EQUALITY IMPACT ASSESSMENT

When completed, a copy of this EQIA form should be emailed to elaine.savory@aapct.scot.nhs.uk

Name of Strategy	West of Scotland Regional Vascular Service Re Configuration of Service		
Name of Division	Acute Services		
Names and role of Review Team:	Karen Andrews, General Manager / Fraser McJannett, General Manager Roger Currie, Associate Medical Director David Wallace, Consultant Vascular Surgeon, NHS Ayrshire and Arran Tam Siddique, Consultant Vascular Surgeon – NHS Lanarkshire Richard Edwards, General Manager, NHS Lanarkshire	**Date(s) of assessment:**	August 2019 and ongoing

PART ONE: RAPID IMPACT ASSESSMENT (INITIAL SCREENING PROCESS)

SECTION ONE AIMS OF THE PROGRAMME

1.1. Is this a new or existing Policy : New regional policy for local implementation

1.2. What is the aim or purpose of the Strategy:

In 2011 the Vascular Services Steering Group which was commissioned by the National Planning Forum published 'A Quality Framework for Vascular Services'. The West of Scotland Regional Vascular Services Review Group agreed an ambition to develop a hub and spoke model for service delivery in the region that would see the establishment of two Regional Centres of Excellence within the West of Scotland. One such Hub will be based at University Hospital Hairmyres and the other will be based at the Queen Elizabeth University Hospital. NHS Ayrshire and Arran will become a spoke unit with the Hub unit at University Hospital Hairmyres. This hub will serve the populations of NHS Lanarkshire, NHS Ayrshire and Arran and NHS Dumfries and Galloway.

All outpatient services will continue to be delivered in NHS Ayrshire & Arran together with appropriate day case procedures.

The impetus to establish the Regional Network is multifactorial. One significant influencing factor has been the fragility of the medical workforce within the specialty. This is a national issue.

1.3. Who is this strategy intended to benefit or affect? In what way? Who are the stakeholders?

Patients
Staff (Medical, Nursing)
Supporting clinical services (Radiology, Cardiophysiology)
GPs
Scottish Ambulance Service

The benefit will be establishment of a large vascular unit in Hairmyres Hospital that will be able to offer a wider range of treatments for vascular patients with a sustainable workforce and strength to innovate and develop in the future. The process will ensure all groups are informed using verbal and written communication. All groups will be able to engage in the process either via face to face meetings and electronic communications. The key stakeholders were all included in the first information sharing meeting held in February 2019 or given the opportunity to send comments via email.

1.4. 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 cause by socio-economic disadvantage when making strategic decisions)

The Scottish Index of Multiple Deprivation (SIMD) identifies small area concentrations of multiple deprivation across Scotland. It is made up of seven domains constructed from 38 indicators that are used to measure multiple aspects of deprivation. The domains and their weighting are income; employment; health; education, skills and training; geographic access to services; crime and housing. The SIMD ranges from SIMD1 being the most deprived to SIMD 5 being the least deprived area. SIMD identifies deprived areas, not deprived individuals. It is the most accessible and consistent measure available for targeting resources to those communities experiencing the most multiple deprivation. Many programmes of work within NHS Ayrshire and Arran utilise SIMD with the overarching aim of reducing inequalities in health.

2017 population data by Council Area

Area name	SIMD1	SIMD2	SIMD3	SIMD4	SIMD5	Total	SIMD1 and SIMD2 total
East Ayrshire	38,416	30,836	21,277	17,372	14,039	**121,940**	**69,252**
North Ayrshire	52,946	29,892	19,067	20,292	13,593	**135,790**	**82,838**
South Ayrshire	19,676	29,818	24,641	15,423	23,122	**112,680**	**49,494**

The **National Share** considers the percentage of the most deprived data zones in Scotland that are found in a particular area such as a Health Board or Local Authority area. So, there are 1,046 data zones that make up the 15% most deprived areas in Scotland. NHS Ayrshire and Arran has 106 of these giving us a national share of 10.1%.

The **Local Share** considers the percentage of an area's data zones that are amongst the 15% most deprived in Scotland. So, there are 502 data zones in NHS Ayrshire & Arran, 106 of these are in the 15% most deprived giving us a local share of 21.1%. This measure is not influenced by the size of an area and picks out areas with concentrations of deprived data zones whether these areas are large or small. The table below shows a breakdown for each locality of the number of data zones in the most deprived areas for NHS Ayrshire & Arran.

	Number of data zones at **5%**	Number of data zones at **10%**	Number of data zones at **15%**
Ayrshire & Arran	28	63	106
East Ayrshire	10	18	36
North Ayrshire	12	32	51
South Ayrshire	6	13	19

The following table outlines some of the links between ill health and living in the most deprived areas.

NHS Ayrshire and Arran Health and Well-being

Indicator	**Period**		**East Ayrshire**	**North Ayrshire**	**South Ayrshire**	**National average**
Male life expectancy	2014-16		76.5 years	75.9 years	77.5 years	77.1 years
Female life expectancy	2014-16		79.8 years	80.5 years	80.8 years	81.1 years
Deaths all ages	2015-17	*	1,269	1,223	1,113	1,167
Early deaths from cancer (<75)	2015-17	*	161	169	154	160
Early deaths from coronary disease (<75)	2015-17	*	66	64	52	53
Estimated smoking attributable deaths	2016-17	*	392	402	297	337
Smoking prevalence (adults 16+)	2016		22.1%	27.0%	16.9%	19.6%

Alcohol-related hospital stays	2017/18	*	658	895	758	676
Drug-related hospital stays	2014/15-2016/17	*	277	342	192	147
New cancer registrations	2014-16	*	621	677	608	643
Population prescribed drugs for anxiety/depression/psychosis	2017/18		20.1%	21.1%	21.3%	18.8%
Patients with emergency hospitalisations	2015-17	*	9,685	9,893	9,451	7,606
Patients (65+) with multiple emergency hospitalisations	2015-17	*	6,577	6,274	6,500	5,421
Adults claiming incapacity benefit/ severe disability allowance	2016		6.9%	7.4%	5.9%	6.1%
People aged 65+ with high levels of care needs who are cared for at home	2017		29.9%	31.2%	35.8%	35.2%
Working age adults with low or no educational qualifications	2013		18.0%	17.0%	11.2%	12.6%
Population income deprived	2017		15.5%	17.3%	12.6%	12.2%
Working age population employment deprived	2017/18		13.6%	15.3%	11.8%	10.6%
People claiming pension credits (60+)	2016		6.9%	6.4%	4.9%	5.5%
People living in 15% most 'access deprived' areas	2017		16.5%	10.1%	13.1%	15.0%

* = age-sex standardised rate per 100,000 population to ESP2013

Area data significantly worse than national comparator

The Scottish Household Survey 2017 data below shows that, in Ayrshire, people who own their own home are more likely to have at least one car where as in all 3 localities this figure for those who live in social housing drops to less than 50%.

Household characteristics by tenure* – No of Cars
East Ayrshire 2017

	Owner Occupier	Social Sector	Private Rent	Other	All
0 cars	8	56	*	*	24
1 car	40	41	*	*	42
2+ cars	52	3	*	*	34

All	100	100	100	100	100

North Ayrshire 2017

	Owner Occupier	Social Sector	Private Rent	Other	All
0 cars	16	56	*	*	30
1 car	55	33	*	*	48
2+ cars	29	11	*	*	21
All	100	100	100	100	100

South Ayrshire 2017

	Owner Occupier	Social Sector	Private Rent	Other	All
0 cars	11	59	*	*	24
1 car	47	33	*	*	45
2+ cars	41	8	*	*	32
All	100	100	100	100	100

* Tenure refers to the housing status of individuals as outlined above.

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).

Patients who would travel by public transport would be disproportionately disadvantaged in terms of increased travel.

1.5. What outcomes are intended from this Strategy

Outcomes which are in line with the National Model for Tiered Vascular Services are:

- All patients admitted as an emergency admission will be admitted to University Hospital Hairmyres.
- All patients who require Tier 3 elective surgery will be admitted to University Hospital Hairmyres
- All outpatient clinics and daycase procedures will continue to be carried out locally.

Table 1 National Model for Tiered Vascular Services

Tier	Description

Tier 1: Primary/ community care	The vast majority of vascular patients will be looked after within primary care by General Practitioners, practice nurses, podiatrists
Tier 2: Ambulatory care and rehabilitation	New outpatient referrals and follow-up appointments; venous surgery, minor amputations, venous access and primary vascular access
Tier 3: Complex inpatient care	Open surgical or endovascular repair of abdominal aortic aneurysm (AAA), carotid endarterectomy (CEA), or assessment and management of critical limb ischaemia (CLI), complex vascular access and care of vascular emergencies
Tier 4: Tertiary referral centres	Particularly complex, rare or highly specialist interventions, e.g. repair of thoracic and thoraco-abdominal aortic aneurysms (TAAA), or fenestrated aortic stenting

1.6. How have these people been involved in the development of this policy?

- Members of the West of Scotland Regional Vascular Group
- Regional Vascular Group
- Local information sharing group

1.7. What resource implications are linked to this strategy?

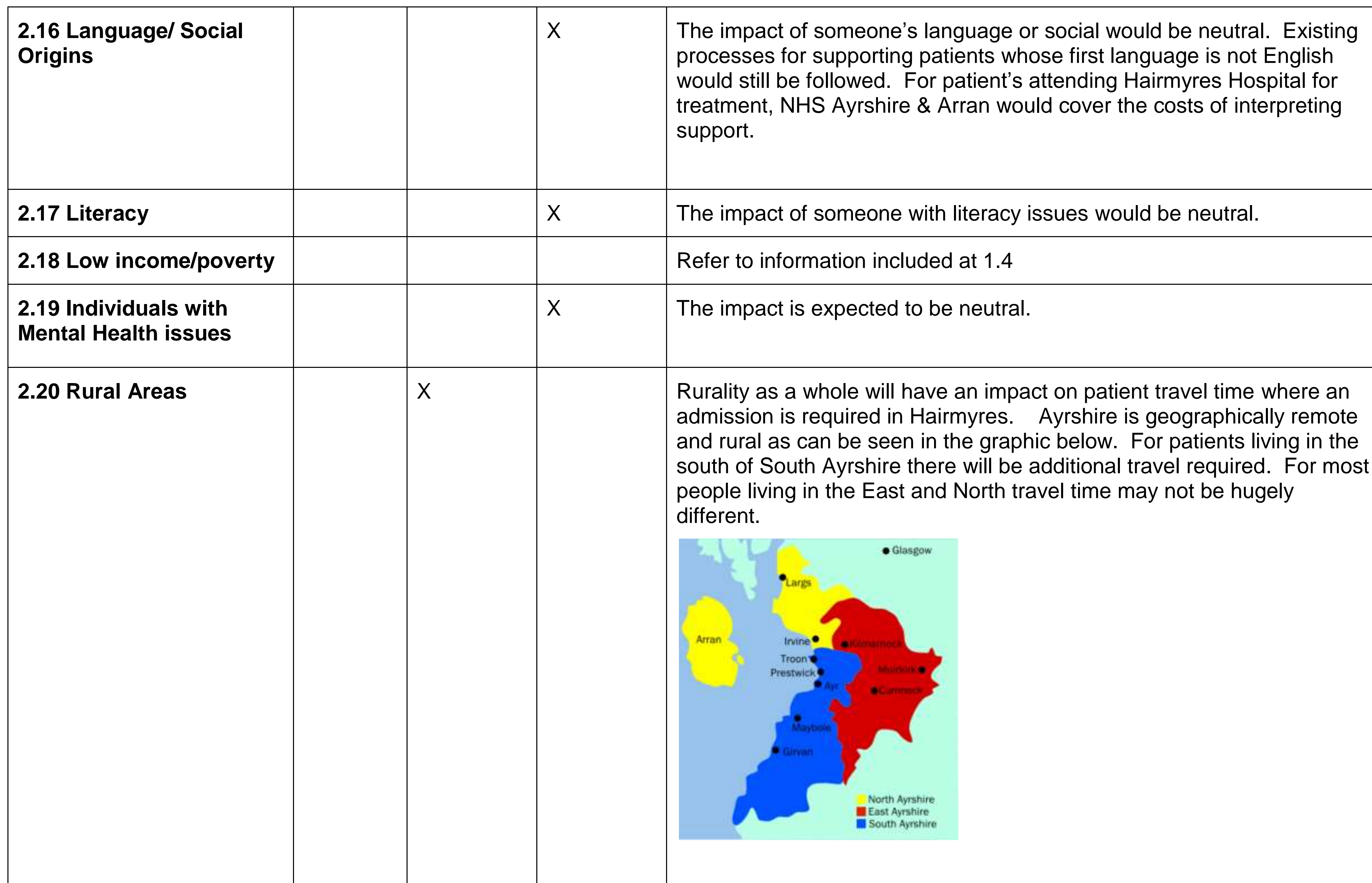
Business Case developed detailed all resource.

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** • **Taking account of disabilities** **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.**
Equality Target Groups

	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
2.1. Age (young and old)	X	X	X	Patients will have a positive impact if they are seen and treated in a timely manner. Patients may perceive an adverse impact if they are transferred to NHS Lanarkshire for their care. Patients who require an outpatient consultation only or having a daycase procedure will have no impact.

2.2. Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)	X	X		Adults claiming incapacity benefits, severe disability allowance, employment and support allowance in East and North Ayrshire is significantly higher than the Scottish average. However, in South Ayrshire this figure is significantly lower than the Scottish average. Patients with a physical disability requiring travel support would require to use the Patient Transport Service (provided by Scottish Ambulance Service). This could potentially increase the impact on the patient transport service in terms of travel time as patients may require support for further distances. Existing service provision for patients requiring communication support would remain the same. For the purposes of engagement and consultation, reasonable adjustments required are included within the process of engagement and consultation equality impact assessment.
2.3. Gender Reassignment			X	The impact on gender reassignment patients is neutral.
2.4 Marriage and Civil partnership			X	The impact on marriage and civil partnership patients is neutral. .
2.5 Pregnancy and Maternity			x	The impact on patients who are pregnant / have very young babies is neutral.
2.6 Race/Ethnicity			X	The impact of someone’s race or ethnicity would be neutral. Existing processes for supporting patients whose first language is not English would still be followed.

2.7 Religion/Faith			X	The impact of someone's religion or faith would be neutral. Existing chaplaincy services are available at both sites should any patients require access or support.
2.8 Sex (male/female)			X	A person's sex would have no particular impact on the decision to deliver the service as a Hub and Spoke Model.
Sexual Orientation incl. **2.9 Lesbians** **2.10 Gay men** **2.11 Bisexuals**			X	The impact of someone's sexual orientation would be neutral.
2.12 Staff (This could include details of staff training completed or required in relation to service delivery)	X	X		There is an impact on nursing / clinical staff. Staff will be redeployed to other clinical areas. Existing organisational processes would be implemented.
2.13 Carers		X		Travel for carers could be a problem as they will require to travel to Hairmyres where their relative has been admitted for inpatient care. Staff as carers have the potential to be impacted upon in terms of caring responsibilities.
2.14 Homeless			X	The impact of someone being homeless would be neutral.
2.15 Involved in criminal justice system			X	Impact would be neutral. For any persons requiring to go Hairmyres, the travel distance would be similar to that of Ayr Hospital from Bowhouse prison.

2.16 Language/ Social Origins			X	The impact of someone's language or social would be neutral. Existing processes for supporting patients whose first language is not English would still be followed. For patient's attending Hairmyres Hospital for treatment, NHS Ayrshire & Arran would cover the costs of interpreting support.
2.17 Literacy			X	The impact of someone with literacy issues would be neutral.
2.18 Low income/poverty				Refer to information included at 1.4
2.19 Individuals with Mental Health issues			X	The impact is expected to be neutral.
2.20 Rural Areas		X		Rurality as a whole will have an impact on patient travel time where an admission is required in Hairmyres. Ayrshire is geographically remote and rural as can be seen in the graphic below. For patients living in the south of South Ayrshire there will be additional travel required. For most people living in the East and North travel time may not be hugely different. 

SECTION THREE	CROSSCUTTING ISSUES			
What impact will the proposal have on lifestyles? For example, will the changes affect:				
	Positive impact	**Adverse impact**	**No impact**	**Reason or comment for impact rating**
3.1 Diet and nutrition?			X	The decision to locate inpatient services at University Hospital Hairmyres would have no differential impact on this.
3.2 Exercise and physical activity?			X	The decision to locate inpatient services at University Hospital Hairmyres would have no differential impact on this.
3.3 Substance use: tobacco, alcohol or drugs?			X	The decision to locate inpatient services at University Hospital Hairmyres would have no differential impact on this.
3.4 Risk taking behaviour?			X	The decision to locate inpatient services at University Hospital Hairmyres would have no differential impact on this.
3.5 Education and learning, or skills?			X	The decision to locate inpatient services at University Hospital Hairmyres would have no differential impact on this.
3.6 Other				

SECTION FOUR	CROSSCUTTING ISSUES:			
Does your Programme consider the impact on the social environment? Things that might be affected include:				
	Positive impact	**Adverse impact**	**No impact**	**Reason or comment for impact rating**
4.1 Social status			X	The decision to locate inpatient services at University Hospital Hairmyres would have no differential impact on this.

4.2 Employment (paid or unpaid)			X	The decision to locate Tier 3 and out of hours services at Hairmyres would have no differential impact on this. Patients would require to take time off work to attend for elective or emergency care regardless of the site.
4.3 Social/family support		X		The decision to locate Tier 3 at Hairmyres has the potential to have negative impact on social / family support due to the need to travel out with NHS A&A.
4.4 Stress		X		The decision to locate Tier 3 at Hairmyres has the potential to cause stress to patients, family members and carers due to the fact Hairmyres is out with NHS A&A and the need for additional travel, particularly those who require to travel by public transport. However, given the patient will be located in the right place being treated by the right people will hopefully alleviate patient stress with a view to quick return to own home.
4.5 Income/Expenditure		X		The decision to locate Tier 3 at Hairmyres has the potential to have an impact on expenditure for family members and carers due to the fact Hairmyres is out with NHS A&A and the need for additional travel, particularly those who require to travel by public transport. However, given the patient will be located in the right place being treated by the right people will hopefully result in a quicker return for the patient to their own home. For those individuals who are in receipt of benefits, there is the opportunity for those additional costs to be reimbursed.

SECTION FIVE	CROSSCUTTING ISSUES			
Will the proposal have an impact on the physical environment? For example, will there be impacts on:				
	Positive impact	**Adverse impact**	**No impact**	**Reason or comment for impact rating**
5.1 Living conditions?			X	There is no impact on living conditions for this proposal.
5.2 Working conditions?		X		Consultants will have additional travel time to and from Base.
5.3 Pollution or climate change?		X		There is some impact on pollution or climate change for this proposal as family members and carers will require to travel further to visit inpatients. Consultants will need to travel more to cover Ayrshire, Lanarkshire and Dumfries and Galloway.
5.4 Accidental injuries or public safety?			X	There is no impact on accidental injuries or public safety for this proposal.
5.5 Transmission of infectious disease?			X	There is no differential impact in relation to transmission of infectious disease for this proposal.
5.6 Other				
Will the Programme have any impact on…				
Discrimination?			x	The future model for service delivery is the basis for sustainable vascular services across the West of Scotland. The equality impact assessment has considered the impact on different communities and seeks to address any potential adverse impacts in line with the aims of the public sector duty. The service will provide person centred care to
Equality of opportunity?			x	
Relations between groups?			x	

Other				patients and specific adjustments, where necessary, will be considered on an individual basis.

Will the proposal affect access to and experience of services? For example:				
	Positive impact	**Adverse impact**	**No impact**	**Reason or comment for impact rating**
Health care	X	X		It is anticipated that the proposal to centralise the in-patient and out of hours vascular service at University Hospital Hairmyres will have demonstrable advantages such as: • Sustainability of Service • Equitable access to Endovascular Service • Enhanced opportunities for service development and research Travel requirements for family members and carers will be increased due to the fact that Hairmyres is out with NHS A&A and the need for additional travel, particularly those who require to travel by public transport. However, given the patient will be located in the right place being treated by the right people will hopefully result in a quicker return for the patient to their own home. For those individuals who are in receipt of benefits, there is the opportunity for those additional costs to be reimbursed.
Social Services		X		The current support provided by social services has the potential to affect some patients care packages if these are being arranged from Hairmyres instead of locally.
Education			X	There is no impact on education services for this proposal.

Transport		x		This proposal will have an impact on transport needs. Patients and their families may have further to travel. There will also be an impact on the Scottish Ambulance Service in regard to transfers and repatriation.
Housing			X	There is no impact on housing services for this proposal.

PART TWO

SECTION SIX **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)

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

- National West of Scotland Vascular Group
- Abdominal Aortic Aneurysm Screening Group

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

Drivers for Change

- That specialist care should be centralised to ensure expert opinion available at all times. Locally delivered services should continue for routine daycase and outpatient workloads.

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

- Joined up thinking is required across all tiers of service delivery.

Safety and quality of care

- Patients receiving treatment should not be disadvantaged in any way.
- Confidence and trust in services is crucial for patients.

Staff training requirements

- All staff, at every tier of service provision, need to be appropriately trained to a consistent level.

Closer to home treatment whenever possible

- Travel and transport are key issues for patients and carers which significantly increase stress levels.

What gaps in knowledge are there?

No gaps in knowledge are currently identified. This is an agreed approach by the West of Scotland Planning Forum.

In relation to the groups identified:

What are the potential impacts on health?

The ultimate aim of the overarching review of Vascular Services is to ensure high quality, safe and sustainable services across the West of Scotland. The emerging service model aims to:

- Improve patient experience and outcomes;
- Ensure consistency of pathways and processes;
- Provide equitable access to treatment
- Optimise resource use.

Will the Programme impact on access to health care? If yes - in what way?

There will be some impact on access to health care. Patients may require to travel further to receive care and some referrals from hub hospitals will have longer waits as they will no longer have in house vascular services to call upon.

Will the Programme impact on the experience of health care? If yes - in what way?

There should be no detrimental impact on the experience of health care. Care will be accessible 24 hours / 7 days per week.

SECTION SEVEN HAVE ANY POTENTIAL NEGATIVE IMPACTS BEEN IDENTIFIED?

If so, what action been proposed to counteract these? Negative impacts (if yes, state how) e.g.

- **Is there any unlawful discrimination? No**
- **Could any community get an adverse outcome? There is a potential for an adverse outcome if travel time impacts on the time to treat.**
- **Could any group be excluded from the benefits of the Programme/function? No**
- **Does it reinforce negative stereotypes? No**

Recommendations (This should include any action required to address negative impacts identified

Where adverse impacts have been identified, mitigating actions have been outlined throughout the document.

SECTION EIGHT MONITORING

How will the outcomes be monitored?

- Collect data on patients admitted to Hairmyres
- Collect data on waiting times.
- Undertake patient satisfaction questionnaire and analyse results.

What monitoring arrangements are in place?

Activity will be monitored and analysed as appropriate.

Who will monitor?

General Manager with clinical team

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

Length of stay in University Hospital Hairmyres. Amputation rates. Death rate from aortic aneurysm disease. Stroke rates in patients referred with carotid artery stenosis.

COMPLETED PROGRAMME

Who will sign this off? Joanne Edwards, Director of Acute Services

When? August 2022

PUBLICATION

How will this be published? **Copy given to Equality & Diversity Adviser**			
Carried Out by		**Title**	
Signature		**Date**	
Authorised by		**Title**	
Signature		**Date**	