients in face of rising inpatient Covid burden. Decision made to transfer all inpatient Haem/Chemotherapy to UHC
- Kyle Unit quickly refurbished to a standard suitable for chemotherapy delivery
- Over a period of 6 weeks between mid Oct and early Dec 2020 low risk chemotherapy delivery was introduced to Kyle Unit under careful clinical guidance
- Haematology and Oncology teams able to relocate clinic activity to Kyle Unit

Intensive Inpatient Chemotherapy	Non-Intensive Inpatient Chemotherapy	Tier 2 (High Risk) Day case Chemotherapy	Tier 3 (Low risk) Day case Chemotherapy	Chemotherapy Prescribing Clinics (Haematology)	Chemotherapy Prescribing Clinics (Oncology)
Ward 3A UHC	Ward 3A UHC	Medical Day Unit	Kyle Unit	Kyle Unit	Kyle Unit

**January 2021** – Tier 3 migration complete and decision made to plan for Tier 2 transfer to UHC.**September 2021** – Moved Tier 2 activity from MDU in UHA to 5E UHC