



Equality Impact Assessment on:

The Commissioning of Future Clinical Services at Clevedon Community Hospital Project

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ABOUT THIS EQUALITY IMPACT ASSESSMENT

Name of the project being assessed:

The Commissioning of Future Clinical Services at Clevedon Community Hospital

Does this EIA relate to new or existing services?	New	Y	Existing	N
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State the context for this EIA	Options Appraisal for the commissioning of future clinical services at Clevedon Community Hospital
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On which protected characteristics has this Equality Impact Assessment been carried out?

Race	Y	Disability	Y	Sex	Y	Religion or Belief	Y	Marriage/ Civil Partnership	Y
Age	Y	Sexual Orientation	Y	Gender reassignment	Y	Pregnancy and Maternity	Y	Health impact	Y

This EIA also looks at issues of spatial inequality. This means issues related to where people live in North Somerset and ease of access to services (for patients) or to work (for employees).

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Signature	
Last Date Reviewed	14 th February 2014

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Step 1: Getting started

Brief description of the project

Following the decision in July 2012 not to proceed with the development of a new Clevedon Community Hospital, North Somerset Clinical Commissioning Group (CCG) established a new project to look at the future commissioning of clinical services at the hospital.

The options for commissioning future services are being co-produced through engagement with local people, patients, local clinicians and other stakeholders.

In order to provide modern healthcare to the population of North Somerset, CCG are looking at the options around how to best use the Clevedon Community Hospital facility in the context of inpatient and outpatient services currently provided and other rehabilitation and community outpatient services commissioned elsewhere for North Somerset patients.

Whilst the Community Hospital is a resource for the population of North Somerset, the majority of services are delivered to the Clevedon catchment area which for the purposes of this project includes the following areas: Backwell, Clevedon, Congresbury, Long Ashton, Nailsea, Portishead, Yatton, Winscombe, Wrington and the Worle fringes. These populations are estimated to total approximately 100,000 people.

This Equality Impact Assessment looks at the 'inpatient', 'diagnostic' and 'outpatient services' provided at Clevedon Community Hospital, not the Minor Injuries Unit which has recently undergone a refurbishment.

A summary of current services provided at Clevedon Community Hospital (CCH) is as follows:

The inpatient facility at Clevedon comprises 18 beds. Of these 3 are GP beds and 15 are Rehabilitation beds (included in these 18 beds are 1 stroke bed and 2 safe haven beds). The beds are located across 2 ward areas (one on the ground floor and one on the 1st floor where there are also 2 single bed rooms). Inpatient referrals are taken from University Hospitals Bristol (UHB) and Weston Area Hospital Trust and a contract variation was negotiated in October 2013 to accept patients from North Bristol Trust (NBT). On escalation, GP beds can be used for other patients. The hospital includes its own kitchen and hotel services to the inpatient wards.

There are 3 GP beds at CCH. Only patients registered with the 3 GP practices in Clevedon can access these beds. They are used to avoid hospital admissions. There is one stroke bed at CCH but only certain patients can access the bed. This does not comply with the recommendation of the BNSSG 2012 Stroke Review that stroke rehabilitation is delivered in a specialised sub-acute hospital setting. There are, in addition to this, 2 safe haven beds at CCH but they are used in the first instance for rehab and GP patients and, as such, are rarely used as safe haven beds.

The following outpatient clinics are run from the first floor of Clevedon Community Hospital above the new minor injuries unit:

- 2 Weston Clinics (orthopaedics)
- 2 UHB clinics (GUM and AAA Screening monthly)
- 3 North Somerset Community Partnership clinics (Audiology, MSK and Podiatry)
- 1 Avon and Wiltshire Mental Health Partnership psychiatry clinic
- 13 NBT clinics (general surgery, vascular, ENT, medicine, cardiology, palpitations, urology, chest, chest pain and audiology)

There is a digital x-ray machine on the ground floor open Mon-Fri 9-5 (closed 1-2).

There is 1 ultrasound scanner which is not in full working order on the ground floor of the hospital next to MIU. It is currently only used 1-2 times a week for cardiac and carotid imaging by Dr Cheesman who is due to retire.

Update on this information:

Since beginning this Equality Impact Assessment (EIA), some improvements have taken place to Clevedon Hospital (December 2013). The bed capacity has been reduced to 17 to accommodate ambulatory care, known as the *Community Treatment Centre*. This centre has three reclining chairs to facilitate treatments such as Blood Transfusions and IV antibiotic therapy. There are now only 2 GP beds. The bed split remains the same regarding rehab and stroke patients.

The options being reviewed are as follows:

- 1. Do minimum**
- 2. Inpatients remains as is and outpatients and diagnostics are further developed**
- 3. Inpatient provision is delivered elsewhere:**
 - 3.1.1. One or two local nursing home where therapists and GPs visit patients
 - 3.1.2. A range of 5 nursing home where therapists and GPs visit patients
 - 3.1.3. Using existing hospitals and other community facilities to deliver care
 - 3.1.4. A specialist residential rehabilitation unit for all North Somerset Rehabilitation beds
 - 3.1.5. Provide a reduced number of beds;**
 - 3.1.5.1. to allow space for ambulatory care beds
 - 3.1.5.2. to allow more space for existing beds and an improved environment
- 3.2. Further outpatient, diagnostic and ambulatory clinics using the inpatient space if inpatient beds are relocated under option 3.**
- 4. Further outpatient, diagnostic and ambulatory clinics using the inpatient space if inpatient beds are relocated under option 3 as part of an innovative 'community hub' development.**

Responsibilities for delivering current services and undertaking this project to develop options for the future commissioning of clinical services at Clevedon Community Hospital:

North Somerset Community Partnership is the main provider of the existing services at Clevedon Community Hospital until March 2016.

North Somerset CCG is the commissioner of these services and is leading the project to develop options for the future commissioning of clinical services at Clevedon Community Hospital.

Following the development of detailed options, and review by the North Somerset CCG Governing Body in December 2013, recommendations will then be presented the North Somerset Health and Overview Scrutiny Panel for consideration.

Step 2: Establishing relevance to the public sector equality duty

Does the project affect service users, employees or the wider community, and therefore potentially have a significant effect in terms of equality?

Yes the current service and potential services identified in the options appraisal does or could affect service users, employees and the wider community.

Is it a major project, significantly affecting how our organisation operates in terms of equality?

No

Will it have a significant effect on how other organisations operate in terms of equality (such as service providers or contractors)?

Not at this stage. If an option to deliver services elsewhere is chosen a new EIA for set up of this service would need to be carried out which would include assuring equality was taken into account in the service specification.

Does or could the project affect different “protected groups” differently?

Protected groups are defined by the nine characteristics protected by the Equality Act 2010:

- Age
- Disability including physical and mental impairment
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race including nationality and ethnicity
- Religion or belief
- Sex
- Sexual orientation

Currently inpatient rehabilitation healthcare services at Clevedon Hospital are predominantly provided to the elderly population and it is important to take this into account when considering the options. Outpatient services are provided to a cross-section of the North Somerset population. Providing care for the elderly often means that transport and care closer to home are very important factors both for patients and their carers and families. Ensuring that facilities provided are up to a standard that allow access for wheelchairs and the frail and disabled in general.

There are some equality issues with the current services. Any option selected will be seen as an opportunity to retain and reinforce any existing good practice and to address any current inequalities or failure to positively promote equality and diversity.

Currently there are 3 inpatient beds, only available to patients registered with the 3 Clevedon GP practices that manage the beds. The narrow staircase, lift, limited number of single rooms and limited inpatient space are not in line with modern standards for inpatient wards. As a result, there is not as much space for families and carers to visit inpatients and for the privacy and dignity of inpatients (also in terms of discussing sensitive information) as there is in more modern units.

Many elderly patients that use Clevedon Hospital are likely to have vision or hearing impairments as well as dementia. Ideally, new services would take these conditions specifically into account.

The hospital does not have a faith space or chaplain. Future services may be able to take the religious/belief-related needs of dying patients and bereaved families more into account.

The facility does have bus services that stop outside and a free car park ; but Clevedon has no train services.

The hospital has recently started to take all North Somerset Rehabilitation patients from all 3 acute trusts which the CCG commissions services from (up until October 2013, referrals were not accepted from North Bristol Trust). In addition to this, the hospital has recently agreed it can 'take' more than 2 new admissions a day.

Both the inpatient and outpatient facilities currently offer adult-only facilities. As children need to travel further for rehabilitation services, current services could be said to be providing less equal access to children. However, under current NHS standards, children's services need to be set up within a specialist unit. There may be some scope for further children's outpatient facilities, if there was sufficient space for a separate children's area. (It should be noted that the Equality Act 2010 only provides protection from age discrimination to adults aged 18 and over).

The hospital does run single sex wards and have single rooms. At this stage, this EIA has not identified any potentially positive or negative impacts in relation to:

- People with learning difficulties
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Sexual orientation

Step 3: Scoping the equality impact assessment

Intended beneficiaries of the changes

It is important to note that this is a project to develop options. No changes will be made at this point. However, the options are being developed with the benefit of all patients who are registered with a North Somerset GP in mind. In particular, North Somerset patients requiring non-acute (not in a large hospital) inpatient rehabilitation care should benefit from any changes to inpatient care. In addition, patients attending community and consultant led outpatient appointments in North Somerset may benefit from the development of a wider range of services. The option taken forward for development should also benefit all North Somerset patients through more appropriate and equal use of healthcare resources as well as the delivery of services that provide good value for money.

Intended results

It is anticipated that the development of options for the future commissioning of clinical services at Clevedon Hospital will result in a short-list of options for further development. The co-production method used to develop the options seeks to involve key stakeholders in the identification of viable options to ensure they are fully engaged as the options are further worked up. Although not part of this phase of the project, the long term intention is that appropriate services, available to all North Somerset residents, are run from the Clevedon Community Hospital facility as part of the Clinical Commissioning Group's commitment to continue to use this facility. In addition, the Clinical Commissioning Group seeks to ensure that it provides appropriate non-acute inpatient rehabilitation services to its population.

Why change is needed

This project is considering the possible options for the future commissioning of clinical services at Clevedon Community Hospital. The aim is to assess which of those options can provide the best care that meets the needs of the North Somerset population; as well as providing a value for money services so that resources that could be used for other services are not wasted. As already outlined in the description of the project at the beginning of this document, the options are being developed following the decision by North Somerset PCT in July 2012 not to go ahead with the building of a new community hospital. Furthermore, a review of the existing building found that the existing inpatient environment, while fit for purpose, does not meet the environmental standards of new buildings. If the Care Quality Commission standards change in the future, there is a risk that the hospital could be forced to close. The Clinical Commissioning Group's contract with North Somerset Community Partnership is also due for review or renewal in 2016.

How this project will benefit patients, communities and employees with all the nine characteristics protected by the Equality Act 2010

Any option selected will be seen as an opportunity to retain and reinforce any existing good practice and to address any current inequalities or failure to positively promote equality and diversity. Depending on which option is progressed as part of the next phase of the work, different protected groups may see different improvements and these would be identified through subsequent EIAs as part of plans to implement service change. This will ensure that all options comply with the public sector equality duty arising from Sections 149(1) and 149(3) of the Act.

Evidence about how current services actually operate

Equality information available about patients

North Somerset Community Partnership was able to provide equality monitoring information for its inpatients at Clevedon Community Hospital with respect to the following protected characteristics: ethnic group, sex and age. This information was provided for the period beginning April 2012 and ending part way through the 2013-14 reporting year. The table below compares this information to the general population of North Somerset as reported in the 2011 National Census.

NB: “Adults”, for the purposes of this table, means 16+. During the period in question, no inpatients were aged 0-15 and only 8 outpatients were aged 0-15.

Group description		Analysis of Adult Patients (16+) for the periods 2012/13 (full year) and 2013/14 (year to date) ¹		North Somerset population (National Census figures for 2011)
		Inpatients	Outpatients	
All people	Total Number	371	2,786	100% (202,566 people)
Ethnic origin	Black or Minority Ethnic Origin (excluding 'White Irish' and 'Other White' groups)	0.5%	1.1%	2.7% (all ages) 2.3% (adults)
	White Irish or Other White Ethnic Origin	0.8%	0.7%	3.2% (all ages) 3.3% (adults)
	White British Ethnic Origin	85%	52.6%	94.1% (all ages) 94.4% (adults)
	Unknown	14%	45.7%	0%
Sex	All population, all ages	42% male	36% male	49% male
		58% female	74% female	51% female
Age	Aged 0-15	N/A%	N/A%	18.1%
	Aged 16-64	3.5%	42%	60.9%
	Aged 65+ (Aged 85+)	96.5%	58%	21.0% (3.2%)

Age

As expected, older people, aged 65+, are the main users of both inpatient and outpatient services. This is particularly so for inpatients, where 96.5% of patients are aged 65+. The main explanation is that the hospital does not provide these services to children (although 8 outpatients were children). Furthermore, it could partly be because people in this older age group are more likely to experience the types of illness and disease which require outpatient care and hospital admission.

¹ Year to date refers to information received up to October/November 2013.

This finding reinforces the conclusion that existing or future services need to consider the additional needs of the older population which can impact on an individual's access to services and experience of services. Such needs might include mobility, visual and hearing impairment, dementia and social isolation.

Sex

Men are significantly underrepresented in inpatient services (42% compared to 58% women) and even more underrepresented in outpatient services (36% compared to 74%). Some underrepresentation is to be expected, since, within the older age group, men are also underrepresented in the general population. However, it is also possible that older men are experiencing some barriers to accessing outpatient services in particular; or are seeking medical services less often than older women.

Ethnic Group

A full data set was collected at the hospital with regard to age and sex. For ethnic group, however, information was not available for 14% of inpatients or for 46% of outpatients, meaning that any attempt to compare patient data with the local population profile should be treated with extreme caution. For inpatients, the proportion of patients for whom ethnic group data is unknown had shrunk significantly to 1.7% by 2013/14 (year to date), which is a very encouraging trend.

Due to the gaps in ethnic group data, it would be safer to restrict commentary to inpatient data for 2013/14 (year to date), where the ethnic origin of only 1.7% of inpatients is unknown (see table and comments below).

Group description		Analysis of Adult Patients (16+) for the period 2013/14 (year to date) ²	North Somerset population (National Census figures for 2011)
		Inpatients	
All people	Total Number	116	100% (202,566 people)
Ethnic origin	Black or Minority Ethnic Origin (excluding 'White Irish' and 'Other White' groups)	0.9%	2.7% (all ages) 2.3% (adults)
	White Irish or Other White Ethnic Origin	0.9%	3.2% (all ages) 3.3% (adults)
	White British Ethnic Origin	97%	94.1% (all ages) 94.4% (adults)
	Unknown	1.7%	0%

Ethnic group figures for this period show that White British patients are slightly overrepresented when compared to the local adult population (97% vs 94.4%). Other ethnic groups appear to be significantly underrepresented at 1.8% of total inpatients, compared to 5.6% of the adult population.

The main factor to consider in interpreting these figures is that older people, aged 65+, form the main body of inpatients. The proportion of this age group in the general population who are not White British is likely to be much lower than 5.6%. However, 1.8% represents an extremely low take-up of inpatient services by minority ethnic groups. This is something which the service commissioner and provider should be looking to investigate for inpatient, outpatient and diagnostics services.

Staff at Clevedon Community Hospital are unlikely to come across many patients whose background is not White British. Although this might reduce opportunities to practice delivering culturally appropriate services, it is important that service providers ensure that all staff are knowledgeable about ethnic diversity and maintain positive attitudes.

Equality information available about the workforce

North Somerset Community Partnership was able to provide equality monitoring information for its workforce at Clevedon Community Hospital with respect to the following protected characteristics: ethnic group, sex and age.

Workforce information was not available in relation to disability, gender identity, sexual orientation or religion and belief.

² Year to date refers to information received up to October/November 2013.

NB: “working age”, for the purposes of this table, means 16 to 64.

Group description		Analysis of Clevedon Community Hospital Workforce for 2012 – 2013	North Somerset population (National Census figures for 2011)
All people	Total Population	Fewer than 100	100% (202,566 people)
Ethnic origin	Black or Minority Ethnic Origin (excluding ‘White Irish’ and ‘Other White’ groups)	5.3%	2.7% (all ages) 2.9% (working age)
	White Irish or Other White Ethnic Origin	4%	3.2% (all ages) 3.8% (working age)
	White British Ethnic Origin	73%	94.1% (all ages) 93.3% (working age)
	Unknown	17%	
Sex	All population, all ages	15% male 85% female	49% male 51% female
Age	Aged 0-15	0	18.1%
	Aged 16-64	97.3%	60.9%
	Aged 65+ (Aged 85+)	2.7%	21.0% (3.2%)

Until recently, North Somerset Community Partnership was a NHS provider organisation. In common with such services nationally, the workforce is predominantly female, Black and Minority Ethnic communities are overrepresented in the workforce overall but underrepresented at senior levels (band 8A and above). The last comment should be qualified by the observation that Clevedon Community Hospital employs a small workforce.

Information gaps

Patient Data

A full data set was collected at the hospital with regard to age and sex. For ethnic group, however, information was not available for 14% of inpatients or for 46% of outpatients, meaning that any attempt to compare patient data with the local population profile should be treated with extreme caution. For inpatients, the proportion of patients for whom ethnic group data is unknown had shrunk significantly to 1.7% by 2013/14, which is a very encouraging trend. For outpatients, the lack of data must be of particular concern. As the great majority of unknown identities were because they were “not stated” by the patient, it appears that work is required to encourage more outpatients to give ethnic group information.

Patient Information was not available for disability, sexual orientation or religion/belief and information was given for only one diagnostics patient.

Workforce data

NSCP responded positively to the CCG's request for information on "all staff" and for "bands 8A and above". Because the latter category contains so few staff, it was not appropriate to publish this information. In order to understand career progression in relation to ethnic origin, sex and age, future CCG requests should perhaps focus on bands 6 or 7 and above.

Workforce information was not available in relation to disability, sexual orientation or religion and belief.

Summary of the key findings of this evidence in relation to actually or potentially discriminatory outcomes

Low take up of services by a particular population group could indicate that this group is in less need of the services; or it could mean that patients are choosing to access the relevant services elsewhere; or it could be that patients are experiencing barriers to the service, resulting in discriminatory outcomes.

The statistical analysis indicates that there are a few areas of potentially discriminatory outcomes in terms of:

- Ethnic origin (access to inpatients, outpatients and diagnostics services)
- Men (access to outpatients' services)
- Older people, aged 65+ (risk of not responding effectively to needs arising from mobility issues, visual and hearing impairment, dementia and social isolation)

Obese patients may be discriminated against as the building does not lend itself to being able to use over-sized equipment in all areas.

Whilst reviewing all options (see Step1 above) all the protected characteristics listed below have been considered. Such consideration is well evidenced in this report in relation to age, physical and sensory impairment, race and sex. It is less well evidenced in terms of the following:

- Aspects of disability such as mental health, learning difficulties and long term conditions
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Sexual orientation

North Somerset has a high proportion of elderly residents and an area of deprivation in the south with small pockets in other areas.

Consultation and engagement activities which are informing this project

In order to ensure that this project captured feedback from as many individuals involved with Clevedon Community Hospital as possible, a number of engagement events took place and a full engagement report is available which accompanies the options appraisal report.

A Stakeholder Reference Group was established in July 2013 which included representatives from a variety of community groups including: Patient participation Group members from the Clevedon catchment area; Local Councillors; League of Friends; Lay Volunteers, Healthwatch, representatives from provider organisations and other interest groups. This group had an advisory function to make recommendations to the project board.

In addition, a Clinical Reference Group was set up to bring together local GPs, the providers of services at Clevedon Community Hospital and the acute hospitals that refer patients to Clevedon Community Hospital. A Joint Stakeholder Group met in September giving individuals the opportunity to feed into the process.

During September, October and November 2013, a range of events were held to seek the opinions of stakeholders within North Somerset and inform them about the project to develop options. Over 200 feedback forms were also completed and information was made available on the North Somerset Clinical Commissioning Group website.

Engagement events took place as follows:

Date	Event	Numbers
17/07/13	Stakeholder Reference Group	11
28/08/13	Stakeholder Reference Group	10
08/08/13	Clinical Reference Group	
10/09/13	Visit of Clevedon Hospital by SRG	
11/09/13	GP forum	30-40
18/09/13	Yatton Practice PPG	7
25/09/13	Senior Citizen's Forum	60
25/09/13	CCH Workshop	
01/10/13	Multicultural Friends Association	14
02/10/13	BME Senior Community Links	12
07/10/13	Clevedon Town Council	
09/10/13	Avon Local Council Association	20-30
08/10/13	Wrighton Parish Council	6
9/10/13	Portishead PPG/Practice	15
15/10/13	Senior Community Links East	20
15/10/13	League of Friends	
16/10/13	Senior Citizens Group	80
17/10/13	Senior Community Links North	10
22/10/13	Nailsea PPG	
24/10/13	Autumn Stakeholders Event, Winter Gardens	10
28/10/13	Riverside/Green Practice PPG and Sunnyside PPG/Practice	15
21/11/13	Healthwatch Meeting	115
21/11/13	All staff meeting at Clevedon Hospital	
21/11/13	Clinical Provider Engagement meeting	
26/11/13	3 rd Stakeholder Reference Group Meeting	
27/11/13	2 nd Clinical Reference Group	
28/11/13	HOSP and ASSH workshop	20-30
09/12/13	GP forum	

Key messages arising from the engagement report

- Local, accessible services and the positive impact these have on the community are highly valued
- Services must remain of the same or better standard than those currently provided at Clevedon Community Hospital
- Local services need a higher profile & MIU facility is not well-known
- 'North Somerset Community Hospital' – not just for Clevedon
- Different ways of providing inpatient care could be possible and beneficial
- We should provide more outpatient and day treatments at Clevedon
- There need to be good transport links for any changed services

The most frequently mentioned themes can be found in section 6.2.1 of the Engagement Report.

Additional groups which could usefully be engaged

Both the Stakeholder Reference Group and the Clinical Reference Group have fed back that the key themes that have emerged from the engagement events resonate with them and accurately reflect the current views they are aware of amongst their colleagues and patients around the services at Clevedon Community Hospital.

The reference groups have also subsequently given some recommendations around evidence to collate, additional groups to engage with and future project team staff if more comprehensive models for any short listed options are to be developed in the next phase of this work.

At this point in the work to consider future clinical services at Clevedon hospital engagement events have connected with those in the geographical and age range profiles most likely to access and be interest in Clevedon (residents age 55 and over).

This was predominantly a result of these groups choosing to attend and respond to engagement opportunities. However the stakeholder reference group recommended that the project team continue for the next stages.

- further stakeholder groups that have shown an interest in the project but not wanted to host an engagement event at this point
- additional groups to ensure that further engagement reaches out to a wider cross-section of the North Somerset population.

The Clinical Reference Group has also suggested that a rehabilitation specialist and nurse be involved in the project team shaping any models that are further developed.

Other groups which could be usefully engaged at the option development stage are younger people and families.

Step 4: Analysing equality information

The options developed as the outcome of this project were given indicative scores by the project team to arrive at a short list of highest scoring options. Equality Impact Assessment was one of the five scoring criteria assessed against as follows:

Clinical Need

The clinical need for the services outlined within the context of healthcare provision commissioned by North Somerset Clinical Commissioning Group.

Value for Money

The value for money achieved through the use of the Clevedon Community Hospital facility (with an underpinning assumption that North Somerset CCG will continue to commission services from this facility through its contract with NSCP and that where the building is not fully used this represents poor value for money).

Financial Contribution

The cost of running the service and to what extent this has a positive or negative contribution to North Somerset CCG's financial challenge; eg the service costs more than elsewhere or the cost of the service can be reduced.

Quality of Care

Does the service meet or exceed modern standards and are the needs of patients cared for met? This criterion also takes into account the current or anticipated views and experiences of patients and their carers. Quality of care takes into account patient safety, patient experience which includes environmental factors and evidence around the quality of care.

Equality Impact Assessment (EIA)

EIAs take into account the following protected characteristics; race, age, disability, sex, sexual orientation, gender reassignment, religion or belief, pregnancy & maternity, marriage/civil partnership. They also take health impact into account and the geographical impact of service change as this links to age & disability characteristics. To give an EIA score for each option it was considered whether the disadvantages of the existing service in relation to the EIA were improved or worsened or if additional disadvantages would be created. (Existing disadvantages were highlighted as the accessibility of the first floor ward and lift, the lack of a multi-faith space, the lack of a dedicated children's space, the inequity of the existing GP beds specific to 3 Clevedon practices and the decommissioning of the outpatient gynaecology service).

Assessment of the outcomes of the different options

- Could the project outcomes differ between protected groups?

Yes – dependent on which option is further worked up the outcomes could differ. If the current inpatient provision remains the same the inequalities outlined at the start of this document will remain. Service specifications for new service models would seek to plan out any inequality.

- Could the project affect different groups disproportionately? If so, is that consistent with the project aims?

Depending on which option is progressed as part of the next phase of the work this project has initiated, different characteristics under the Equality Act 2010 may see different improvements and these would be identified through subsequent EIAs as part of plans to implement service change. The greatest effect is anticipated to be on the elderly. This has always been understood to be the case as this group accesses inpatient rehabilitation services the most.

- Will the project deliver practical benefits for protected groups?

It is important to note that this is a project to develop options. No changes will be made at this point. However, the options are being developed with the benefit of all patients who are registered with a North Somerset GP in mind. In particular North Somerset patients requiring non-acute (not in a large hospital) inpatient rehabilitation care should benefit from any changes to inpatient care. In addition, patients attending community and consultant led outpatient appointments in North Somerset may benefit from the development of a wider range of services. The option taken forward should also benefit all North Somerset patients through appropriate and equal use of healthcare resources as well as the delivery of services that provide good value for money. Any option selected will be seen as an opportunity to retain and reinforce any existing good practice and to address any current inequalities. Depending on which option is progressed as part of the next phase of the work this project has initiated, different characteristics under the Equality Act may see different improvements and these would be identified through subsequent EIAs as part of plans to implement service change.

Assessment of the legality of the different options (Appendix 3)

- Could the project disadvantage people from a particular group?

It is not likely that any option selected could particularly disadvantage one group. A further EIA will be completed for any changes to be taken forward.

- Could any part of the project discriminate unlawfully?

It is unlikely that any option selected could discriminate unlawfully. A further EIA will be completed for any changes to be taken forward to ensure that this doesn't happen.

- How does the project advance equality and foster good relations, including participation in public life?

The co-production approach to the project actively seeks involvement from the public in the development of options and a whole range of engagement activities have been undertaken as described in the engagement report.

- Are there other policies that need to change to support the effectiveness of the project under consideration?

Not that the CCG is aware of at this point.

The scope of discrimination in the Equality Act 2010

As well as direct and indirect discrimination (including because of pregnancy and maternity' or marriage and civil partnership), acts prohibited by the Equality Act 2010 include harassment, victimisation and failure to make a reasonable adjustment.

How does the project help to deliver the organisation's wider business objectives?

The following risks have been identified which could detract from the effectiveness of services at Clevedon Community Hospital in helping the NHS to comply with equality legislation and improve its performance for patients, carers and employees:

Option 1

- That changes to national Care Quality Commission regulations in inpatient care will in the future force the closure of the inpatient beds at Clevedon Hospital
- That the current model does not provide value for money
- That inpatient care is compromised by the environment
- That the skill mix of staff could be impacted due to the small size of the inpatient unit.

Option 2

- That additional capacity would be created at Clevedon rather than services being 'transferred' and this would cost more for the CCG. That more community clinics cannot be negotiated within the existing contract with North Somerset Community Partnership.

Option 3

Inpatient provision is delivered elsewhere – One or Two local Nursing home providers(s) with therapy and GP cover overlaid

- That patients receive less therapeutic input without on-site therapists
- Patients have less medical input as there would not be a weekly consultant ward round unless agreed as an additional service
- That patients end up going into nursing or residential care permanently

Inpatient provision is delivered elsewhere – A range of 5 nursing home providers with therapy and GP cover overlaid

- Lack of continuity of care and sense of rehab team if patients are spread across too many locations.
- Greater risk that patients are absorbed into general daily running of nursing home rather than receiving a specialized rehab package of care.

In relation to Inpatient provision is delivered elsewhere – Using existing acute and sub-acute hospital provision

- Patients could be placed inappropriate acute beds even though the CCG would be paying only for rehab spells.
- Might not be enough capacity in the system
- Would not support winter planning
- Some patients might decompensate in an acute setting

Inpatient provision is delivered elsewhere – A specialist residential rehabilitation unit for all North Somerset Rehab beds

- Could be more costly than existing set up
- NSCP might not want to provide the service
- Weston may not want to provide the site or service. It might not be possible to find another provider/site in North Somerset

Provide a reduced number of beds

- Inpatient unit more likely to become unviable in the future due to small bed base.

Further outpatient and diagnostic clinics using the Inpatient space if inpatient beds were relocated

- Additional staff and capacity could result in increased cost of community services without a reduction in secondary planned care.

Health Impact

Potential effect of the project on the physical or mental health of employees and the wider community from any information that is available.

Depending on which option is chosen.

- Option 1 Staff will continue to work in conditions that restrict them in delivering modern day healthcare and which may give rise to stress related issues. Possibility of staff becoming de-skilled over time through limited case mix experience.
- Option 2 Staff would need to review how additional clinics would impact upon outpatient nurse and admin staff although the implication is that everything runs well on a Wednesday and therefore other days of the week could be equally as busy with clinics
- Option 3 *Inpatient provision is delivered elsewhere – One or Two local Nursing home provider(s) with therapy and GP cover overlaid*

Up to 8 NSCP therapists would need to travel to visit patients which would use more staff time and potentially require additional staff recruitment.

Clevedon GPs would also need to travel to 2 nursing homes – ideally located in or very near to Clevedon – to visit their patients which might take more time than going to Clevedon Hospital.

The following inpatient staff would have to work within ambulatory care services or additional outpatient services set up at Clevedon Hospital which would be a significant change for them;

3 healthcare assistants – 2 admin and clerical staff – 1 Pharmacist and 3 nurses.

Inpatient provision is delivered elsewhere – A range of 5 nursing home providers with therapy and GP cover overlaid

As above but more travel

Inpatient provision is delivered elsewhere – using existing acute and sub-acute hospital provision.

Clevedon hospital inpatient staff would be significantly affected. Depending on how the inpatient space at Clevedon Hospital was used staff could support further community services running out of CCH and services to patients at home. The GP contract to inpatients at Clevedon Hospital would no longer be required.

Inpatient provision is delivered elsewhere – A specialist residential rehabilitation unit for all North Somerset Rehabilitation beds

Travel to Weston-super-Mare would be better for some staff and worse for others. There would also be an impact upon staff at Weston Hospital to consider.

Provide a reduced number of beds to allow space for ambulatory care

Inpatient therapy and nursing staff would need to see a similar number of patients in a reduced number of beds. Inpatient nursing and admin staff could also support the new ambulatory care service. Therapist time overall would reduce and a small percentage of staff might be significantly impacted and redeployed within NSCP to other services. The existing GP service/contract could potentially be changed to support an ambulatory care service. Overall impact would be role changes for some staff but in the same setting.

Provide a reduced number of beds to allow more space for existing beds and an improved environment

Improved working environment for staff. Inpatient therapy and nursing staff would need to see a similar number of patients in a reduced number of beds. Therapist time overall would reduce and a small percentage of inpatient staff might be significantly impacted and redeployed within NSCP to other services. GP contract to cover inpatient beds would need to be reduced.

Further outpatient and diagnostic clinics using the inpatient space if inpatient beds are relocated

Outpatients and ambulatory care have quite different staffing requirements to inpatient rehab. Depending on how inpatient beds are relocated additional staff would be required to support these proposed new services.

Summary of Findings

On undertaking this Equality Impact Assessment, some key issues have been highlighted.

- The majority of patients who attend Clevedon Community Hospital are 65 and over
- Local services are valued
- Quality of care given to patients is good
- The concept of Clevedon Community Hospital developing into a 'community hub' that could be used for voluntary sector health and support services in addition to further outpatient clinics is welcomed
- The layout of the hospital is not conducive to facilitating individuals who have physical impairments or need specialised equipment at times (e.g. large beds for obese patients). Whilst every effort is made to accommodate these individuals it does have its limitations due to narrow corridors and wards located on two different levels.

- Data shows that only a small percentage of ethnic minority individuals attend the hospital. Therefore it is necessary that staff continue to update their skills to assist/support minority ethnic individuals as and when required to do so.
- It is also necessary that staff need to be aware of all impairments that patients may have (e.g. low vision or hearing loss) and to ensure that facilities are provided to enable them to receive a good hospital experience tailored to their needs.

Recommendations

This equality impact assessment suggests the following action:

No major change

The impact assessment demonstrates that the project is reasonably robust at this stage. The evidence shows little potential for discrimination and that the CCG is planning to take all appropriate opportunities to advance equality and foster good relations between groups.

Depending on which option is chosen, decisions will need to be taken to implement change and further involvement and engagement with key stakeholders will be required.

A further project with an associated EIA may need to be set up to plan, monitor and deliver whichever option is chosen (Appendix 1).

Step 5: Monitoring and review

A further project to implement change at Clevedon Community Hospital will consider:

- How you will measure the effects of the selected option
- When the option will be reviewed and what could trigger an intervention
- Who will be responsible for monitoring and review
- What type of information is needed for monitoring and how often it will be analysed
- How to engage relevant stakeholders in implementation, monitoring and review

Step 6: Decision-making and publication

Decision-making

This project to develop an options appraisal for the future commissioning of clinical services at Clevedon Community Hospital will be evaluated and next steps agreed for further project work after the following steps have taken place:

17th December 2013 – Options and recommendations are reviewed by the North Somerset CCG Governing Body

Publication

This Equality Impact Assessment is published on the North Somerset CCG website, alongside the following associated documents:

1. Options Appraisal
2. Engagement report
3. Reference List

Comments on the findings of this EIA are welcome and will be considered during the next phase of developing options for the commissioning of clinical services at Clevedon Community Hospital

Appendix 1: Action Plan

Recommendation	Key activity	Progress milestones	Officer Responsible	Progress made
A further EIA to be completed once an option is selected for development.	EIA against planned change	By June 2014	Jeanette George	
Ensure that existing equality constraints are planned out of future service specifications for inpatient rehabilitation that may result from this options appraisal project.	Service specification	June 2014 onwards	Jeanette George	

This action plan should be reviewed after 6 months and at appropriate intervals thereafter

Appendix 2: Glossary of terms and abbreviations

Term/ abbreviation	Definition
Rehabilitation care/beds	Patients in rehabilitation beds receive care from a variety of therapist in order to regain functions to a level to facilitate them living an independent life or regain functions to a level of acceptance. Medical support will be minimal in these beds unless circumstances deteriorate.
Ambulatory care/beds	Ambulatory care beds relate to three reclining chairs that are available for mobile patients to access medical treatment on a daily basis (no overnight admission).
Acute hospital provision	Relates to medical care/treatment provided by Drs and Consultants that is provided in a hospital setting ie. Weston General Hospital.
Sub-acute hospital provision	Relates to medical care/treatment carried out in a Community hospital ie. South Bristol Community Hospital. This can be nurse led with some GP input.
Nursing home providers	Relates to private nursing homes in North Somerset that are registered with the Local Authority and fulfil the necessary criteria required to provide nursing care.
Care closer to home	<p>Wherever possible patients will receive care/treatment in settings near to where they reside or wish to receive their treatment. Patient Choice is taken into account and wherever possible the needs of the patient will be carried out. However it is understood that on some occasions this is not possible due to the nature of the medical condition or services being available.</p> <p>Rehab services: Where a patient is being discharged from an acute hospital, patients will be given information as to where there is a bed available ie. Clevedon Community Hospital or Weston General Hospital. Depending on where the patient resides will impact on where the patient completes their care taking into account Patient Choice. However it is important to understand that on some occasion's choice is not available as there may not be many alternatives available.</p> <p>Ambulatory care: Community Treatment Centre can be utilised for offering IV or Blood Transfusions which gives patients the choice of receiving care in Clevedon as opposed to attending Weston General Hospital or Bristol Royal Infirmary. GPs will be advising patients of their options when referring to a service.</p>
NSCCG	North Somerset Clinical Commissioning Group
NSCP	North Somerset Community Partnership
CCH	Clevedon Community Hospital
SRO	Senior Responsible Officer
PPE	Patient and Public Engagement
SWCSU	South West Commissioning Support Unit
MSK	Musculoskeletal Service
GUM	Genitourinary Medicine

Term/ abbreviation	Definition
AAA	Abdominal Aortic Anyuerism
ENT	Ears, Nose and Throat
MIU	Minor Injuries Unit
EIA	Equality Impact Assessment
NHS	National Health Service
CQC	Care Quality Commission

Appendix 3: Highlights of the Equality Act 2010

The Equality Act 2010 outlaws direct and indirect discrimination, including less favourable treatment, harassment and victimisation of people based upon their protected characteristics. The Act applies to all individuals, providers of services and employers.

Direct discrimination means less favourable treatment of a person compared with another person because of a protected characteristic.

Indirect discrimination means the use of an apparently neutral practice, provision or criterion which puts people with a particular protected characteristic at a disadvantage compared with others who do not share that characteristic, and applying the practice, provision or criterion cannot be objectively justified.

The public sector equality duty, arising from **Section 149(1)** of the Act, applies to public authorities, such as NHS Bristol. A public authority must, in the exercise of its functions, have due regard to the need to—

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

S149 (3) of the Act states that having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—

- a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.