Belfast Health and
Social Care Trust

Excellence and Choice

Equality Impact Assessment Document

In accordance with Section 75 and Schedule 9
The Northern Ireland Act 1998

on a proposal to reorganise the delivery of
Acute Services in Belfast

CARDIOLOGY SERVICES

Consultation period 5 July 2010 – 31 October 2010

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EXECUTIVE SUMMARY

The Belfast Trust considers it timely and appropriate to review its acute services - to build on the fine legacy and to consolidate the expertise and experience established by the six former Trusts and to simultaneously deliver integrated and seamless person-centred health and social care.

The Trust's public consultation "New Directions" in 2008 began a conversation with the people the Trust serves on how we should deliver services in a faster, more flexible, less bureaucratic, and more effective way.

The Trust is now setting about the process of reviewing how and where we deliver on a range of inpatient and day case acute services. The current review shall not include outpatient services and they shall remain on their existing sites at present.

This represents a significant opportunity to build on the excellent services we provide, as well as assessing how we can make them more readily accessible for patients, clients and users to access; and what links they have among each other that we can develop.

These proposals are detailed in a consultation document entitled "Excellence and Choice – Right Treatment, Right Place in Acute Services". The specialities covered General Surgery, Cardiology Surgery, Vascular Surgery, Gynaecology, Urology, Adult ENT, Ophthalmology, Adult Rheumatology & Dermatology.

This paper is an Equality Impact Assessment document reflecting on the Trust's proposal to reconfigure its tertiary cardiology services.

Cardiology services include both general cardiology services and tertiary cardiology services. General cardiology services include the range of assessments, diagnostics and treatments required to support emergency departments and general medical departments - for example, patients who attend with chest pain and require echocardiograms and coronary care monitoring. These services are currently provided at the Belfast City, Mater and Royal Hospitals and will continue to be provided on these sites as they are not part of this review.

Tertiary cardiology services are diagnostic or interventional procedures performed on patients such as an angioplasty, pacemaker insertion or

an electrophysiology study with the overall aim of correcting abnormal activities in the heart. These are undertaken in very specialist facilities called catheterisation laboratories by specialist teams of staff with associated beds or patient couches used to support patient recovery after procedure(s).

We are proposing to bring together the tertiary cardiology services at the Royal Hospitals by combining the catheterisation laboratories, specialist teams and beds/patient couches used to support patient recovery, from both the Belfast City Hospital and the Royal Hospitals. Also, it is important that the Trust continues to deliver services locally where possible; therefore general cardiology inpatient services, outpatient services and diagnostics would continue to be delivered from the Belfast City, Mater and Royal Hospitals.

A multi-disciplinary cardiology project team, including patient and trade union representatives, considered a number of options for the future location of this specific tertiary service:

1. Continue with current arrangement – all emergency and elective (planned) tertiary services at both the Belfast City Hospital and Royal Hospitals

2. Deliver all emergency and elective (planned) tertiary services at the Belfast City Hospital

3. Deliver all emergency and elective (planned) tertiary services at the Royal Hospitals

4. Deliver all elective (planned) tertiary services at the Belfast City Hospital and all emergency tertiary services at the Royal Hospitals.

In summary, the Project Team recommendations were that:

- General cardiology services will continue to be provided at the Belfast City, Mater and Royal Hospitals

- Tertiary Cardiology services should be located together at one hospital for the key benefits of streamlined clinical pathways, team working, clinical rota management and efficiency in service delivery.

The Royal Hospitals offers the best location for the single specialised cardiology services because:

- The most important clinical linkages for cardiology services include cardiac surgery and vascular services because patients with cardiovascular disease often require treatment from a range of specialists. These specialists either work together to treat complex problems or more commonly manage a patient with a range of organs affected by cardiovascular disease. As part of Excellence and Choice, it is proposed that vascular services would also be based at the Royal Hospitals while cardiac surgery is already based at the Royal Hospitals. Bringing together tertiary cardiology, cardiac surgery and vascular services provides an opportunity for physicians, surgeons and radiologists to provide optimal coordinated care for such patients in a 'cardiovascular centre'. Recent developments in less invasive techniques for managing cardiovascular disease and the requirement for fast intervention in cardiovascular emergencies further support bringing these services together.

- Also, trauma services deal with multiple, serious injuries that could result in death or serious disability. These might include serious head injuries, severe gunshot wounds or road traffic accidents. Patients with multiple, serious injuries will need to be admitted to the Major Trauma Centre at the Royal Hospitals and may require rapid input from the tertiary cardiology team as part of a comprehensive trauma service.

- There are 4 new Catheterisation Laboratories at the Royal Hospitals. One laboratory at the Belfast City Hospital needs to be replaced currently and the remaining two shortly thereafter. There is insufficient capacity to house 7 Catheterisation Laboratories at the Belfast City Hospital whereas there is sufficient space in the Royal Hospitals.

The Trust is now embarking on a consultation process regarding this proposal for the future delivery of tertiary cardiology services.

The Trust is conducting this Equality Impact Assessment to ensure that our staff, patients, carers and the public at large have an opportunity to provide their views before any final decisions are taken.

The Trust is statutorily bound to consider the implications for equality of opportunity and good relations. Human rights and disability considerations are also integral to this process.

The Trust will consult widely on these proposals and will also be arranging a series of meetings to provide an opportunity for discussion with Trust managers.

This Equality Impact Assessment paper will firstly outline the organisational and strategic context from where this proposed reform has emanated.

Section 2 provides an overview of the current service model, the factors which have prompted the Trust to propose the new model of cardiology surgery and how the future model would work.

Section 3 outlines the consideration of options and how the preferred option was identified.

Available data and research is considered and covered in Section 4 whilst Section 5 examines how this proposed reconfiguration could potentially affect the key stakeholders. It will consider the information to look how this proposal may impact on people from across the Section 75 groups – both patients and staff and assess whether the impact will be differential and possibly adverse.

Section 6 looks at any mitigation measures necessary in the event of adverse impact for either staff or patients.

To conclude Section 7 looks at the formal arrangements that the Trust will make in terms of consultation and communication of the final decision, following the consultation.

The Trust welcomes any comments on Equality and Human Rights that you consider relevant.

The proposal is outlined in the consultation document "Excellence and Choice in Cardiology", available to download at:
www.belfasttrust.hscni.net.

SECTION 1

INTRODUCTION

1.1 Statutory Context Section 75

1.2 Human Rights

1.3 The Equality Impact Assessment Process

1.4 Trust's Background, Purpose, Values and Strategic Objectives

1 Introduction

Under the statutory duties contained within Section 75 of the Northern Ireland Act 1998, the Belfast Health and Social Care Trust ('The Trust') gave an undertaking to carry out an Equality Impact Assessment (EQIA) on each policy or group of co-joined policies where screening had indicated that there may be significant implications in relation to one or more of the nine equality dimensions.

The Trust welcomes any comments which you may have on this Equality Impact Assessment.

A copy of this EQIA report is available on the Trust's website at http://www.belfasttrust.hscni.net.

Deadline for comments will be 31 October 2010.

To facilitate comments please see Appendix 1: EQIA Consultation Questionnaire. Following consultation a summary report will be made available.

1.1 Statutory Context Section 75 NI Act 1998

Section 75 of the Northern Ireland Act 1998 requires each public authority, when carrying out its functions in relation to Northern Ireland, to have due regard to the need to promote equality of opportunity between nine categories of persons, namely:

- Between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation
- Between men and women generally
- Between persons with a disability and persons without; and
- Between persons with dependants and persons without.

Without prejudice to its obligations above, the public authority must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

The Equality Commission for Northern Ireland (ECNI) approved the Trust's Equality Scheme in June 2007. The Scheme outlines how the

Trust proposes to fulfil its statutory duties under Section 75. Following approval of the Scheme, existing policies were screened to assess impact on the promotion of equality of opportunity or the duty to promote good relations using the following criteria:

- Is there any evidence of higher or lower participation or uptake by different groups?

- Is there any evidence that different groups have different needs, experiences, issues and priorities in relation to the particular policy issue?

- Is there an opportunity to promote equality of opportunity between the relevant different groups, either by altering the policy, or by working with others in government or in the larger community, in the context of the policy?

- Have consultations with relevant groups, organisations or individuals indicated that policies of that type create problems specific to any relevant group?

- Consideration was also given to the health and social inequality, disability discrimination and human rights implications.

Further, the Trust gave a commitment to apply the above screening methodology to all new policies as an integral part of the development process and where necessary and appropriate to subject new policies to further Equality Impact Assessment.

1.2 Human Rights

The Trust is committed to the safeguarding and promotion of Human Rights in all aspects of its work. The Human Rights Act gives effect in UK Law to the European Convention on Human Rights and requires legislation to be integrated so far as possible in a way that is compatible with the convention rights and makes it unlawful for a public body to act incompatibly with the convention rights.

The Trust will make every effort to ensure that respect for human rights, particularly Article 8, parts i and ii, is part of its day to day work and is incorporated and reflected as an integral part of its actions and decision making process. The Trust will keep human rights considerations and

relevant legislation and previous judicial reviews at the core of any decisions or considerations.

1.3 The Equality Impact Assessment Process

An Equality Impact Assessment (EQIA) is a thorough and systematic analysis of a policy, whether that policy is written or unwritten, formal or informal, and is carried out in accordance with the section in the Guide to the Statutory Duties (Annex 1 – Procedure for conduct of Equality Impact Assessment). Whilst an EQIA must address all nine Section 75 categories it does not afford equal emphasis to each throughout the process – rather the EQIA must be responsive to emerging issues and concentrate on priorities accordingly.

An EQIA should determine the extent of differential impact upon the relevant groups and in turn establish if the impact is adverse. If so, then the public authority must consider alternative policies to better achieve equality of opportunity or measures to mitigate the adverse impact. This current EQIA shall follow the seven separate elements as outlined in the Equality Commission's Guide to the Statutory Duties:

1. Consideration of available data and research
2. Assessment of impacts
3. Consideration of measures which might mitigate any adverse impact or alternatives which might better achieve the promotion of equality of opportunity
4. Formal consultation
5. Decision of public authority
6. Publication of results of EQIA
7. Monitoring for adverse impacts in the future and publication of results of such monitoring.

1.4 Belfast Health and Social Care Trust

1.4.1 Background

The Belfast Health and Social Care Trust (The Trust) was established on 1st April 2007 under the Belfast Health and Social Services Trust (Establishment) Order (Northern Ireland) 2006. Belfast Health and Social Care Trust has been formed from the following six Legacy Trusts:

- Belfast City Hospital Trust
- Green Park Healthcare Trust
- Mater Infirmorum Hospital Trust
- Royal Hospitals Trust
- North & West Belfast H&SS Trust
- South & East Belfast H&SS Trust.

1.4.2 Purpose

The purpose of the Belfast Health and Social Care Trust is to improve health and wellbeing and reduce health inequalities.

1.4.3 Values

The Trust undertook an engagement process asking a range of people what matters most as we carry out our work. Through dialogue and engagement with patients, carers, staff, Staff Side and others, four key values were identified:

- Respect and Dignity
- Accountability
- Openness and Trust
- Learning and Development.

1.4.4 Strategic objectives

On the firm basis of these organisational values, five strategic objectives have been developed. These five objectives support the purpose and shape the strategic direction over the next three to five years.

1. To provide safe, high quality and effective care

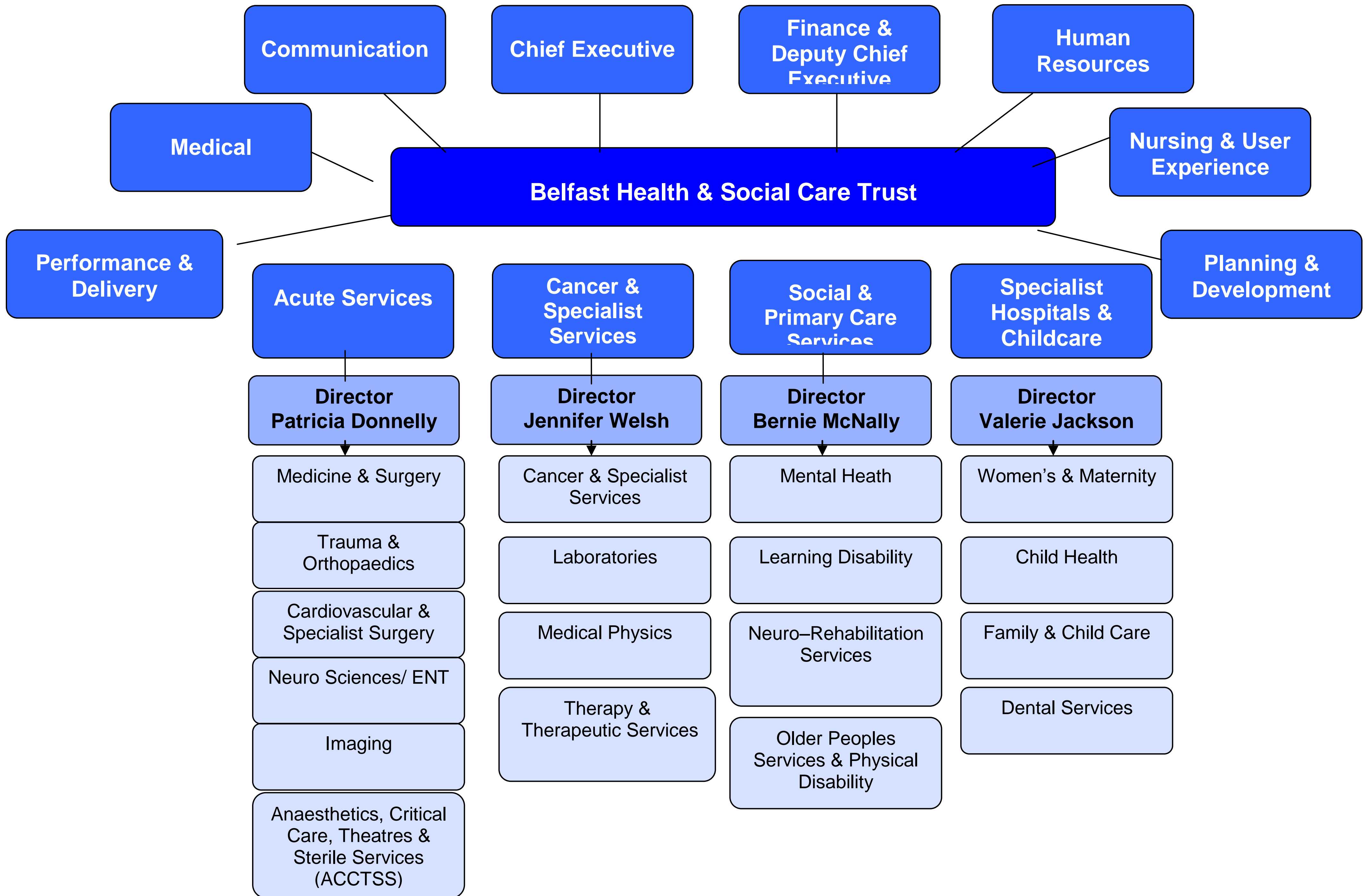
2. To modernise and reform our services

3. To improve health and wellbeing through engagement with our patients, local communities and partner organisations

4. To show leadership and excellence through organisational and workforce developments

5. To make the best use of our resources to improve performance and productivity.

1.5 Management Structure and Descriptions: as follows:


Communication
Chief Executive
Finance & Deputy Chief Executive
Human Resources
Medical
Belfast Health & Social Care Trust
Nursing & User Experience
Performance & Delivery
Planning & Development
Acute Services
Cancer & Specialist Services
Social & Primary Care Services
Specialist Hospitals & Childcare
Director Patricia Donnelly
Director Jennifer Welsh
Director Bernie McNally
Director Valerie Jackson
Medicine & Surgery
Trauma & Orthopaedics
Cardiovascular & Specialist Surgery
Neuro Sciences/ ENT
Imaging
Anaesthetics, Critical Care, Theatres & Sterile Services (ACCTSS)
Cancer & Specialist Services
Laboratories
Medical Physics
Therapy & Therapeutic Services
Mental Heath
Learning Disability
Neuro–Rehabilitation Services
Older Peoples Services & Physical Disability
Women's & Maternity
Child Health
Family & Child Care
Dental Services

Cardiology Tertiary Services falls within the remit of Acute Services, in the Belfast HSC Trust. This service group is responsible for the development and delivery of services including: Vascular, Thoracic, General Surgery and General Medicine and Urology.

The Trust's Headquarters are situated at:

Roe Centre
Knockbracken Healthcare Park
Saintfield Road
BELFAST BT8 8BH

Telephone number: 028 9056 5555
Minicom number: 028 9056 5406

The Trust also has a freephone enquiry line which provides information about Trust services: 0800 228844.

SECTION 2

BACKGROUND TO PROPOSED CHANGES

2.1 Introduction

2.2 Strategic context

2.3 Key drivers

2 Background to Proposed Changes

2.1 Introduction

The cardiology multi-disciplinary team is made up of cardiologists, nursing staff, cardiac physiologists, allied health professionals and administration staff. Cardiology is the branch of medicine which deals with a range of heart problems including the treatment of:

- Coronary heart disease

Coronary heart disease occurs when plaque builds up on the walls of the coronary arteries causing them to narrow which reduces the flow of blood and supply of oxygen to the heart. This can result in chest pain and in some cases, when one or more of the coronary arteries become critically blocked, a heart attack. The greater length of time that the heart does not receive oxygen due to a blockage within an artery, the more damage is caused to the heart muscle.

- Heart rhythm disturbance (arrhythmia)

Heart rate is controlled by the electrical system of the heart, when this electrical system is unable to function correctly it creates a heart rhythm disturbance or arrhythmia. This can mean the heart is beating too quickly, too slowly or irregularly. Symptoms include an awareness of premature beats, skipped beats, rapid heart rhythms, dizziness, fatigue, light-headedness or fainting.

- Heart failure

Heart failure refers to a collection of symptoms caused by an inability of the heart to meet the blood supply needs of the body. Symptoms include increasing breathlessness, fluid retention and worsening exercise capacity.

In adults, heart failure is commonly caused by coronary artery disease, high blood pressure or damaged heart valves. It is a frequent cause of repeated hospital admissions, and the prognosis of some patients can be life-threatening.

There are two types of cardiology services:

- General cardiology services

General cardiology services are required to support patients attending Emergency Departments and general medical and surgical services in assessment, diagnosis and treatment of cardiac problems. These general cardiology services are available at the Belfast City, Mater and Royal Hospitals.

- Tertiary cardiology services

Belfast Trust also provides tertiary cardiology services to the population of Northern Ireland from the Belfast City Hospital and the Royal Hospitals. These are diagnostic or interventional procedures performed on patients such as angioplasty, pacemaker insertion or an electrophysiology study with the overall aim of correcting abnormal activities in the heart. These are undertaken in very specialist facilities called catheterisation laboratories by specialist teams of staff. This is an examination room with diagnostic imaging equipment used to support the catheterisation process.

Tertiary services delivered by the Trust include:

- Percutaneous coronary intervention (PCI) or angioplasty

This is where a cardiologist uses a small inflatable balloon, often with a stent (cylinder of stainless steel mesh) mounted on it, to inflate a narrowed coronary artery. The balloon compresses the blockage and thereby allowing the blood to flow more easily. As the balloon is inflated, the stent expands so it holds open the narrowed blood vessel. The balloon is then deflated and removed, leaving the stent in place

In addition, the Belfast Trust is also undertaking a pilot of providing Primary PCI to patients within the Belfast Trust catchment area on a 24 hours a day, seven days a week basis. This is the gold standard to which all UK Trusts aim to reach for patients suffering a (STEMI) heart attack. In this instance the patient having a heart attack has, within a defined time period, a stent inserted to improve blood flow rather than clot busting drugs.

According to the National Infarct Angioplasty Project (NIAP)[1], trials have shown that Primary PCI reduces the risk of death, further heart attack, stroke and the need for heart surgery compared to the use of clot busting drugs.

This service is currently delivered from a catheterisation laboratory at the Royal Hospitals. Northern Ireland Ambulance Service have supported the Belfast Trust in delivering this pilot by immediately transporting patients with this suspected diagnosis to the Royal Hospitals.

- Electrophysiology studies

Arrhythmia may take different forms and there are differing respective interventions to diagnose and treat. Electrophysiology studies are a tool to diagnose problems of the conduction (electrical) system within the heart.

- Ablation

Patients sometimes have a malfunctioning electrical circuit in the heart causing arrhythmias which is best treated by this circuit being shut down. Ablation is the method for doing this using energy focused on the appropriate area of the heart to address this problem.

- Insertion of pacemaker

Pacemakers can be used in patients when the heart's own natural pacemaker is not functioning effectively. This may happen if the right and left side of the heart are not beating together because the generation or conduction of electrical impulses is not happening as normal.

- Implantable cardiac defibrillator (ICD)

An implantable cardiac defibrillator (ICD) can be inserted in a similar way to a pacemaker if the heart rhythm is prone to developing a life threatening arrhythmia. In these instances, the ICD will deliver electrical pulses to correct the rhythm of the heart.

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[1] British Cardiovascular Society & Department of Health (2008) Treatment of Heart Attack National Guidance, Final Report of the National Infarct Angioplasty Project (NIAP).

This is what differentiates tertiary cardiology services from general cardiology services. A range of procedures are delivered as part of tertiary services, such as:

Table 1 - Examples of General and Tertiary Cardiology Services

Cardiology service	Examples of services
General cardiology services	Diagnostic and interventional methods that do not require the use of cardiac catheterisation laboratories: • Inpatient cardiology services including CCU • Consultant-led outpatient clinics • Nurse-led heart failure clinic • Rapid Access Chest Pain Clinic • Full range of non-invasive cardiac investigations • Day case and in-patient Transesophageal Echocardiogram • Exercise stress test • Nurse-led cardiac rehabilitation and secondary prevention service • Emergency department support from a chest pain nurse.
Tertiary cardiology services	Diagnostic and interventional procedures that do require the use of a cardiac catheterisation laboratory such as: • Percutaneous coronary intervention • Primary PCI • Electrophysiology studies / Ablation • Insertion of Pacemaker / ICD

Patients can access cardiology in one or more of the following ways:

- As an inpatient: an admission to hospital which includes an overnight stay

- As a day case: treatment which is carried out in a single day, without the patient having to stay in hospital overnight

- As an outpatient: care provided on an appointment basis without requiring admission to hospital. Cardiology outpatient services are not part of this review and will continue to be provided at the Belfast City, Mater and Royal Hospitals

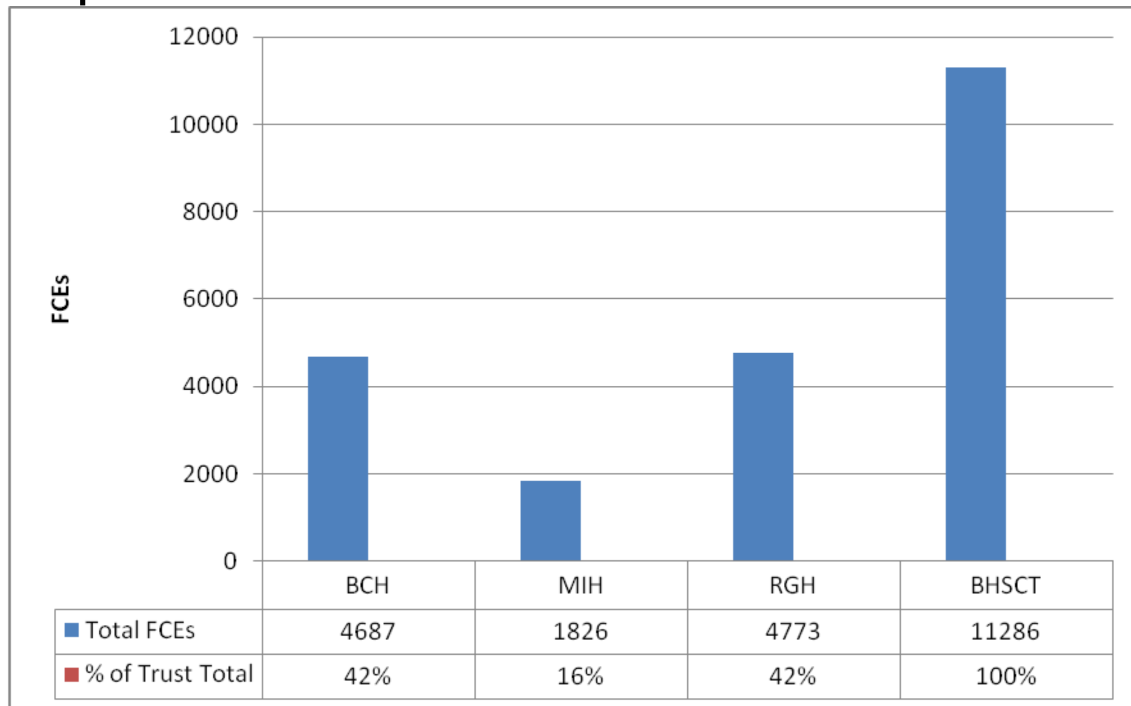
Cardiology services can be delivered along one of two key patient pathways:

- **Elective:** This is when treatment has been planned and booked in advance, for example a patient who is placed on a waiting list for pacemaker insertion and then brought into hospital on a prearranged day

- **Non-elective or emergency:** This is when a patient accesses cardiology services without prior planning, for example a patient suffering a certain type of heart attack who goes to one of the Trust's Emergency Departments (EDs) and is then brought to the catheterisation laboratory for treatment.

Figure 1 illustrates the number of Finished Consultant Episodes (FCE's) in inpatients and daycases that cardiology services have delivered in 2008-2009 from the Belfast City (BCH), Mater (MIH) and Royal Hospitals (RGH) as well as the Trusts (BHSCT) combined figure.

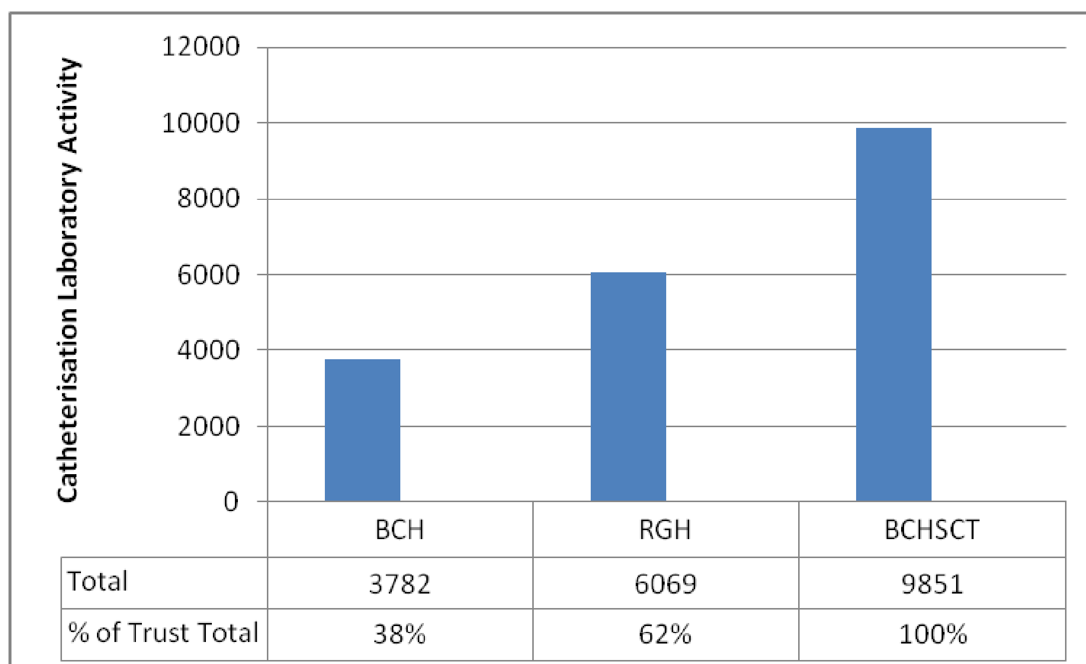
Figure 1 - Cardiology Services Finished Consultant Episodes by Hospital & Trust 2008-2009



	BCH	MIH	RGH	BHSCT
Total FCEs	4687	1826	4773	11286
% of Trust Total	42%	16%	42%	100%

Figure 2 illustrates the number of procedures that have been undertaken in 2009-2010 from the Belfast City and Royal Hospitals (RGH) catheterisation laboratories as well as the Trusts combined figure.

Figure 2 - Procedures undertaken in catheterisation laboratories by Hospital & Trust 2009-2010



	BCH	RGH	BCHSCT
Total	3782	6069	9851
% of Trust Total	38%	62%	100%

2.2 Why Reorganise tertiary Cardiology services now?

The formation of the Belfast Health and Social Care Trust provides an opportunity to build on the current high quality tertiary cardiology services, ensuring that patients consistently be treated by the right person, in the right place, at the right time.

Specifically, the way specialties have developed in Belfast has resulted in a fragmented system, with cardiologists that practise the same sub-specialty and delivering the same service not based on the same site. Tertiary services are currently safe and highly effective in both the Belfast City Hospital and the Royal Hospitals however there are reasons to change in order to further improve effectiveness.

Meet Public Expectation for Improved Service Quality

In line with the Trust principle to 'localise where possible, centralise where necessary' the aim of tertiary cardiology services is to deliver safe, effective and sustainable services into the future. In order to ensure that the public expectation for access to modern, efficient services is achieved there needs to be ongoing review of how and where services are provided. The ability to provide an improved quality of service in tertiary cardiology services will be enhanced by providing services from one location facilitating further development of sub-specialties.

Drive Forward Service Modernisation

As treatment techniques and skills are developed there will be an increase in the number of patients treated as day cases and as outpatients. In addition, the increased use of pre-assessment clinics, admission on the day of procedure combined with reduced lengths of stay will result in a decrease in demand for inpatient facilities. The tertiary cardiology service is embracing these changes, for example taking actions to deliver increased days cases in Percutaneous Coronary Intervention. Locating these services together better facilitates best practice and modernisation throughout the clinical team.

Priorities for Action (PfA)

The Priorities for Action (PfA) 2010/11 document sets out the key priorities for Health and Social Care services as identified by the Minister

for Health and Social Services and Public Safety. In relation to the Service Review Objectives, it states:

"In meeting all challenges faced by the service, the primary issue is how health and social care services are best configured to respond safely and effectively to the emerging needs of the individuals and populations they serve. As those needs and the technology to meet those needs develop, it may be right to provide some services on single sites. Whilst other services may continue to be provided at local hospitals ....the goal must be to ensure that the services provided are safe and of a high quality, delivering effective outcomes for patients."

Address Current Duplication and Service Efficiency

Tertiary cardiology services are currently duplicated having developed across two hospitals within Belfast. Locating tertiary cardiology services together will enable the specialty to maximise outcomes and resources and reduce any inefficiencies as there will be reduced duplication of services, equipment and overhead costs.

Act on Staff Support

Clinical teams across the range of split-site specialties believe that there are potentially significant benefits in bringing specialties together in the same hospital to form dedicated specialist units, for example, ensuring the development of sub-specialist services, flexibility in developing staff rotas, easier access to specialist nursing and other limited resources, improving team working and quality of service to the patient.

Improved Clinical Linkages

Patients that access tertiary cardiology services often have to interface with other services as part of the treatment for other co-morbidities. In order to deliver care in a more cohesive manner, and improve the patient experience it is useful to co-locate these services where feasible. In addition to this, clinical staff are better facilitated to deliver care from a multi-disciplinary perspective if their colleagues in other relevant specialties are located in the same hospital. This improves the knowledge base and training opportunities for staff to better care for patients. In terms of tertiary cardiology services, the specialties that have the most relevant clinical linkages include:

- Vascular surgery and Cardiac surgery

Patients with cardiovascular disease often require treatment from a range of specialists. These specialists either work together to treat complex problems or more commonly manage a patient with a range of organs affected by cardiovascular disease. As part of Excellence and Choice, it is proposed that vascular services would also be based at the Royal Hospitals while cardiac surgery is already based at the Royal Hospitals. Bringing together tertiary cardiology, cardiac surgery and vascular services provides an opportunity for physicians, surgeons and radiologists to provide optimal coordinated care for such patients in a 'cardiovascular centre'. Recent developments in less invasive techniques for managing cardiovascular disease and the requirement for fast intervention in cardiovascular emergencies further support bringing these services together.

- Radiology services

Patients of the tertiary cardiology service require radiology services as part of their diagnosis and treatment. Both the Belfast City Hospital and Royal Hospitals deliver these radiology services and will continue to provide a service to patients from both hospitals by making best use of the equipment and expertise of each hospital.

- Trauma services

Trauma services deal with multiple, serious injuries that could result in death or serious disability. These might include serious head injuries, severe gunshot wounds or road traffic accidents. Patients with multiple, serious injuries will need to be admitted to the Major Trauma Centre at the Royal Hospitals and may require rapid input from the vascular team as part of a comprehensive trauma service.

Delivery on the Working Time Directive (WTD)

Tertiary cardiology services have a significant challenge in complying with the WTD because of the unpredictability of on-call duties for staff delivering interventions for out-of-hours emergencies. This is because there is also a requirement to provide a range of tertiary cardiology services including elective (planned) diagnostic and interventional procedures the following day.

The service requires a specialist multi-disciplinary team to deliver these diagnostic and interventional procedures in normal working hours and out of hours (for emergencies). Some of the various disciplines that

form the multi-disciplinary team have small numbers of total staff. Therefore, bringing together all elements of this multi-disciplinary team at a single hospital facilitates staff having appropriate rest time and prevents cancellation of elective (planned) patient's procedures.

Consultant contract and service delivery

The proposed amalgamation of tertiary cardiology services at one hospital has positive implications for the use of the consultant workforce to deliver a more coherent service and also gives the service the opportunity to modernise together rather than trying to develop tertiary services across two hospitals. The development of one coherent service will also provide opportunities for shared learning and peer support for both junior doctors and consultants.

2.3 What are the main benefits of reorganising tertiary cardiology services now?

Having identified the key reasons to review tertiary cardiology services, there are a number of benefits for patients, staff and the hospitals which must be delivered in any proposed change on delivery or location of service. These were summarised into five key areas, which guided the work of the project team in their review. They are:

<u>The delivery of safe and sustainable services to our patients:</u>

- Providing safe services and ensuring patients are not at risk in our hospitals is our top priority. Having appropriately trained staff working in appropriately sized teams will assist in both improving patient safety and sustaining the continued provision of these services.

<u>To improve service quality, effectiveness, reduce unnecessary duplication and fragmentation of services and deliver value for money:</u>

- Maintaining and improving the quality of care experienced by patients is fundamental to any proposal. Reducing the existing duplication of services across two acute sites will mean patients see the right staff in the right place and this will also help teams deliver a more effective and efficient service

- The Trust must optimise the use of the current catheterisation laboratory stock and the support accommodation available to us

and ensure that there is some room for future growth, should the funding be available.

To ensure services are appropriately clinically linked:

- Delivering services at the right time and in the right place requires certain services to be located close to one another; for example, cardiology patients will potentially need the skills of the vascular or cardiac surgery teams and trauma team.

To ensure services are accessible to patients and carers:

- Patients, carers, families and visitors want to have easy access to their services, whether by public transport or by car, to have good signposting, reasonable visiting arrangements, and to be able to have confidence that issues they raise with Trust staff will be addressed in a timely manner.

To ensure the Acute Service Plan is compatible with the Trust Strategic Direction:

The Trust Strategic Direction, which has been previously publicly consulted upon, for the four adult hospitals is:

- Belfast City Hospital as the centre for cancer, renal and a range of general acute hospital services, with an increased focus on elective services and chronic conditions management

- Royal Hospitals as the centre for major trauma services, including a heart centre, with an increased focus on emergency services

- Mater Hospital as the centre for Ophthalmology services and general acute hospital services

- Musgrave Park Hospital as the centre of specialist rehabilitation services.

The service project teams used these benefits criteria to assess how each service option would deliver improvements for patients and staff and considers their impact on each hospital.

SECTION 3

CONSIDERATION OF OPTIONS

3.1 Options for the delivery of tertiary cardiology services

3.2 Preferred option

3.3 What does this mean for patients?

3.4 What would this mean for staff?

3.5 What would this mean for each hospital?

3 Consideration of Options

A multi-disciplinary project team was established which brought together a broad range of clinical and managerial staff from across the Trust including Consultant Cardiologists, imaging staff, nursing staff, AHP staff as well as patient and Trade Union representatives were engaged in order to generate and consider possible options for the future delivery of the service. Mindful of Section 75 obligations, it was decided that the preferred option of those considered would then be subject to a full and comprehensive Equality Impact Assessment.

3.1 Options for the delivery of tertiary cardiology services

The range of options considered by the Project team were:

1. Continue with current arrangement – all emergency and elective (planned) tertiary services at both the Belfast City Hospital and Royal Hospitals

2. Deliver all emergency and elective (planned) tertiary services at the Belfast City Hospital

3. Deliver all emergency and elective (planned) tertiary services at the Royal Hospitals

4. Deliver all elective (planned) tertiary services at the Belfast City Hospital and all emergency tertiary services at the Royal Hospitals.

There is no change of service provision proposed at the Mater Hospital. Therefore each option accounts for the Belfast City Hospital and the Royal Hospitals only.

<u>Providing safe and sustainable services</u>

Bringing together all tertiary services at a single hospital would better facilitate the delivery of the Primary Percutaneous Coronary Intervention service because the single specialist team will be specifically focussed on best practice delivery of these procedures.

In addition, bringing together all elements of the multi-disciplinary team required to deliver tertiary cardiology services at a single hospital increases the pool of staff available to cover emergencies on a 24/7

basis, facilitates staff having appropriate rest time in accordance with the WTD, and reduces the possible need for cancellation of elective (planned) patient procedures.

The single delivery teams in options two and three offer these potential advantages.

Improving service quality, reduce fragmentation and deliver value for money

Single site working would deliver service efficiencies such as a streamlined clinical pathway and improved clinical rota management by reducing the duplication of providing the same service on adjacent sites. The single site team would more easily maintain best practice through increased sharing of expertise and learning facilitated by clinicians working together in one unit. The overall volume of activity at the Trust will not increase but this total volume through a single hospital, rather than split across multiple hospitals, can improve quality of care.

Again, the single delivery teams in options two and three offer these potential advantages.

Appropriate clinical links

Patients with cardiovascular disease often require treatment from a range of specialists. These specialists either work together to treat complex problems or more commonly manage a patient with a range of organs affected by cardiovascular disease. As part of Excellence and Choice, it is proposed that vascular services would also be based at the Royal Hospitals while cardiac surgery is already based at the Royal Hospitals. Bringing together tertiary cardiology, cardiac surgery and vascular services provides an opportunity for physicians, surgeons and radiologists to provide optimal coordinated care for such patients in a ‘cardiovascular centre’. Recent developments in less invasive techniques for managing cardiovascular disease and the requirement for fast intervention in cardiovascular emergencies further support bringing these services together.

In addition, the Royal Hospitals is identified as the Trust’s major trauma centre and tertiary cardiology services form part of the range of services that are required to deliver a comprehensive trauma service.

Option three is the only option that can fully realise the development of a cardiovascular centre.

Access for patients and carers

Both the Belfast City and Royal Hospitals are accessible for public transport access and a bus service runs between these sites and the City Centre continually during the day. Car parking availability is better at the Belfast City Hospital but work is ongoing to increase parking spaces at the Royal Hospitals site.
All of the options provide access to a specialist tertiary cardiology team for both planned and emergency activity. Option three would enable patients to also access the cardiovascular centre which would bring the additional benefit of joined-up care with vascular surgeons where appropriate.

Option four would mean a change of service for patients of all hospitals and would require significant input from the Northern Ireland Ambulance Service.

Compatibility with Trust strategic direction

The Royal Hospitals is identified as the major trauma and 'heart centre' due to the appropriate clinical linkages with trauma, cardiac and vascular services. The combined multi-disciplinary teams from these specialties support the development of a cardiovascular centre, incorporating the tertiary cardiology service, and this is most feasible at the Royal Hospitals.

Option three is best placed to realise this ambition.

3.2 Preferred option

Considering this, the Project team's recommendation is for option three – deliver all emergency and elective (planned) tertiary services at the Royal Hospitals therefore forming part of a cardiovascular centre and providing tertiary cardiology access to the Trust's major trauma centre.

General cardiology services and outpatient services including assessment, diagnostic and treatment required to support emergency and general medical and surgical departments would continue to be delivered from the Belfast City, Mater and Royal Hospitals.

3.3 What would this mean for patients?

General cardiology services and outpatient services including the range of assessment, diagnostic and treatment required to support emergency departments and general medical and surgical departments would continue to be delivered from the Belfast City, Mater and Royal Hospitals.

Therefore in future, any patient that requires cardiology services arising from, for example, chest pain, would be able to access these services at the Belfast City, Mater and Royal Hospitals. Most patients would continue to be treated at the hospital to which they were admitted.

However, some patients with more serious symptoms may be transferred to the tertiary cardiology team at the Royal Hospitals for a specialist diagnostic and/or interventional procedure before being discharged home or repatriated to the hospital in which they were initially admitted. This process is already in place for patients that initially present to the emergency department at the Belfast City and Mater Hospitals with a certain type of heart attack (STEMI).

Patients would benefit from a single tertiary cardiology team that can support the development of a number of sub-specialist services.
Patients will also have improved access to specialist nursing and other limited services.

3.4 What would this mean for staff?

All members of the cardiology team delivering tertiary services would be able to work more closely on a single site and therefore share expertise and learning which is key to improving outcomes for patients.

All of the cardiology team delivering tertiary services would have an increased opportunity to engage in multi-disciplinary working with colleagues in vascular surgery and cardiac surgery for example. Multi-disciplinary working has been shown to improve patient outcomes.

There would be a greater number of cardiologists and other multi-disciplinary team members available for a single site rota than is possible with the current situation where multiple rotas are necessary and will help ensure WTD compliance.

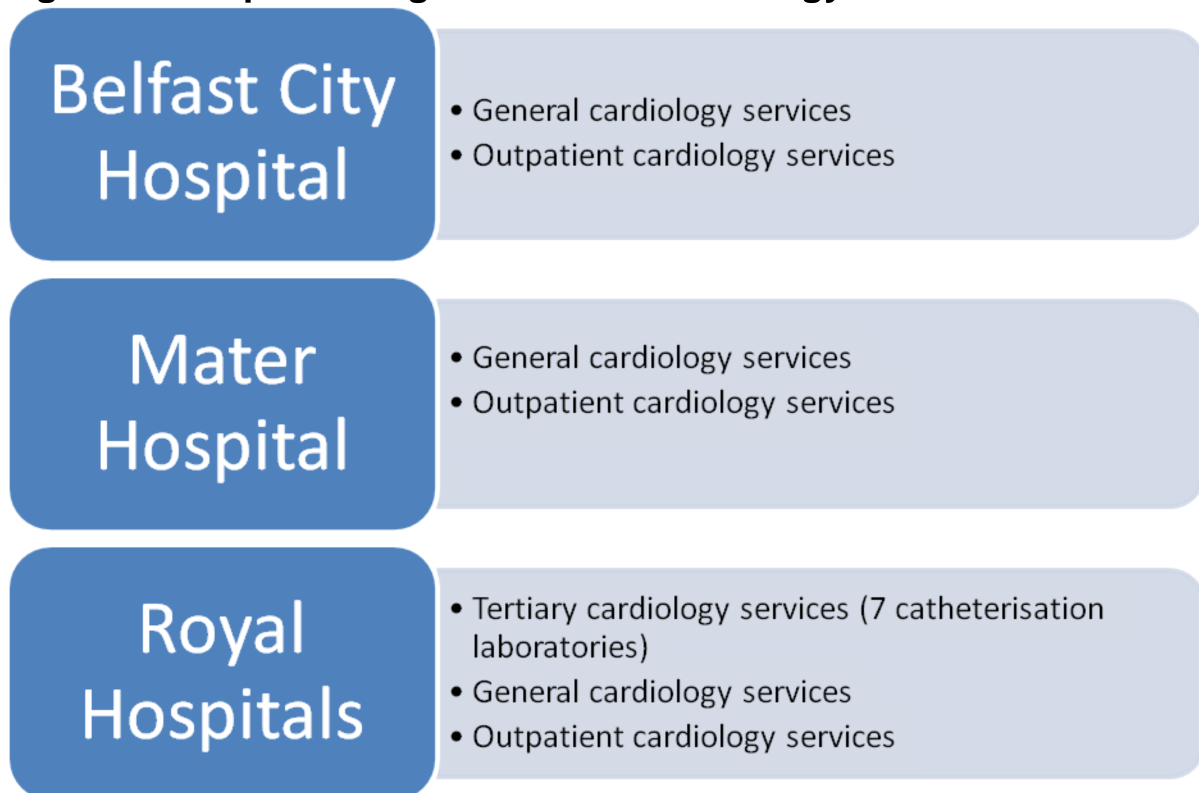
The cardiology team delivering tertiary services may be able to better utilise the resources available such as staff, facilities and equipment when located in one centre and not split across two. This may be found in economies of scale, for example equipment required on one centre instead of duplicated on two, as is the case currently.

3.5 What would this mean for each hospital?

The Royal Hospitals would be the entry point for all tertiary cardiology procedures. In order to facilitate this proposal, all of the Trust's catheterisation laboratories would be located at the Royal Hospitals. It is proposed that when the catheterisation laboratories currently located at the Belfast City Hospital are funded for replacement, this replacement facility would be located at the Royal Hospitals.

The Royal Hospitals would therefore eventually accommodate all seven of the Trust's catheterisation labs required to deliver tertiary cardiology services. An overview of services that would be available at each acute hospital is illustrated in Figure 3.

Figure 3 - Proposed Organisation of Cardiology Services



SECTION 4

CONSIDERATION OF AVAILABLE DATA AND RESEARCH

4.1 Strategic Data Sources

4.2 Local Data Sources

4.3 Additional Data Sources

4.4 Population profile: B.H.S.C.T.

4.5 Staff Profile

4 Consideration of available data and research

In keeping with the Equality Commission for Northern Ireland Guide to the Statutory Duties and EQIA Guidelines, quantitative and qualitative data has been drawn from a number of sources. The following data sources were used to inform this Equality Impact Assessment.

4.1 Strategic Data Sources

The strategic direction for the provision of health and social care is laid down in a number of key strategic documents notably:

- Regional Strategy ‘A Healthier Future (2005–2025)’
- DHSSPS Priorities for Action 2009-10/20010-11
- Public Service Agreement 2008-11
- Investing for Health Strategy 2002
- Developing Better Services (DBS)
- Northern Ireland Health and Personal Social Services Workforce Census 2006
- 2001 Census of Population (Northern Ireland).

The following sources are particularly relevant to cardiology services:

Year	Title	Published by
2008	High quality care for all: NHS Next Stage Review final report	Lord Darzi of Kenham KBE
2009	Service Framework for Cardiovascular Health and Wellbeing	Department of Health, Social Services and Public Safety

4.2 Local Data Sources

This document is also shaped by a number of Trust documents as follows: -

- "The Belfast Way": A vision of excellence in Health and Social Care
- "New Directions": A conversation on the future delivery of Health and Social Care Services for Belfast.
- The Belfast HSC Trust Delivery Plan
- The Belfast HSC Trust Corporate Plan
- The Belfast HSC Trust Health and Wellbeing Investment Plan (HWIP)
- HRMS – Human Resources Management Systems
- EOMS – Equal Opportunities Management Systems
- Excellence and Choice - Right Treatment, Right Place
- Excellence and Choice in Cardiology Services
- Excellence and Choice in Vascular Services.
- EQIA in Vascular Services

4.3 Additional Data Sources

- Equality and Inequalities in Health and Social Care in Northern Ireland
- Northern Ireland Census
- Indicators of Equality and Diversity in Northern Ireland
- Statement on Key Inequalities in Northern Ireland

- Northern Ireland Regional Interpreting Service
- British Heart Foundation UK, Statistics.

Table 2: Population data for Northern Ireland:

Section 75 Group	Northern Ireland Population	
Gender	Male Female	49.0% 51.0
Age	0 to 9 10 to 19 20 to 29 30 to 39 40 to 49 50 to 59 60 to 69 70 to 79 80 and Over	13.09% 14.33% 14.14% 13.80% 14.27% 11.42% 9.17% 6.23% 3.65%
Religion	Roman Catholic Protestant Other Religion No Religion or None Stated	40.26% 45.57% 0.30% 13.88%
Political Opinion (Based on seats in the NI Assembly October 2008)	DUP UUP Alliance SDLP Sinn Fein PUP Green Independent Ind Health Coalition	36 seats 18 seats 7 seats 16 seats 27 seats 1 seats 1 seat 1 seat 1 seat
Marital Status (based on over 16s)	Single (never married) Married Re-married Separated Divorced Widowed	33.1% 48.45% 2.67% 3.84% 4.12% 7.81%

Table 2 cont'd: Population data for Northern Ireland:

Section 75 Group	Northern Ireland Population	
Dependent Status (based on households with children between 0 and 15 or a person between 16 and 18 in full-time education)	Dependent Children No Dependent Children	36.47% 63.53%
Disability (based on households with one or more person with a limiting long-term illness)	Disabled Not Disabled	41.21% 58.69%
Ethnic Group	White Irish Traveller Mixed Indian Pakistani Bangladeshi Other Asian Black Caribbean Black African Other Black Chinese Other Ethnic Group	99.15% 0.10% 0.20% 0.09% 0.04% 0.01% 0.01% 0.02% 0.03% 0.02% 0.25% 0.08%
Sexual Orientation	Research indicates that 10% of a population is LGB. (Source: Rainbow Project July 2008)	

Source: Northern Ireland Census 2001 Key statistics (except Age. NISRA 2007 Mid-Year Population Estimates)

4.4 Population Profile: Belfast Health and Social Care Trust

The Belfast Health and Social Care Trust provides Health and Social Care to the populations of Belfast City Council and Castlereagh Borough Council. The following statistics refer to the population of both council areas.

Table 3: Belfast & Castlereagh Area Population by Section 75 Group

Section 75 Group Area	Belfast Health and Social Care Trust Population	
Gender	Male Female	47.4% 52.6%
Age	0 to 9 10 to 19 20 to 29 30 to 39 40 to 49 50 to 59 60 to 69 70 to 79 80 and Over	11.8% 14.4% 15.9% 13.0% 14.0% 10.6% 8.9% 7.2% 4.3%
Religion	Roman Catholic Protestant Other Religion No Religion or None Stated	37.4% 44.7% 0.6% 17.3%
Political Opinion (Based on council seats on Belfast City and Castlereagh Borough Councils)	DUP UUP Alliance SDLP Sinn Fein PUP Traditional Unionist Voice Independent	26 seats 12 seats 8 seats 10 seats 14 seats 2 seats 1 seat 1 seat
Marital Status (based on over 16s)	Single (never married) Married Re-married Separated Divorced Widowed	38.9% 39.5% 2.4% 5.1% 4.8% 9.2%
Dependent Status (based on households with children between 0 and 15 or a person between 16 and 18 in full-time education)	Dependent Children No Dependent Children	30.4% 69.6%

Section 75 Group Area	Belfast Health and Social Care Trust Population	
Disability (based on households with one or more person with a limiting long-term illness)	Disabled Not Disabled	43.6% 56.4%
Ethnic Group	White Irish Traveller Mixed Indian Pakistani Bangladeshi Other Asian Black Caribbean Black African Other Black Chinese Other Ethnic Group	98.63% 0.07% 0.26% 0.15% 0.06% 0.02% 0.03% 0.02% 0.06% 0.03% 0.51% 0.16%
Sexual Orientation	Research indicates that 10% of the population is LGB. (Source: Rainbow Project July 2008)	

Source: Northern Ireland Census 2001 Key statistics (except Age. NISRA 2007 Mid-Year Population Estimates).

The Trust recognises that the census figures do not provide a truly accurate and up-to-date reflection of the Northern Ireland population, given that it was conducted in 2001. There have been significant demographic changes since then and the Trust does not rely solely on these census figures but rather looks to complement the statistics with other relevant quantitative and qualitative information sources including monitoring statistics of patients.

1.4.1 Ethnicity

Ethnicity of patients is not routinely gathered, but using requests for Northern Ireland Health and Social Services Interpreting Services gives an indication of the language needs of foreign nationals and ethnic minorities. The statistics represent both the RVH and the BCH as a whole. The Trust acknowledges that need for an interpreter is not a proxy for each ethnic minority individual and only indicates the number

of those who are not competent in English. The Trust is therefore using this Equality Impact Assessment and ongoing links with community development to gather qualitative and anecdotal data to complement the quantitative data.

4.4.2

NI Health and Social Care Interpreting Service Cardiology Statistics for BCH

Figure 4:

NI Health and Social Care Interpreting Service Cardiology Statistics for BCH 2009-2010

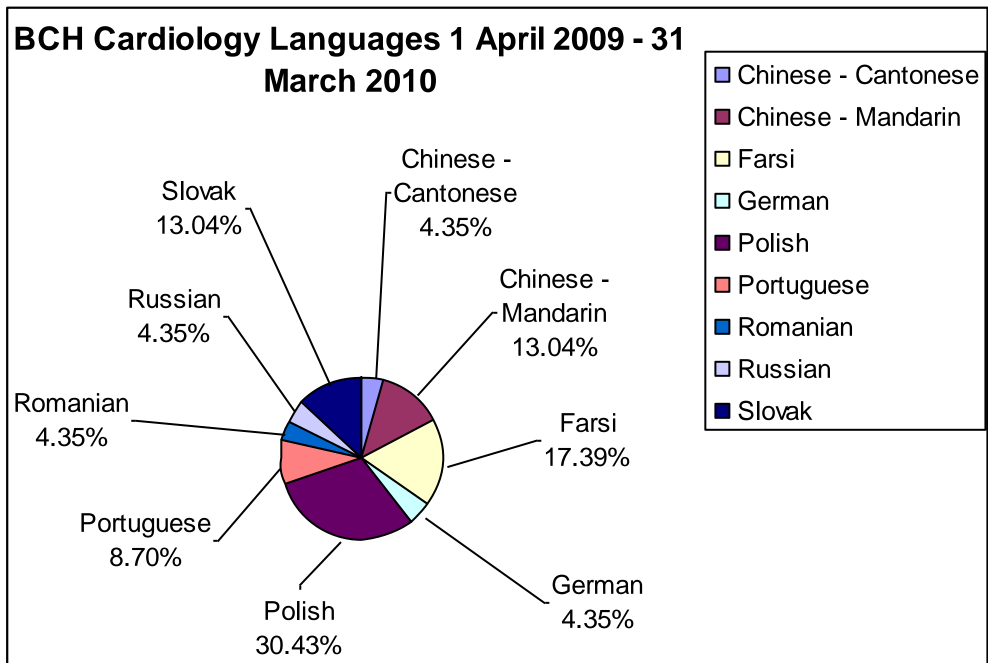
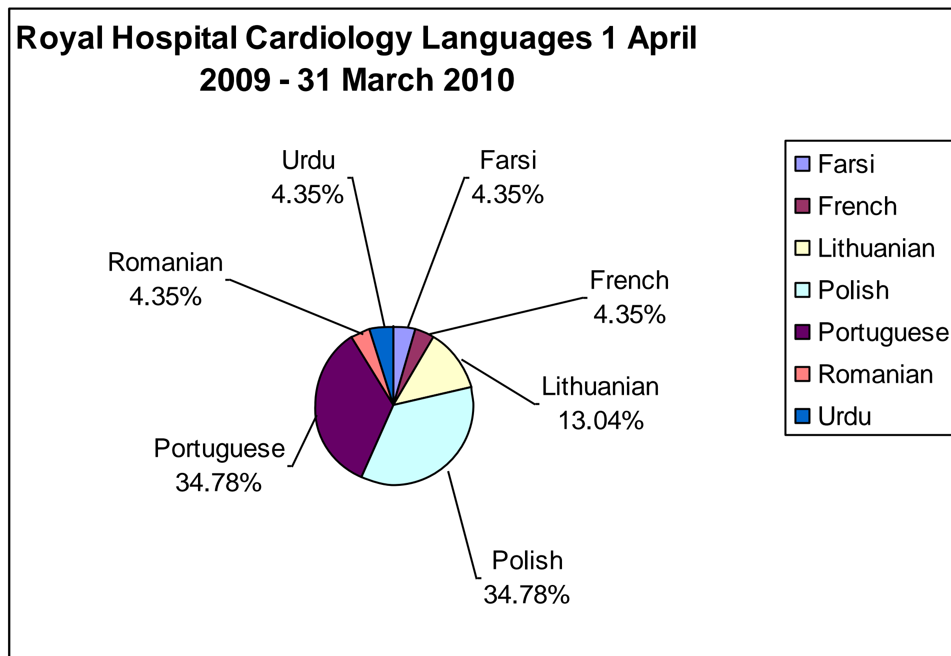


Figure 5:

NI Health and Social Care Interpreting Service
Cardiology Statistics for Royal Hospitals 2009-2010



Belfast Health and Social Care Trust: Patient Profile

4.4.3 Service User Profile

The following data are based on all 2,682 cardiology inpatient/daycase finished consultant episodes to the Belfast City Hospital and the Royal Group of Hospitals from 1 April 2008 to 31 March 2009, compared to the population of Belfast and Castlereagh LGD areas (Census 2001 data).

Figure 6: Cardiology Finished Consultant Episodes by Gender 2008-2009:

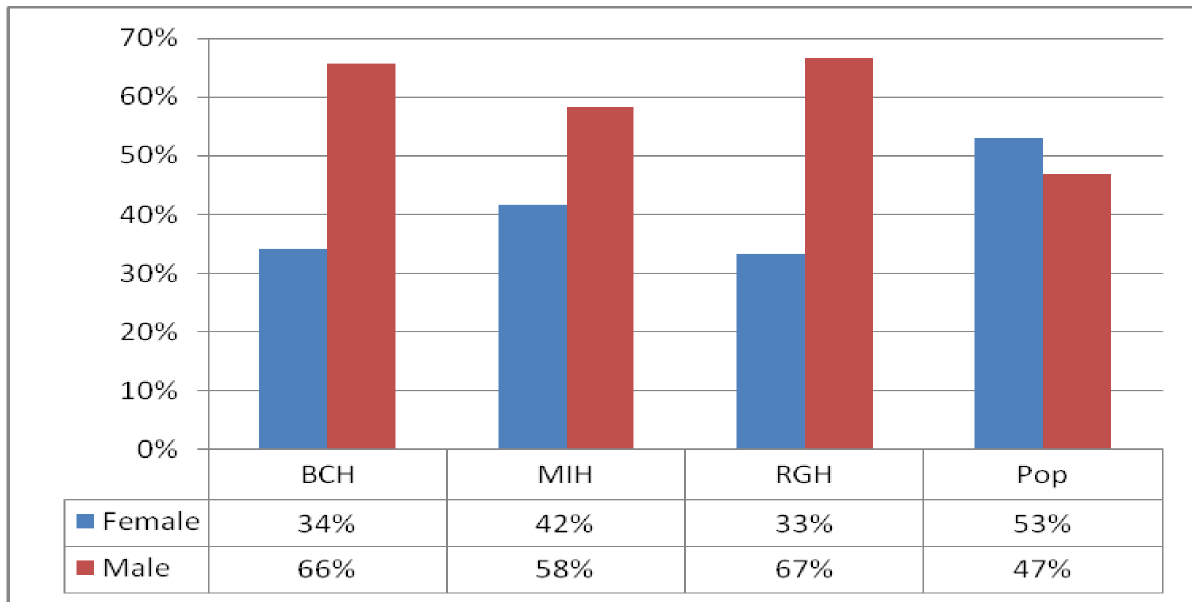


Figure 7: Cardiology Finished Consultant Episodes by Age 2008-2009. (Population is based on over-12s only):

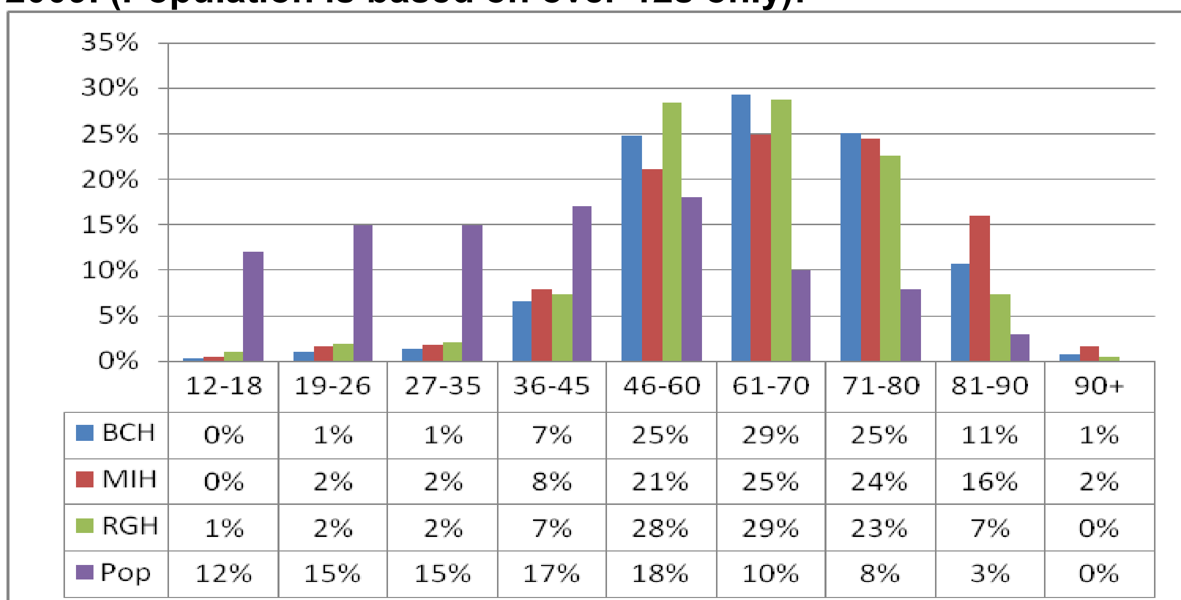


Figure 8: Cardiology Finished Consultant Episodes by Marital Status 2008-2009

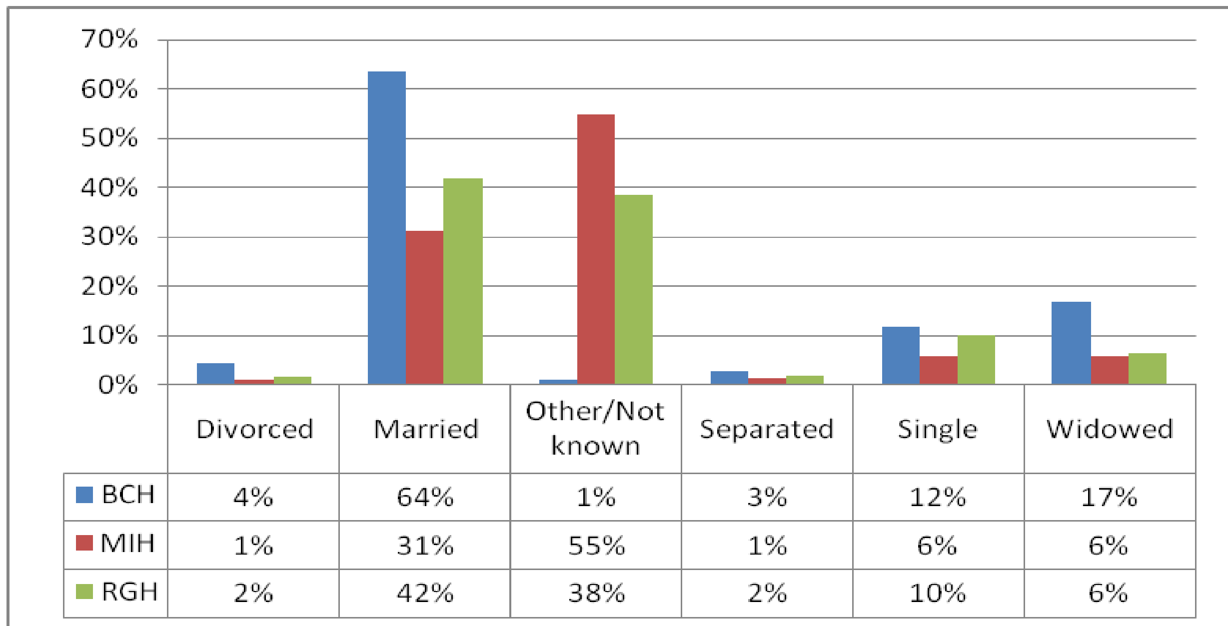
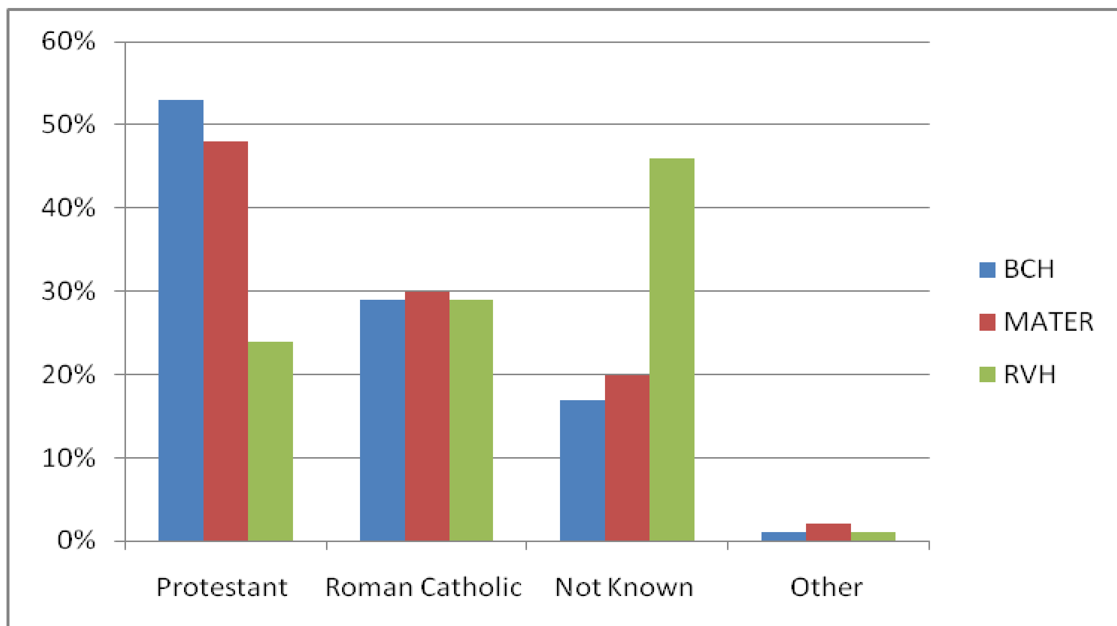


Figure 9: Cardiology Finished Consultant Episodes by Religion 2008-2009



The Trust does not consistently collect data on the marital status, political opinion, dependent status, disability or sexual orientation of its patients.

4.5 Belfast Health and Social Care Trust: Staff profile

A key objective of the Trust's Employment Equality and Diversity Plan is to further develop and expand its current monitoring arrangements. Following regional discussion with Trust Equality Managers, the Equality Commission for NI and Trade Union Side, a revised monitoring form has been developed to capture information relating to all nine equality categories. The Trust has resurveyed its existing workforce and is also using this form for all new job applicants, thus enhancing and updating its database. However the information detailed below is based on the current monitoring information held by the Belfast Health and Social Care Trust, as the database is in the process of being updated.

The Trust's Human Resources Management System lists a total of 383 people directly employed in the service under review, 150 based at the City Hospital and 233 based at Royal Hospital. This represents a Whole Time Equivalent of 340.16 posts. The staff include 60 administrative, 226 nursing, 70 technical and 27 medical staff. Doctors on short term rotational posts are not included. The profile of staff for the service is compared below with the profile of all Trust staff to identify any potential adverse impacts on particular groups.

The Mater Hospital will continue to provide general cardiology services, coronary care and outpatient appointments and as such staffing statistics for the Mater have not been provided.

There is also a number of staff such as domestic staff who provide services to these areas in addition to other areas. However, these are mostly pooled staff, employed to work across a number of areas, and so are not included in the data presented below. Any impact of the proposed reorganisation on these groups of staff is likely to be affected and/or mitigated by other service moves proposed within the Review of Acute Services.

The profile of staff directly involved in delivery of the service is compared below with the profile of all Trust staff to identify any potential adverse impacts on particular groups.

Table 4: Belfast Health and Social Care Trust: Staff profile by Section 75 Group (Jan 2010 figures)

Category	Grouping	BCH	RGH	Both Sites	Belfast Trust
Gender	Male	13%	18%	16%	21%
	Female	87%	82%	84%	79%
Age	16-24	4%	6%	5%	7%
	25-34	34%	37%	36%	26%
	35-44	31%	32%	32%	28%
	45-54	24%	21%	22%	27%
	55-64	7%	3%	4%	11%
	65+	0%	1%	1%	1%
Religion	Protestant	50%	50%	44%	45%
	Roman Catholic	44%	55%	51%	48%
	Unknown/Other	6%	5%	5%	7%
Marital status	Married	63%	50%	55%	55%
	Single	33%	46%	41%	39%
	Other	4%	4%	4%	6%
Disability	Disabled	2%	1%	1%	2%
	Not disabled	38%	80%	64%	60%
	Unknown	60%	19%	35%	38%
Ethnic origin	White	81%	84%	83%	72%
	Other	6%	9%	7%	4%
	Unknown	13%	7%	10%	24%
Political Opinion	Currently being collected				
Sexual Orientation	Currently being collected. Research indicates that 10% of a population is LGB. (Source: Rainbow Project July 2008)				
Dependent Status	Currently being collected				

Gender

Figure 10 shows the breakdown of staff by gender.

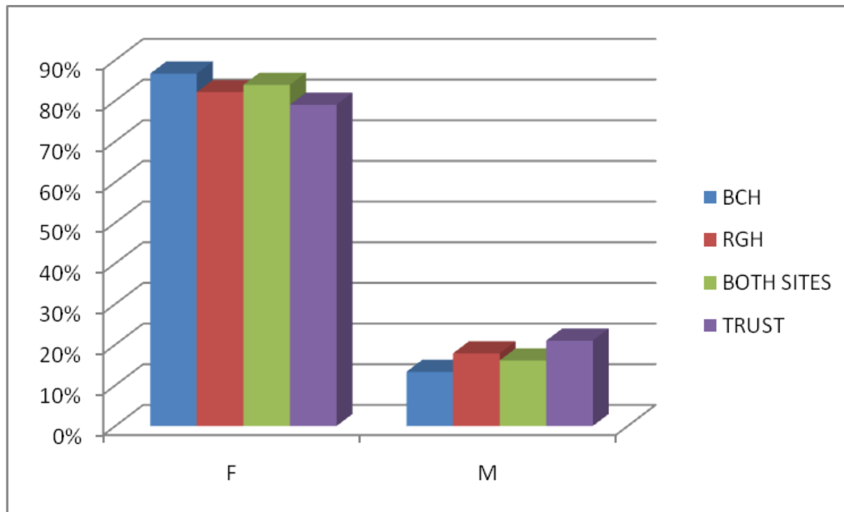


Figure 10: Staff by gender

There is a larger proportion of female than male staff at each location (Female: 87% City, 82% Royal compared to Male: 13% City, 18% Royal with an 84%:16% ratio over both locations). This ratio is slightly higher than the Trust as a whole, (79% Female and 21% Male.)

Age

Figure 11 shows staff by age band.

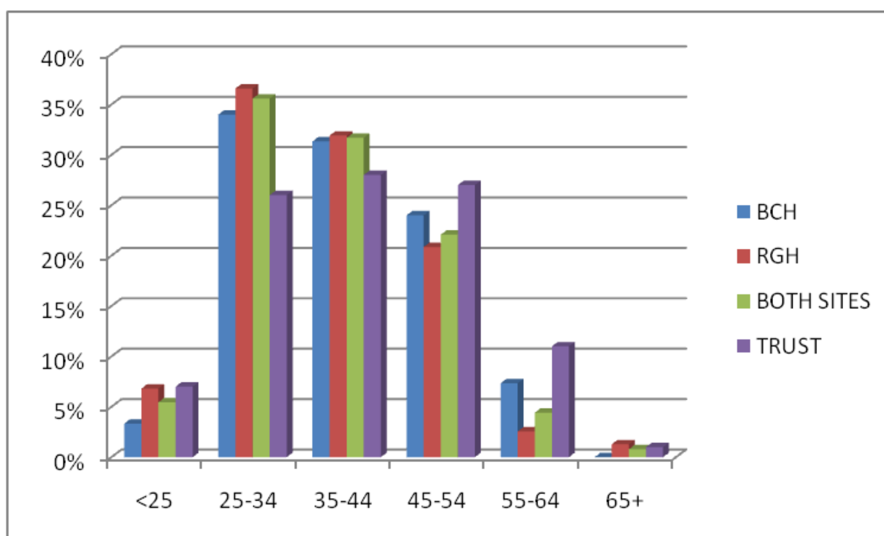


Figure 11: Staff by age band

At the City, 69% are under 45 and 31% over 45. At the Royal 75% are under 45 and 25% over 45. For both locations 73% are under 45 and

27% 45 and over. In the Trust as a whole 61% of staff are under 45 and 39% are 45 and over.

Religion

Figure 12 shows the community background of staff.

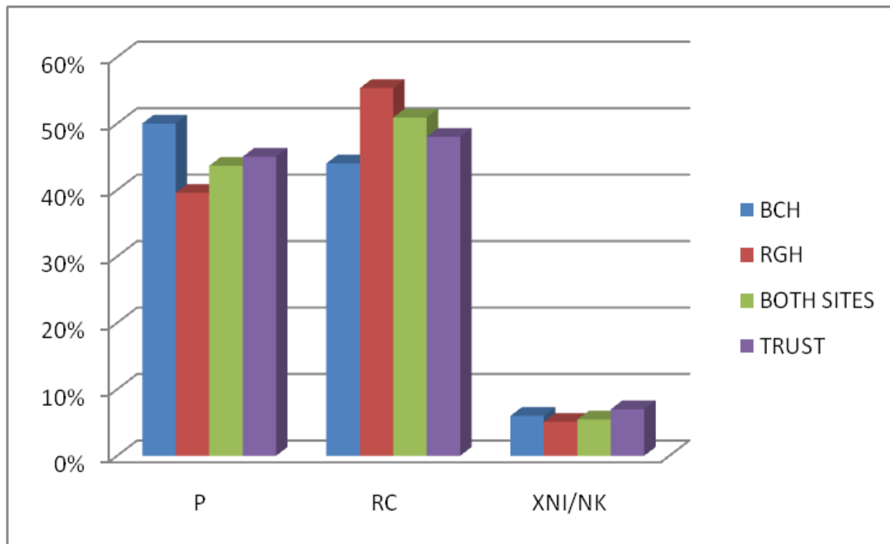


Figure 12: Staff by community background

Overall, there are: 44% Protestants (50% City, 50% Royal), 51% Roman Catholics (44% City, 55% Royal) and 5% Other or Unknown (6% City, 5% Royal). In the Trust as a whole 45% are Protestant 48% Roman Catholic, and 7% Other or Unknown.

Marital/Civil Partnership Status

Figure 13 shows that the marital status of staff.

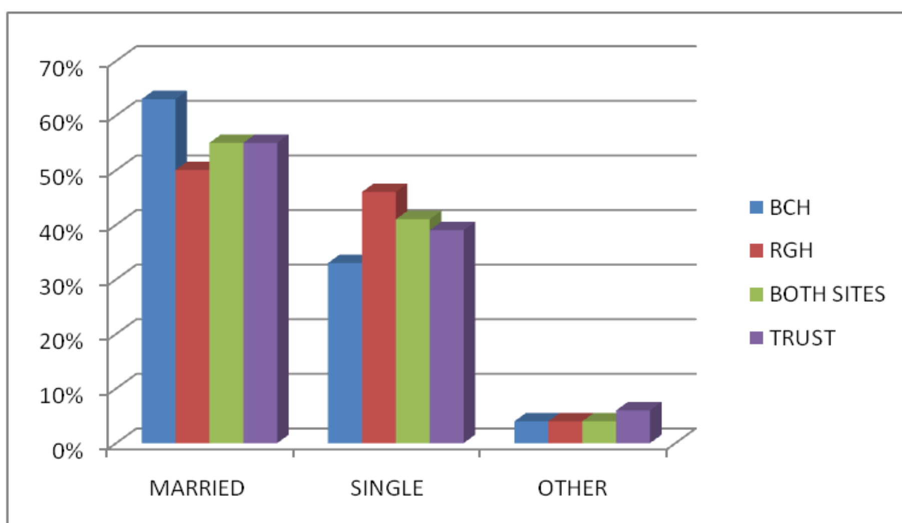


Figure 13: Staff by marital status

Overall, 55% are Married (63% City, 50% Royal), 41% Single (33% City, 46% Royal) and 4% Other or Unknown (4% City, 4% Royal). This profile is similar to that of the Trust, where 55% of staff are recorded as married, 39% as single and 6% other or unknown.

Disability

1% of staff have stated that they have a disability which is similar to the Trust figure of 2%.

Ethnic Origin

Figure 14 shows the breakdown of staff by Ethnic Origin.

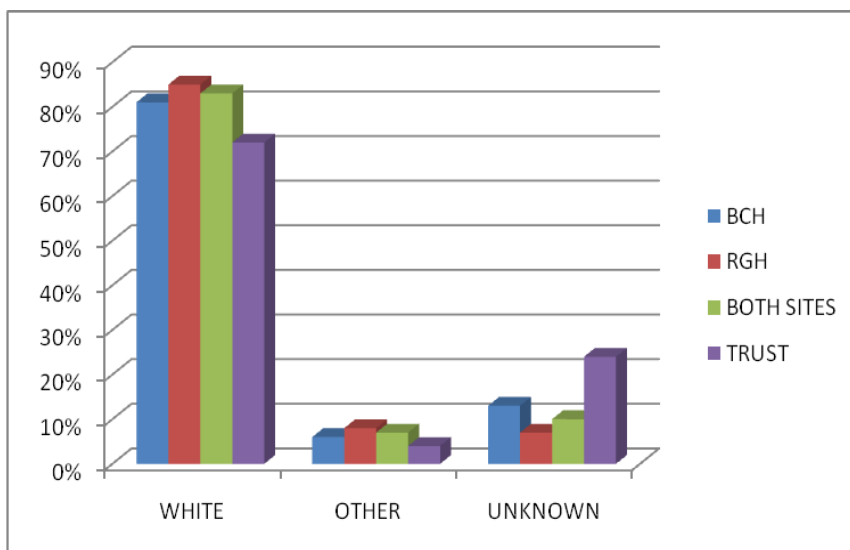


Figure 14: Staff by ethnic group

On both sites ethnic origin is not recorded for 10% of staff (13% City, 7% Royal), 83% are White (81% City, 84% Royal) and 7% Other Races (6% City, 9% Royal). In the Trust as a whole 72% stated that they were White, 4% Other Races and 24% of staff provided no information.

Political Opinion

The Trust is currently collecting details of the political opinion of its staff.

Sexual Orientation

The Trust is currently collecting information on the sexual orientation of its staff. It is considered reasonable to assume that up to 10% of the population is lesbian, gay, bisexual or transgender.

Dependent Status

The Trust is currently collecting details of staff members' dependents.

SECTION 5

ASSESSMENT OF IMPACTS

5.1 Scope of the EQIA

5.2 Equality Screening Outcomes

5.3 Assessment of impact on Section 75 Groups – Patients & Clients

5.4 Assessment of impact on Section 75 Groups - Staff

5 Consideration of Adverse Impacts

5.1 Scope of the EQIA

The scope of this Equality Impact Assessment is to consider the equality and human rights impact of the proposal to provide tertiary cardiology services for inpatients and day case patients at the Royal Group of Hospitals.

5.2 Equality Screening Outcomes

Following an initial equality screening carried out by representatives of the former Specialist Services Group and the Trust's Health Inequalities Department, it was decided that the proposed service enhancement should be subject to a full Equality Impact Assessment.

5.3 Assessment of impact on Section 75 Groups – Patients & Clients

For the purpose of this assessment of impact, the Mater Infirmorum Hospital will not be included as the Mater provides general cardiac services and the proposal focuses on tertiary cardiology services which specifically impact on the Royal Hospitals and the Belfast City Hospital.

Gender

The majority of patients that access cardiology services at both the RGH (67%) and BCH (66%) are male. At BCH 34% of patients are female with 33% female at RGH. This differs in comparison to the Northern Ireland baseline population statistics where the male to female ratio is (47%: 53%). This would indicate that the proposal to move all tertiary services to the RGH, would have a differential impact on men. There is no information available to date, however, which would indicate that the proposal to provide tertiary cardiology service at one site at the RGH would have and adverse impact.

Age

The majority of patients at both the RGH and the BCH that attend tertiary services are aged between 46-90 (88%). At BCH 1% are aged between 19-26, 1% are aged 27-35, 7% are aged 36-45, 25% aged 46-60 with 29% between 61-70, 25% are aged 71-80 and 11% aged 81-90 and 1% are 90 plus.

At RVH 1% are aged between 12-18, 2% are aged between 19-26, with 2% aged 27-35, with 7% aged 36-45, 28% 46-60, 29% aged 61-70, 23% 71-80 with 7% 81-90 and none in the 90 plus. Assessment of statistics reveal that the majority of patients fall within the 46-90 age group. While this does indicate a possible differential impact on this age group, available information this stage does not demonstrate that the impact would be adverse.

Religion

Assessment of impact shows that at BCH the majority of patients are from the Protestant religion (53%), 29% are from the Roman Catholic religion, 17% whose religion is not known and 1% whose religion is recorded as ‘other’. At the RGH 24% are Protestant, 29% Roman Catholic, 46% not known and 1% other.

There are a higher number of patients from the Protestant religion that attend BCH. Given that the proposal is to provide all tertiary cardiology services at the RGH, this would imply a differential impact on this group. At the RGH there were 46% of patients whose religion was ‘not known’, which is higher than the baseline population of 17.03%. This may be a reflection of differences in data monitoring systems or collection methods across legacy Trusts.

Marital Status

The majority of patients that attend cardiology services at BCH and RGH are married. At BCH specifically, 64% are married, 17% are widowed, 12% are single, 4% are divorced, 3% are separated, with 1% stated as other or not known. At RGH 42% are married, 38% are other or not known, 10% are single, 6% widowed, 2% divorced with 2% separated.

Assessment of impact shows that, given that the majority of patients are married, there may be a differential impact on this group. However, assessment of current available information does not indicate the impact would be adverse. At the RGH a considerable number of patients (38%) are recorded as other or not known.

Political Opinion

The Trust does not currently collect data on patients’ political opinion.

There has historically been a potential correlation between religion and political opinion in Northern Ireland. (See Population Profile: Belfast Health and Social Care Trust -Table 1: Belfast & Castlereagh Area Population by Section 75 Group for breakdown of political opinion)

Disability

Information on patients' disability is not currently collected by the Trust. However, statistics show that 62% of patients for both hospital sites are aged 61 plus and 60.46% of day case patients for both sites are in the same age group. NISRA statistics reveal that 54.39% of the 60 plus age group in Northern Ireland have a long term limiting illness (Source NISRA T48 Age – People, Family and Households). As the majority of cardiology patients are 61 plus this would indicate there may be a considerable number of patients who have a disability. The degree of severity of the individual's vascular disease may also constitute as a disability. The Disability Discrimination Act (DDA) defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

While there may be a differential impact on this group there is no available information at this stage, which would infer that the proposal would have an adverse impact with regard to disability. There is a short distance of 1.5 miles between the Royal Hospitals and Belfast City Hospital, however, both hospitals are centrally located and supported by a range of private and public transport. Through the Equality Impact Assessment consultation process the Trust will engage with representative groups to assist further assessment of impact.

Ethnicity

The Trust does not routinely collect information on ethnicity. Census statistics indicate that approximately 1% of the general population in Northern Ireland is from an ethnic background. The Trust recognises that these statistics do not provide a truly accurate and up-to-date reflection of the Northern Ireland population, given that it was conducted in 2001. Trust interpreting statistics for BCH and RGH do give some indication of the number of patients from a minority ethnic background who do not speak English proficiently that accessed both hospitals between 1st April 2009 and 31st March 2010.

Interpreting statistics for cardiology services at BCH show that 23 patients from a minority ethnic background accessed cardiology services. The majority of requests (52.17%) were for patients from Eastern European countries, 17.39% of requests for Chinese patients in either Mandarin and Cantonese languages, 8.70% were for Portuguese patients, 4.35% German and 17.39% for Farsi. Taking these statistics into consideration it can be assumed, that a particularly small number of minority ethnic patients who do not speak English proficiently would be affected by this proposal.

During the consultation process the Trust will engage with ethnic minority representative groups to obtain information to assist further assessment of impact.

Sexual Orientation

While the Trust does not currently collect data sexual orientation of its users, population trends of 10% are assumed for gay, lesbian and bisexual community. (Source: Rainbow Project July 2008). Through the Equality Impact Assessment consultation process, the Trust will endeavour to obtain information to assist assessment of impact.

Political Opinion

The Trust does not currently collect data on patients' political opinion. There has historically been a potential correlation between religion and political opinion in Northern Ireland. (See Population Profile: Belfast Health and Social Care Trust -Table 3: Belfast & Castlereagh Area Population by Section 75 Group for breakdown of political opinion)

Dependent Status

The Trust does not currently collect data on dependent status. Given the nature of the illness and that the average age of the client group is 60 plus, there may be patients who are carers or patients who are dependants with carers. The Trust would, through the Equality Impact Assessment consultation process, endeavour to obtain further information to assist assessment of impact on this category.

5.4 Assessment of impact on Section 75 Groups – Staff

The Trust's Human Resources Management System lists a total of 383 people directly employed in the service under review, 150 based at the City Hospital and 233 based at Royal Hospital

Gender

The workforce on both sites is predominately female (84%). This is higher than the Trust workforce as a whole, where the female to male ratio is 79%: 21%. The higher proportion of women may be related to the fact that most of the staff are in nursing and administrative grades where the proportion of women is higher throughout the Trust. There may therefore some potential for adverse impact on women.

Age

In the Trust as a whole 61% of staff are under 45 and 39% are 45 and over. In the areas under review 73% are under 45 and 27% are 45 and over. There is no significant difference between the sites. In the City 69% and Royal 75% of staff are under 45. There may be some potential for adverse impact on younger women based at both sites.

Religion

The staff profile for the Trust is 45% Protestant, 48% Roman Catholic, and 7% Other/Not Known.

Overall, there are 44% Protestants (50% City, 40% Royal), 51% Roman Catholics (44% City, 55% Royal) and 5% Other or Unknown (6% City, 5% Royal). There is variation in the religious profile of staff at the locations with a higher proportion of Protestants based at the City Site and a higher proportion of Roman Catholics at the Royal Site.

Marital/Civil Partnership Status

In the Trust 55% of staff are married 39% Single and 6% Other or Unknown. In the area under review 59% are married (64% City and 54% Royal) with 37% Single (33% City, 41% Royal) and 4% Other (3% City, 5% Royal). There is no potential for adverse impact as a result of marital status.

Disability

The proportion of staff in the Trust stating that they have a disability is 2%. In the area under review it is 1%. There is therefore no potential for adverse impact on people with disabilities.

Ethnic Origin

In the Trust 72% staff stated that they were White, 4% Other Races and 24% have not provided information on their Ethnic Origin. In the area under review the proportion of staff who are White is higher with a combined total of 83% (81% City, 84% Royal). The proportion of staff who are not White is also higher than in the Trust as a whole, 7% (6% City, 9% Royal).

Political Opinion

As stated previously the Trust is currently collecting information on the political opinion of its staff.

Sexual Orientation

As stated previously the Trust is currently collecting information on the sexual orientation of its staff.

Dependent Status

As stated previously the Trust is currently collecting information on the caring responsibilities of staff. Statistics provided by Carers Northern Ireland show that 17.6% of adults in Northern Ireland reported some caring responsibilities and that 62% of carers are female and 38% male. Any relocation for female staff is more likely to impact on their caring responsibilities, particularly in respect of the proximity of their work base to their home.

Travel to Work

The Table below is based on the Postcodes of the staff based at each location.

Table 5:

AREA	CITY	RGH
EAST BELFAST	4%	2%
N'ABBEY	4%	7%
NORTH BELFAST	6%	9%
SOUTH BELFAST	21%	12%
WEST BELFAST	9%	18%
DUNMURRY/LISBURN	23%	17%
CO DOWN	15%	14%
CO ANTRIM	11%	10%
CO DERRY	0%	4%
CO ARMAGH	3%	3%
CO TYRONE/FERMANAGH	4%	4%

The majority of staff live in the greater Belfast area though staff do travel from other areas. 12% staff at the Royal Hospital already travel from South Belfast and 15% of staff who work at the City Hospital travel from North and West Belfast.

SECTION 6

CONSIDERATION OF MEASURES TO MITIGATE ADVERSE IMPACT / ALTERNATIVE POLICIES

6.1 Introduction

6.2 Consideration of measures to mitigate adverse impact - patients

6.3 Mitigation: Staff

6.4 Conclusion

6 Consideration of measures to mitigate adverse impacts

6.1 Introduction

This section will consider mitigation or alternative policies in relation to any possible adverse impact resulting from the proposal to provide all cardiology tertiary services for inpatients and day case patients from Belfast City Hospital and the Royal Hospitals to one site at the Royal Hospitals.

The development of this proposal is aimed at building on the fine legacy establish by the six trusts to deliver integrated and seamless citizen centred health and social care. This proposal addresses duplication of services and significantly improves clinical linkages, specifically the link to cardiac surgery at the Royal Hospitals. It also places this service at the Trust's major Trauma centre – the Royal Hospitals.

The proposal to provide tertiary cardiology services at the Royal Hospitals contributes to the development of the Royal Group of Hospitals as the 'heart centre' of Northern Ireland. This facilitates the concentration of skilled clinicians and expertise on one site providing a responsive 24/7 which improves outcomes for patients and enables equality of opportunity in terms of access to services for all patients.

These factors and other factors illustrated in the options appraisal section of this paper, highlight the benefits of this proposal to patients and which evidence the mitigations involved with this proposal.

The Trust has produced this Equality Impact Assessment paper on the basis of the information available at present. There is no information to date to suggest that the location of cardiology tertiary services at one site at the Royal hospitals for inpatient and day case patients would have a significant adverse impact on any individual or group covered by Section 75.

The Trust will engage directly with representative groups as part of the consultation process to discuss and gather information to inform a comprehensive assessment of impact. The Trust is committed to taking account of all the information and perspectives gleaned throughout the consultation period to assist in the decision making process.

6.2 Consideration of measures to mitigate adverse impact - Patients

Gender

There are a higher proportion of males than females that access tertiary services. However, statistics show that in general, more men than women are affected by cardio vascular illness. This is evidenced by statistics published by the British Heart Foundations UK statistics on gender, which indicates that of those affected by heart and circulatory illness. 10.9 percent are men and 9.7% are women.

While this does indicate a differential impact on men, the data available for assessment does not indicate the impact would be adverse in terms of gender. Indeed, the proposal is aimed at ensuring improvement in cardiology service delivery for all patients irrespective of gender, enabling equality of access to cardiology tertiary services. The Trust would continue to monitor uptake of services and ensure mitigation is implemented if required.

Age

Belfast Trust statistics indicate the majority of patients that attend tertiary services fall within the 46-90 years age group. This is in line with British Heart Foundation statistics which illustrate, that of all patients treated for heart and circulatory conditions, 70.6% are aged 45 plus. While this does indicate there may be a differential impact on this age group, available information does not indicate the impact would be adverse. The proposal is aimed at providing a more responsive high quality 24/7 service on one site concentrating resources and a specialised skilled team of clinicians, creating a 'Heart centre' at the Royal Hospitals. This would result in improved outcomes for all patients that access tertiary services as well as improving the quality of service and equality of access to services.

The Trust will continue to engage with users and representative groups and monitor uptake of services to observe impact and ensure mitigating measures are implemented if required.

Religion

Assessment reveals there are a higher percentage of patients from the Protestant religion that attend BCH. As the proposal involves the

provision of tertiary cardiology services at one site at the RGH, there may be differential impact on this group of patients. There are a considerable number of patients at RGH whose religion is stated as 'not known'. This may be due to this data not being requested or a reluctance to provide this information.

Statistics indicate there may be a differential impact on patients from the Protestant religion. However, the development of stability and 'normalisation' in Northern Irelands political climate over the last decade has helped facilitate equality of opportunity and access to services for all patients irrespective of geographical location. The Belfast Trust will continue to engage with public representatives, community and user groups to ensure that both hospitals are accessible to all patients irrespective of religious background.

Marital Status

The majority of all patients that attend BCH and the RGH are married, there is, therefore, potential for differential impact on this group. Given that both hospitals are centrally located and a short distance apart and the proposal is designed to improve the quality of service delivery to all patients, it may be assumed impact would not be adverse.

During the Equality Impact assessment consultation process the Trust will endeavour to obtain further information to assist assessment and mitigate if required.

Political Opinion

The Trust does not currently collect data on patients' political opinion. The Trust will continue to engage with political representatives and organisations to ensure that their views and the perspectives of their constituents are taken on board.

Disability

Information on disability is not collected by the Trust. However, statistics on age show that the majority of patients for both hospital sites are aged 61 plus. NISRA statistics reveal that 54.39% of the 60 plus age group in Northern Ireland have a long term limiting illness (Source NISRA T48 Age – People, Family and Households). As the majority of cardiology patients are 61 plus this would indicate there might be a considerable number of patients who have a disability.

This proposal would involve all tertiary cardiology patients attending the RGH. There is a short difference of 1.5 miles between the RGH and BCH, however, the Royal Hospitals is supported by a range of public and private transport services. A shuttle bus service is available between both hospitals and in the RGH a free Shopmobility service is available which provide self-propelling wheelchairs and mechanised scooters for patients with limited mobility. Shopmobility also provides a ‘sighted guide scheme’ to guide patients with visual impairment.

The Trust would continue to engage with users and representative organisations to monitor and assess impact. The Trust would continue to ensure that both hospitals sites are fully accessible and disability awareness training is available to all staff.

Ethnicity

In the absence of available data on the ethnicity of Trust patients, other statistics on ethnicity may provide alternative information useful for assessment and mitigation. While the Northern Ireland census statistics indicate that 1% of the population is from an Ethnic Minority, demographic changes since then would support that the statistics may be higher. Using Trust interpreting requests as a proxy indicator of minority ethnic patients that do not speak English proficiently, these statistics reveal that 23 patients attended BCH and 23 attended RGH. Taking these statistics into consideration it may be assumed, that a particularly small number of minority ethnic patients would be affected by this proposal.

The Trust would continue to ensure that the religious, spiritual and cultural needs of ethnic patients are considered in the provision of all services. The Trust would ensure that the needs of ethnic patients would be considered when communicating changes involved with this proposal. The Trust would continue to work with users and representative groups to monitor impact and ensure that minority ethnic patients have access to all Trust services.

Sexual Orientation

While the Trust does not currently collect data sexual orientation of its users, population trends of 10% are assumed for gay, lesbian and bisexual community. (Source: Rainbow Project July 2008). The Trust will continue to engage with representative organisations and community

organisations to assist assessment of impact of this proposal in regard to sexual orientation.

Multiple Identity

The Trust recognises that not all patients, users and staff would fit solely into one Section 75 category. Therefore pure statistical information does not capture these multi-faceted complexities- e.g. a woman from an ethnic minority presenting with Cardiology problems may have a disability and these may present different needs in terms of service provision or a male nurse may have caring responsibilities and require flexibility in his employment.

This is why the Belfast Trust will not rely solely on quantitative data but rather engage on a one-to-one basis with the service user, carer and family and umbrella organisations ensuring that they receive a sensitive and responsive service.

Cardiology services within the Belfast HSC Trust are committed to monitoring service uptake, service user satisfaction surveys, staff satisfaction surveys, (supervision and regular review meetings for staff). Services for users will be provided on a person-centred, person-led basis and tailored according to the individual's needs.

Political Opinion

The Trust does not currently collect data on patients' political opinion**.** The Trust will continue to engage with political representatives and organisations to ensure that their views and the perspectives of their constituents are taken on board.

Dependent Status

The Trust does not currently collect data on dependent status. Given the nature of the illness and that the majority of patients are within the 46-90 age group. Within this age group, there may be patients who are carers or patients who are dependants with carers. As the proposal is designed to provide improved quality of service delivery to patients, there is no current information to indicate the impact would be adverse.

Through the equality Impact Assessment consultation process, the Trust will engage with users and representative group to assess impact and implement mitigation.

6.3 Mitigation: Staff

The preferred option is to provide tertiary cardiology services at the Royal Hospital. Cardiology services, coronary care and outpatients will continue at the City and Mater hospitals. The proposed reorganisation will impact on those staff currently working on the Royal and City Hospital sites primarily staff based at the City Hospital who may have to move to the Royal Hospital site in order remain within their current specialism. The post code analysis indicates that staff are already travelling to work from across Belfast and beyond. Staff in some areas may need to be flexible and retrain or relocate to another area, but everything possible will be done to retain them.

The measures outlined below when implemented are intended to mitigate any significant adverse impact on staff.

- The Trust is committed to improving the productivity and utilisation of all of its staff over the next number of years. In so doing, this reorganisation process will be characterised by openness, transparency, involvement, recognition and engagement with our staff and Trade Union Side colleagues.

- The Trust will comply with all relevant employment and equality legislation when implementing any proposed changes.

- The Trust has developed a Good Practice Guide on Consultation and Communication in relation to its Strategic Reform and Modernisation Programme. This Guidance sets out the consultation and communication framework, the essentials of public consultation by the Trust and details the staff and equality considerations to be undertaken by Managers.

The general guiding principles which will be applied are:

- The Trust has no plans for compulsory redundancies

- Staff will be kept fully informed and will be supported during this process

- The principles of fairness, dignity and equity of treatment will be applied in the management of people undergoing these changes

- Training and retraining opportunities will be provided to assist staff who move to new roles and responsibilities.

It should be noted that at the time of issuing this consultation document the Trust is in the process of consulting on a Framework on the Management of Staff affected by Organisational Change with its Trade Union representatives. This framework will be supplemented with a number of agreed detailed protocols relating to issues such as arrangements for vacancy control, redeployment, relocation, pay protection, retraining. The main impacts anticipated for staff in this reorganisation relate to:

- Relocation

- New ways of working/retraining and/or re-skilling.

Relocation

It is not anticipated that the proposed re-organisation will result in a reduction in the number of staff needed to provide the service. The proposed reorganisation of the service will impact on those staff currently working at the City Hospitals as staff based there will need to move to the Royal in order to deliver the service and remain within their chosen specialism. The Post code analysis shows that staff are already travelling to both locations from all parts of Belfast and beyond.

Whilst the preferred option has been stated within the consultation document decisions on the position and location of service change in the proposals will form part of the consultation process. Where staff are required to relocate the Trust's agreed guidance with Trade Union Side on the protocol/process of staff movement within the Belfast Trust will be applied.

The Protocol on Staff Movement within the Belfast Trust has been developed in consultation between Management and Staff representatives to ensure the smooth and effective transfer of staff with respect to change in workforce location. It takes account of the statutory obligations, including those arising out of Section 75 of the Northern Ireland Act, Equality Laws and their specific significances in relation to employment and location issues.

The protocol has been developed in recognition of the fact that location of work is of major importance to staff, and to provide assurance,

guidance and a process incorporating best practice, and the provision for regional agreements on excess mileage and the application of the Trust's flexible working arrangements.

A redeployment protocol is currently being consulted on as part of the organisational management framework.

New ways of working/retraining and/or re-skilling

The Trust will give consideration to the provision for different work patterns and/or arrangements to facilitate employees' personal circumstances whenever possible, whilst ensuring efficient and effective service delivery. This will be facilitated through the Trust's range of work/life balance policies and flexible working arrangements developed in partnership with Trade Union Side.

Staff Support

The Trust will put in place a range of support mechanisms for individual staff which may include as appropriate:

- Staff support
- Career counselling
- Training in application and interview preparation
- Retraining/re-skilling for new roles
- Advice and guidance on pension and early retirement where applicable
- Advice and guidance on Human Resource policies and procedures.

Partnerships

The Trust in partnership with Trade Union Side will consider how it will minimise any adverse impact on the workforce resulting from the proposed changes.

Change and the management of change will be taken forward through partnership approaches and consultation and negotiation with Trade Unions.

6. 4 Conclusion

The measures outlined above are intended to mitigate any significant adverse impact on staff.

SECTION 7

FORMAL CONSULTATION, PUBLICATION AND MONITORING

7.1 Formal Consultation

7.2 Publication

7.3 Decision of the Public Authority

7.4 Monitoring

7 Formal consultation, publication and monitoring

7.1 Formal Consultation

The Trust wishes to consult as widely as possible on the findings included in this Equality Impact Assessment. With this in mind the Trust proposes to take the following actions :-

- A press release will be prepared and submitted to various media outlets
- Prominent advertisements inviting the public to comment on this matter will be placed in the main newspapers in Northern Ireland, in accordance with normal practice
- A letter will be issued to relevant Consultees listed in the Trust's Equality Scheme
- A copy of this report will be posted on the website
- Individual consultation meetings will be arranged with representatives of particular interest groups.
- The report will be made available, on request, in alternative formats including Braille, disk and audio-cassette and in minority languages for those who are not fluent in English.

The closing date for responses is 31 October 2010.

7.2 Publication

The outcomes of this EQIA will be posted on the Trust's website and/or made available on request. The Trust will issue the outcome of this EQIA to those who have submitted to its consultation on this issue.

7.3 Decision of the Public Authority

The Trust will take into account the consultation carried out in relation to this EQIA before a final decision is made.

7.4 Monitoring

In keeping with the Equality Commission's guidelines governing EQIA, the Trust will put in place a monitoring strategy to monitor the impact of the Trusts location of tertiary cardiology services at the Royal Group of Hospitals on the relevant groups and sub-groups within the equality categories.

The Trust will publish the results of this monitoring and include same in its Annual Progress Report to the Equality Commission for Northern Ireland.

If the monitoring and analysis of results over a three year period show that the impact of the Trust's location of tertiary cardiology services at the Royal Group of Hospitals results in greater adverse impact than predicted, or if opportunities arise which would allow for greater equality of opportunity to be promoted, the Trust will ensure that measures are taken to achieve better outcomes for the relevant equality groups.

APPENDIX 1

GLOSSARY OF ABBREVIATIONS

BCH	Belfast City Hospital
BCIS	British Cardiovascular Intervention Society
DDA	Disability Discrimination Act
DHSSPS	Department of Health, Social Services & Public Safety
ECNI	Equality Commission for Northern Ireland
ED	Emergency Department
EQIA	Equality Impact Assessment
HSC	Health & Social Care
ICD	Implantable Cardioverter Defibrillator
LGB	Lesbian, Gay, Bisexual
MIH	Mater Infirmorum Hospital
NIAP	National Infarct Angioplasty Project
NIAS	Northern Ireland Ambulance Service
NISRA	Northern Ireland Statistics & Research Agency
PCI	Percutaneous Coronary Intervention or (angioplasty)
RGH	Royal Group of Hospitals

GLOSSARY OF TERMS

Percutaneous Coronary Intervention: Procedure to unblock coronary arteries

Electrophysiology: Used to diagnose and correct abnormal electrical activities in the heart.

Arrhythmia: Heart rhythm disturbance; beating too quickly, too slowly or irregularly.

Cath Labs: Cardiac Catheterisation Laboratories: Examination room with diagnostic imaging equipment used to support the catheterisation process required for specialist diagnostic and interventional procedures.

APPENDIX 2

A PROPOSAL TO REORGANISE THE DELIVERY OF ACUTE SERVICES IN BELFAST

TERTIARY CARDIOLOGY SERVICES

Section 75 and Schedule 9
The Northern Ireland Act 1998

CONSULTATION QUESTIONNAIRE

The aim of this consultation is to obtain views from stakeholders in Northern Ireland and the Trust would be most grateful if you would respond by completing this questionnaire. Please answer each question by writing (preferably typed) your comments in the space provided. The closing date for this consultation is 31 October 2010 and we need to receive your completed questionnaire on or before that date. You can respond to the consultation document by e-mail, letter or fax as follows:

Orla Barron
Acting Health & Social Inequalities Manager
1st Floor, Graham House
Knockbracken Healthcare Park
Saintfield Road,
Belfast BT8 8BH

Tel: 028 90960069
Fax: 028 90566701
Textphone: 028 90902863
E-mail: orla.barron@belfasttrust.hscni.net

Before you submit your response, please read Appendix 3 regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

So that we can acknowledge receipt of your comments please fill in your name and address or that of your organisation if relevant. You may withhold this information if you wish but we will not then be able to acknowledge receipt of your comments.

Name:	
Position:	
Organisation:	
Address:	

I am responding (please tick):

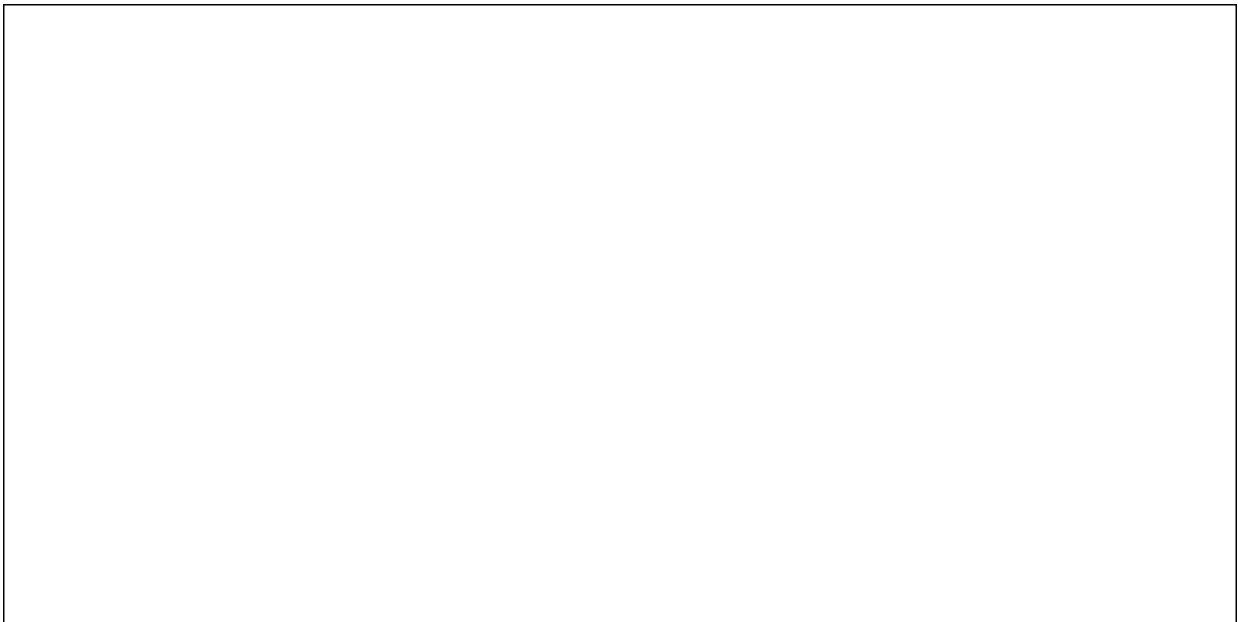
- ☐ as an individual
- ☐ on behalf on an organisation

Do you agree with the impacts and mitigating measures outlined in the EQIA?

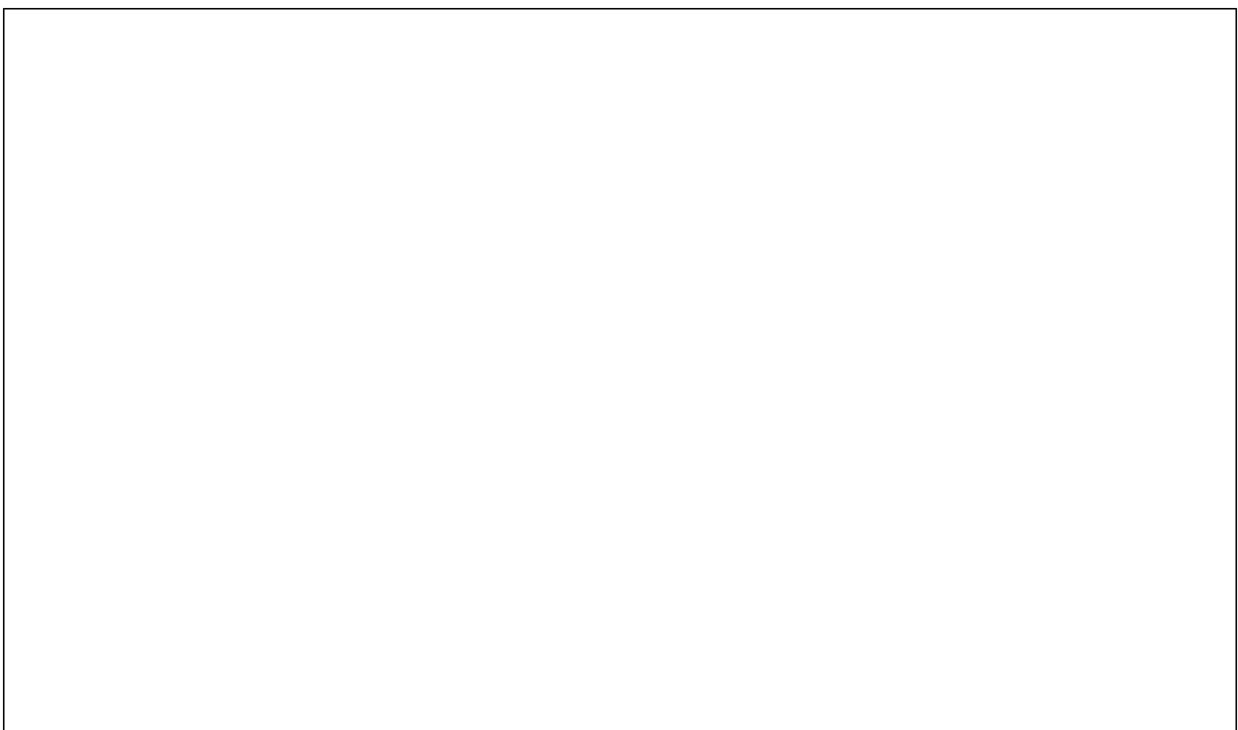
YES ☐ NO ☐

If no, please comment:

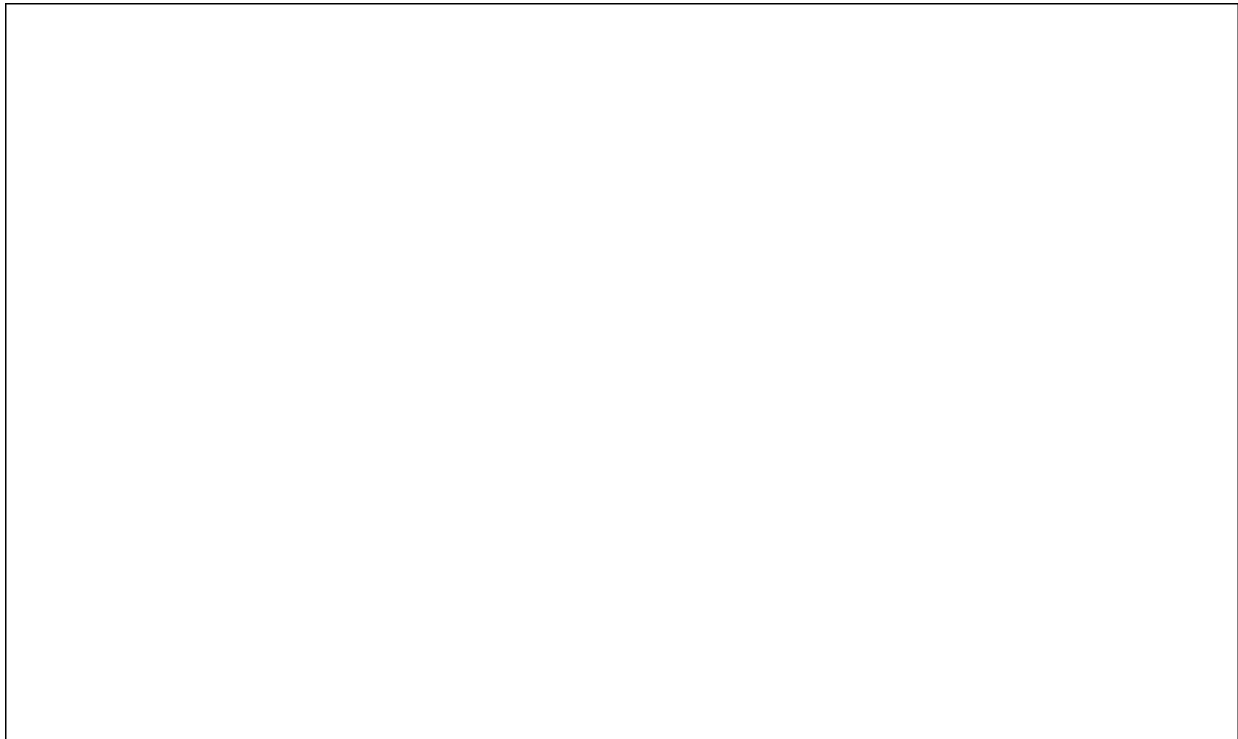
Can you identify any additional relevant evidence or information which the Trust should have considered in assessing the equality impacts of these proposals?



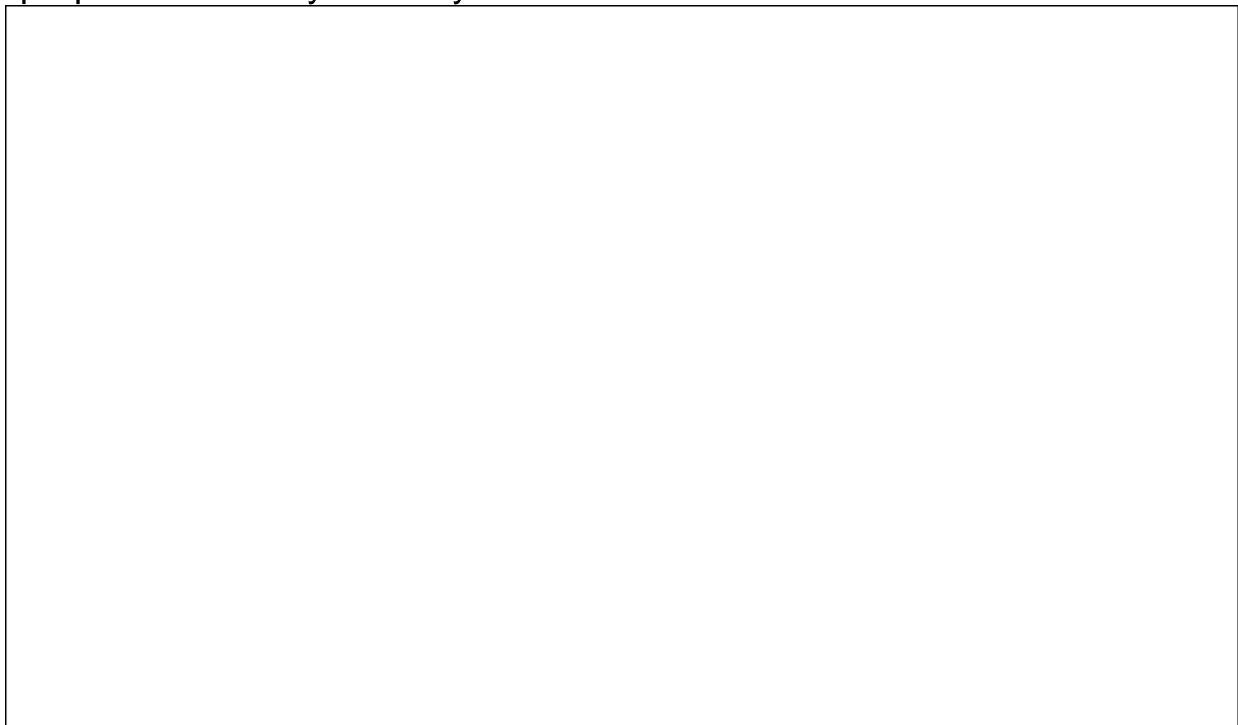
Can you identify any other potential adverse impacts with supporting evidence which might occur as a result of these proposals being implemented?



Can you suggest any other mitigating measures to eliminate or minimise any potential adverse impact on the staff concerned?



The Trust is seeking your views on the human rights implications of the proposals and any issues you think relevant.



General comments

THANK YOU FOR YOUR INPUT TO THIS CONSULTATION EXERCISE.

APPENDIX 3

Freedom of Information Act (2000) – Confidentiality of Consultations

Belfast Trust will publish an anonymised summary of responses following completion of the consultation process; however your response, and all other responses to the consultation, may be disclosed on request. We can only refuse to disclose information in limited circumstances. Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a general right of access to any information held by a public authority, namely, Belfast Trust in this case. This right of access to information includes information provided in response to a consultation. We cannot automatically consider information supplied to us in response to a consultation as information that can be withheld from disclosure. However, we do have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or withheld.

Any information provided by you in response to this consultation is, if requested, likely to be released. Only in limited circumstances would information of this type be withheld.