

Equality Impact and Risk Assessments

Stroke pathway reconfiguration

East Staffordshire CCG

Current Status

Stage 2 Required

Review Date

16/05/2018

Person Responsible

Emily Davies

Service

Stroke

Service Area

Hyper acute Stroke

Project Lead

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Explanation


Reconfiguration of the Stroke pathway at University Hospital of Derby and Burton Hospitals is a key part of the merger business case, approved on the 1st July 2018. This relates to movement of the hyper acute element (first 72 hours of the pathway) from Queens Hospital Burton to Royal Derby Hospital. The Clinical Commissioning Group (CCG) was supportive of the merger for clinical and financial sustainability reasons and stroke services were identified as a key area of focus for the CCG in 2012 due to the need to improve patient outcomes and sustainability of services.

Assessment





Equality Impact





1	Does this issue plan to withdraw a service, activity or presence?	
<p>No as the Hyper Acute Service will still exist, however it will be delivered at a different site. The Hyper acute element will be moved from QHB to Derby Royal. To note: patients may see this as a withdrawal/lack of presence locally as the services will be provided but somewhere else which could involve more travel</p>		
2	Does this issue plan to reduce a service, activity or presence?	
<p>No not applicable To note: patients may see this as a withdrawal/lack of presence locally as the services will be provided but somewhere else which could involve more travel</p>		
3	Does this issue plan to introduce or increase a charge for Service?	
<p>No no charge to the patient This is an NHS service which is free at the point of use for all UK residents from 'cradle to the grave'.</p>		
4	Does this issue plan to make a change to a commissioned service?	
<p>The hyper acute element of the pathway will be delivered from a different location. The service will move from QHB to Derby Royal. The acute and rehabilitation pathway will continue to be delivered as per current arrangements at QHB and in the community. The ESCCG rationale for the change is to drive improvements in patient outcomes. The plan is part of the planned merger between BHFT and DHTFT to drive clinical and financial sustainability.</p>		
5	Does this issue plan to introduce, review or change a policy, strategy or procedure?	
<p>There will be changes to the patient pathway which may result in other reviews of the service and changes</p>		

6	Does this issue plan to introduce a new service or activity?	
<p>No however see question 1 &5 (same service but hyper acute delivered from a different location)</p>		
7	Is this primarily about improving access to, or delivery of a service?	
<p>Yes the reconfiguration of the service will deliver improvements to patient outcomes including: - reduced mortality rates for hyper acute stroke patients in the BHFT patient population; - increased quality of life for surviving hyper acute stroke patients in the BHFT patient population; - reduced length of stay overall for hyper acute stroke patients in the BHFT patient population; - reduced mortality and morbidity rates for TIA patients in the BHFT patient population; and - increased quality of life for TIA patients in the BHFT patient population</p>		
8	Does this affect Employees or levels of training for those who will be delivering the service?	
<p>Yes. DTHFT staff currently provide and will continue to provide a seven day stroke consultant delivered service which will be available for patients across the merged Trust. This includes consultant stroke physician led thrombolysis and ward rounds seven days per week which BHFT is not currently able to deliver with its current consultant numbers. In addition, DTHFT delivers a seven day TIA service and QHB patients will be able to access this at weekends, expanding the seven-day TIA service to the whole population of the merged Trust. A further WTE stroke consultant will be recruited post-merger to assist with the additional patients that are brought in to RDH from the BHFT catchment area.</p>		
9	Does this issue affect Service users?	
<p>Yes the hyper acute element of the pathway eg. first 72 hours of care will be delivered at Derby Royal Hospital instead of QHB. This will also impact on family and carers. The CCG will be seeking views and opinions on impact. Targeted engagement will be planned and implemented with protected and seldom heard groups in the next stage.</p>		


10	<p>Can you foresee a negative impact on any Protected Characteristic Group(s)? <i>If YES please state what these could be.</i></p>	
<p>No not at this point in time. However, targeted engagement will be planned and implemented with protected and seldom heard groups in the next stage will be planned with E&I BP and Comms and Engagement Lead.</p>		








Equality Risk


11	<p>Have you got any general intelligence (research, consultation, etc.)? <i>If YES please list any related documents.</i></p>	
<p>Yes - SSNAP Audit Report Royal College of Physicians (2016), 'Sentinel Stroke National Audit Program (SSNAP): Acute organisational audit report', November, p. 40. https://www.strokeaudit.org/Documents/National/Clinical/AugNov2016/AugNov2016-PublicReport.aspx As part of the merger DTHFT and BHFT are reviewing sustainability of services across a number of pathways including stroke.</p>		
12	<p>Have you got any specific intelligence (research, consultation, etc.)? <i>If YES please list any related documents.</i></p>	
<p>Yes - SSNAP Audit Report Royal College of Physicians (2016), 'Sentinel Stroke National Audit Program (SSNAP): Acute organisational audit report', November, p. 40. https://www.strokeaudit.org/Documents/National/Clinical/AugNov2016/AugNov2016-PublicReport.aspx</p>		
13	<p>Have you taken specialist advice? (Legal, E&I Team, etc). <i>If YES please state.</i></p>	
<p>E&IBP and Comms and Engagement Lead (MLCSU)</p>		
14	<p>Have you considered your Public Sector Equality Duty? <i>Please provide a rationale.</i></p>	

<p>East Staffs CCG are committed as approved within the governance process, to implementing the Equality Impact and Risk Assessment scrutiny process in all key healthcare changes for equitable patient outcomes. This involves showing evidence of taking 'due regard' i.e. prompting our deliberate thought and consideration of people from groups protected by the Equality Act 2010 (and H&SC Act 2012 - health inclusion groups - where there are local concerns) in all our planning and decision and in a timely way to follow due process. This has been achieved to date, through the completion of a Stage 1 EI&RA and will be continued in the more detailed stage 2.</p>		
15	<p>Do you plan to publish your information? <i>Include any "Decision Reports"</i></p>	
<p>Published via Governing Body Papers and on CCG website</p>		
16	<p>Can you minimise any negative effect? <i>Please state how.</i></p>	
<p>Not clear on any negative impact at this stage. Negative effect can be minimised by seeking the views of local service users, protected and seldom heard groups and where possible showing careful consideration and mitigating any negative issues raised through this process.</p>		
17	<p>Do you have any supporting evidence? <i>If YES please list the documents.</i></p>	
<p>Detail re: governing body papers</p>		
18	<p>Have you/will you engage with affected staff and users on these proposals?</p>	
<p>We will be undertaking targeted engagement for ES and SES patients and carers.</p>		

Human Rights Impact

19	<p>Will the policy/decision or refusal to treat result in the death of a person?</p>	
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no n/a		
20	Will the policy/decision lead to degrading or inhuman treatment?	
no n/a		
21	Will the policy/decision limit a person's liberty?	
no n/a		
22	Will the policy/decision interfere with a person's right to respect for private and family life?	
<p>Query impact re: travel times This is currently being compiled by the Trust and West Midlands Ambulance Service and neighboring CCGs. The findings will be part of the considerations during the consultation and engagement phase.</p>		
23	Will the policy/decision result in unlawful discrimination?	
no n/a		
24	Will the policy/decision limit a person's right to security?	
no n/a		
25	Will the policy/decision breach the positive obligation to protect human rights?	
no n/a		
26	Will the policy/decision limit a person's right to a fair trial (assessment, interview or investigation)?	
no n/a		

27	Will the policy/decision interfere with a person's right to participate in life?	
no n/a		

Stage 2 Details

Equality Policies

No files uploaded

Equality Other

No files uploaded

Human Rights

No files uploaded

Additional Files

No files uploaded

Comments

Assessment Comment

Reconfiguration of the Stroke pathway at University Hospital of Derby and Burton Hospitals is a key part of the merger business case, approved on the 1st July 2018. This relates to movement of The CCG considers reconfiguration of Stroke services important in order to improve patient outcomes and experience which fits with its overarching Improving Lives Strategy. The merger of DTHFT and BHFT provides an opportunity to consider how this can be achieved through the reconfiguration of the pathway.

22/10/2018

Fernando, Fleur

Approval Comment

QA check 1 J Allen 210818: Please complete front sheet with explanation of why you are doing what you are doing now. Please state abbreviations in full once for each. Please add URL to Q11 &12. Q14 please add suggested text e-mailed. Q22: Query impact re: travel times - please state impacts re travel time from reconfigured service. Please ask colleague to complete peer review as above. JA submitted in error. Still to be completed eg as above. thank you (141018) Peer review completed by Fleur Fernando Senior Commissioner 221018. Confirmed accuracy of content and critical friend appropriate challenge made. No changes resulted in this stage 1. Stage 2 required to be fully completed ahead of any senior committee decisions being made.

22/10/2018

Allen, Julia

Stage 2 Comment

No comment saved

Last Activation Comment

No comment saved

Last Deactivation Comment

No comment saved