



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

**OPHTHALMOLOGY SERVICES**

Consultation period 5 July 2010 – 31 October 2010

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## Executive Summary

In 2008 the Belfast Trust issued for consultation a document entitled "[New Directions](#)" in which it outlined its proposed plans to reform and modernise. It highlighted how the Trust should deliver services in a faster, more flexible, less bureaucratic, and more effective way.

The Trust is now focusing a review on the acute services that it provides across three acute hospital sites – namely the Royal Group of Hospitals, the Mater Infirmorum Hospital and the Belfast City Hospital. The proposals for reforming acute services are described in a consultation document entitled "Excellence and Choice - Right Treatment, Right Place - Acute Services". The specialities covered General Surgery, Vascular Surgery, Gynaecology, Urology, ENT, Ophthalmology, Cardiology and Adult Rheumatology & Dermatology.

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.

This paper is an Equality Impact Assessment which reflects on the Trust's proposal to reconfigure the way in which it provides Adult Ophthalmology Services. The proposal is to provide the majority of its services from one site which would become the centre of excellence in Ophthalmology.

Ophthalmology involves the detection, classification, treatment and ongoing management of eye diseases and disorders including, for example, cataracts, squints, glaucoma, diabetic retinopathy, detached retina and macular degeneration. The Ophthalmology service includes optometric services, orthoptic services and a range of general and specialist clinics.

The Ophthalmology service in Belfast provides significant local and regional services and has located its macular service, associated specialist support services and the majority of its cataract day surgery at the Mater Hospital. The Royal Hospitals provides the inpatient service and day case service as well as providing an outreach service to schools. The Ophthalmology service includes optometric and orthoptic services.

The Ophthalmology Service also a link to The Queens University of Belfast for teaching of undergraduates, to the Centre for Vision and Vascular research and is the centre for training of Ophthalmic trainees for Northern Ireland.

Ophthalmology teams from the Royal Hospitals and Mater Hospital contribute to the regional outpatient services provided in the Northern, Southern and South Eastern Health and Social Care Trusts geographic areas. Some surgery, primarily cataract surgery is provided to Southern and South Eastern Health and Social Care Trusts in their local hospitals whilst more specialist surgery for these Trusts is undertaken at either the Royal Hospitals or Mater Hospital.

A multi-disciplinary group including service users, representative organisations, trade unions, human resources and equality managers has considered the options available to assess the benefits and disadvantages of each site to establish which would be the proposed preferred option for the creation of a single site for Ophthalmology.

The Ophthalmology Project Team have recommended that, if capital funding is not available for a new build Regional Ophthalmic Centre, then inpatient, day case and some outpatient services should be based at the Mater Hospital. This will facilitate the development of a specialised unit, bringing together all surgeons practising the same specialty interest to form a centre of excellence. The ophthalmology service will explore what outpatient clinics, if any, can be appropriately provided in the Wellbeing and Treatment Centres. Services will continue to be provided on an outreach basis to local hospitals outside Belfast.

Belfast HSC Trust is now embarking on a consultation process regarding the proposed preferred option for the future delivery of Adult Ophthalmology.

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

Belfast HSC 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 general surgery and how the future model would work.

Section 3 outlines the option appraisal process 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.

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

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.

More detail on the proposal can be found in the consultation document “Excellence and Choice – Right Treatment, Right Place - Ophthalmology Services”, available to download at [www.belfasttrust.hscni.net](http://www.belfasttrust.hscni.net).

**SECTION 1**  
**INTRODUCTION**

- 1.1 Introduction
- 1.2 Statutory Context Section 75
- 1.3 The Equality Impact Assessment Process
- 1.4 Trust's Background, Purpose Values and Strategic Objective
- 1.5 Trust's Management Structure and Descriptions

## 1 INTRODUCTION

1.1 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 in terms of 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<sup>st</sup> October 2010**

To facilitate comments please see Appendix Three – Consultation Proforma. Following consultation a summary report will be made available.

### 1.2 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 Trust submitted its adopted Equality Scheme to the Equality Commission for Northern Ireland (ECNI) 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 right 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.

## **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 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 need 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 seven separate elements as outlined in the Equality Commission’s guide to 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 by public authority
6. Publication of results of EQIA
7. Monitor for Adverse impact in the future and publication of results of such monitoring.

### **1.4 Trust’s Background, Purpose, Values and Strategic Objectives**

#### **1.4.1 Background to the Trust**

The Belfast Health and Social Care Trust (the Trust) was established on 1<sup>st</sup> April 2007 under the Belfast Health and Social Services Trust

(Establishment) Order (Northern Ireland) 2006. The Belfast Health and Social Care Trust has been formed from the following six Legacy Trusts:

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

The Trust serves the population, not only of Belfast and Castlereagh but all of Northern Ireland with its Regional Services providing the full range of hospital community and social care services for older people, for children and for people with mental health, learning disability, physical disability as well as acute and rehabilitative care for patients and clients.

#### **1.4.2 Trust's Purpose, Values and Objectives**

##### **Purpose:**

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

##### **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 Service Users, Carers, Staff, Staff Side and others, four key values were identified:

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

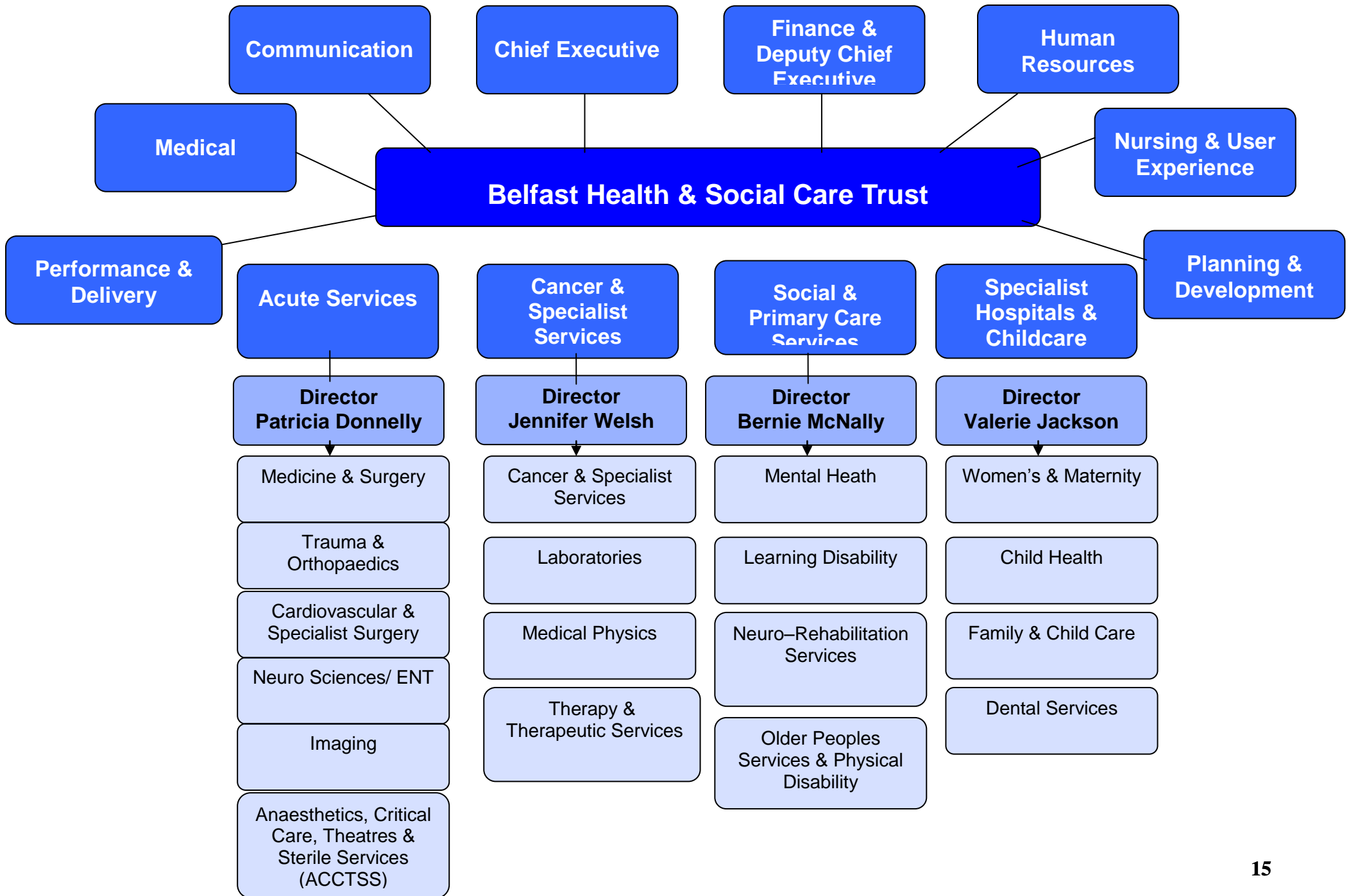
## **Strategic Objectives:**

On the firm base of the 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 service users, 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**

The Management Structure of the Belfast Trust is as follows:



Ophthalmology 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: Cardiology, Vascular, Thoracic, General surgery and General medicine and Urology.

The Trust's Headquarters is 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. This provides information about Trust services: Telephone number: 0800 228844.

## **SECTION 2**

### **BACKGROUND/SERVICE PROVISION**

- 2.1** Current Service Profile: Ophthalmology Services & the Trust
- 2.2** Key Drivers for Change
- 2.3** Future Proposed Model

## **2 BACKGROUND TO SERVICE PROVISION**

### **2.1 Current Service Profile: Ophthalmology Services and the Trust**

Belfast Health & Social Care Trust (the Trust) was formed in April 2007 from the merging of six Trusts, four of which were acute – the Royal Hospitals, Belfast City Hospital, the Mater Hospital and Musgrave Park Hospital – and two Community Health and Social Services Trusts, serving north and west Belfast and south and east Belfast. The new Belfast Trust aims to build on the fine legacy established by the six Trusts to deliver integrated and seamless citizen-centred health and social care.

The Trust held a public consultation on its strategic vision for the future provision of services, [New Directions](#) in 2008. New Directions outlined a series of principles and proposals for the future delivery of health and social care in Belfast, focused on creating an overarching and unified health and social care system, simplifying the delivery of services and reducing unnecessary duplication and fragmentation. Proposed focus of services on each site, with:

- 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 Trust has produced this document to ensure that our staff, service users, carers and the public at large have an opportunity to provide their views on the new model of Ophthalmology.

## **Current Service Provision**

### **How are Ophthalmology services currently delivered?**

Ophthalmology involves the detection, classification, treatment and ongoing management of eye diseases and disorders including, for example, cataracts, squints, glaucoma, diabetic retinopathy, detached retina and macular degeneration.

Ophthalmology inpatient and day case services for both local and regional users are currently provided at the Royal Hospitals and the Mater Hospital. Optometric and orthoptic services are also provided. Ophthalmology currently operates a 'hub and spoke' model where the central base provides a fraction of services, whilst outreach services right across the region maintain local access for patients.

The Ophthalmology service in Belfast has located its macular service, associated specialist support and the majority of its cataract day surgery at the Mater Hospital. The Royal Hospitals provides the inpatient service and day case service as well as providing an outreach service to schools.

Ophthalmology teams from the Royal Hospitals and Mater Hospital contribute to the regional outpatient services provided in the Northern, Southern and South Eastern Health and Social Care Trusts geographic areas. Some surgery, primarily cataract surgery is provided to Southern and South Eastern Health and Social Care Trusts in their local hospitals. Other procedures and surgical interventions for these Trusts are undertaken if required at either the Royal Hospitals or Mater Hospital.

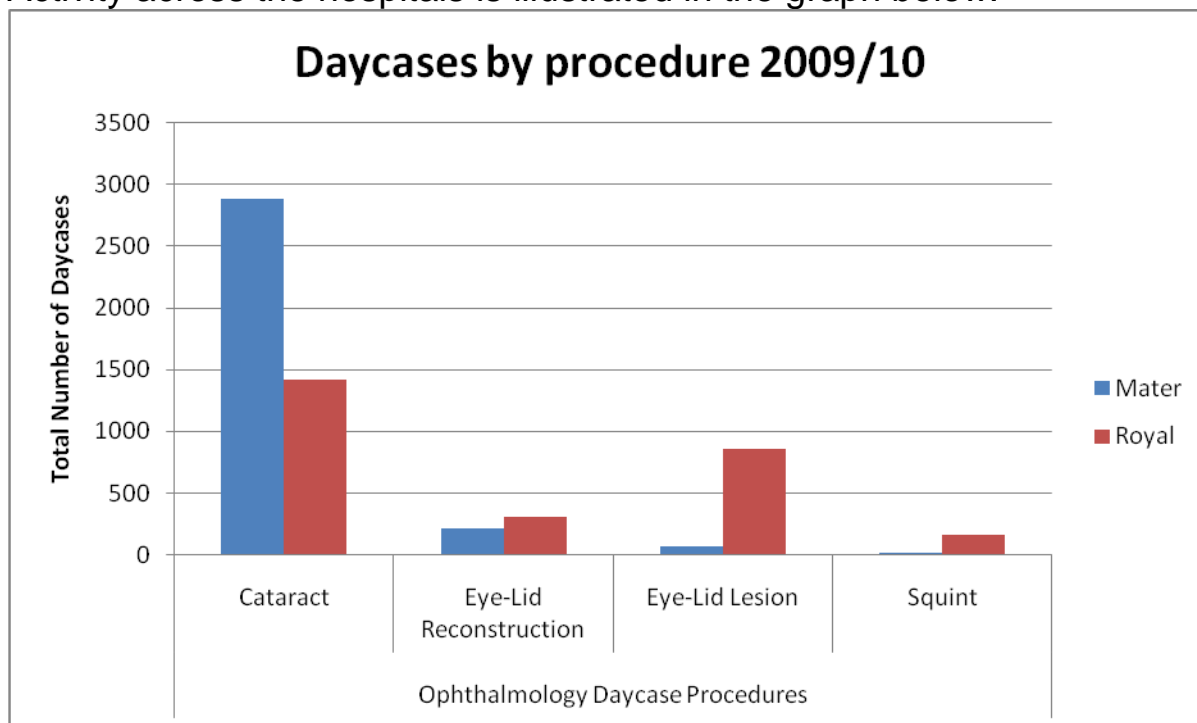
The Ophthalmology service has a link to The Queen's University of Belfast for teaching of undergraduates, to the Centre for Vision and Vascular Research and is the centre for training of ophthalmic trainees for Northern Ireland.

Ophthalmology is a high volume specialty providing:

- 60,000 outpatient appointments per year (84% of all patient visits)
- 1600 outpatients with procedures (2% of all patient visits)
- 8500 day cases (12% of all patient visits)

- 1500 inpatients, including emergency admissions (2% of all patient visits).

Activity across the hospitals is illustrated in the graph below:



**Figure 1: Daycases by Procedure 2009/10**

Patients access their care in one or more of the following ways:

- As an inpatient: an admission to hospital which includes an overnight stay (requiring specialised equipment and thereby limiting the location); or patients who have been admitted as an emergency via the Regional Acute Eye Service, Emergency Department or as a tertiary referral from another hospital
- As a day case: surgical 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 the need to be admitted to or stay in hospital.

The current service locations offer the following:

**Royal Hospital** - Ophthalmology emergency, outpatient, inpatient and day case services are provided at the Royal Hospital as well as a wide range of clinical support services. Services provided include:

- **Adult inpatients and day cases** - the majority of specialist ophthalmic surgery and all emergency ophthalmic care is undertaken at the Royal.
- **Regional Acute Eye Service or 'Eye Casualty'** – This service provides a regional emergency triage, assessment and treatment service for patients presenting with ophthalmic conditions that cannot be managed by their General Medical Practitioner or General Ophthalmic Services (GOS) Optometrist. Eye casualty services are provided by a team of medical and specialist nursing staff. Outside of the limited opening hours, the service is provided via main accident and emergency services.
- **Minor Procedures** – The Ophthalmic Day Unit provides ambulatory day care facilities for patients who are attending for minor ophthalmic procedures. These procedures are carried out in a minor operation room in the unit.
- **Contact Lens and Low Vision Clinics** – This is an outpatient service for patients who require contact lens fitting for medical reasons. Largely delivered by optometry, medical and nursing staff, patients attend for assessment, fitting and ongoing management of their contact lens. The low vision clinic provides assessment, advice and the provision of visual aids and appliances for patients with long-term visual impairment. A large proportion of low vision services are delivered as outreach services.
- **Artificial Eye Clinic** – This is an outpatient service for patients following surgery to remove one or both eyes. Patients are assessed and fitted with artificial eyes and receive ongoing advice and support.
- **Visual Electrophysiology** - This is a regional diagnostic outpatient service provided by medical physics staff.

- **Visual Fields** – This is an assessment of peripheral vision and is required for the diagnosis and long-term follow up of disease progression in glaucoma and neurological conditions. It is delivered by technical staff and specialist nurses.
- **Fluorescein and Photography Service** – This is a diagnostic service where patient have images taken of the eye in order to assist in patient diagnosis for a range of ophthalmic disorders. Fluorescein angiography is an invasive procedure requiring the injection of intravenous fluorescein.
- **Refraction Services** – This is an outpatient service, predominantly for children, provided in conjunction with orthoptics as both a hub and spoke service.
- **Orthoptics** – This is an outpatient service for patients with squints, reduced vision and diplopia (double vision). The service includes the assessment and treatment of defects of binocular vision by nonsurgical measures.

### **Mater Hospital**

- **Cataract Day Surgery** – the majority of cataract surgery performed in the Belfast Trust is undertaken at the Mater Hospital in the modern day procedure unit.
- **Macular Service** – this unit provides assessment and treatment for Wet Age-related Macular Degeneration (Wet AMD). The current average monthly demand for this service is over 80 new patients per month.
- **Minor procedures** - these are also carried out at the Mater Hospital as part of the outpatient service. If a procedure is required it is carried out during the outpatient visit rather than the patient having to return to the hospital for another appointment.

- **Orthoptics** – This is an outpatient service for patients with squints, reduced vision and diplopia (double vision). The service includes the assessment and treatment of defects of binocular vision by nonsurgical measures.

## **Belfast City Hospital**

There are two Ophthalmology outpatient clinics provided at the Belfast City Hospital site supported by a small specialist nursing team.

### **Guiding principles for the delivery of Ophthalmology**

These general principles have been taken from the relevant sections of the Trust's consultation document New Directions, and form the basis of the Trust's development of Ophthalmology services.

- To provide safe, high quality, effective care – This is a core objective of the Belfast Trust.
- Localise where possible, centralise where necessary – Services are more easily accessed by people when they are delivered locally, while specialist services benefit from the concentration of expertise and experience required to deliver the highest possible levels of clinical care. The Trust therefore aims to provide its services locally where the standard of service can be assured and centralise its services where it will raise the quality of provision.
- Provide clear directions to services, developing clear pathways to access appropriate emergency care.
- To develop protected elective services.
- To reduce unnecessary duplication and fragmentation of services.
- Maximise utilisation of assets – There is a clear need to make best use of all existing health and social care infrastructure across the Trust and keep the need for new buildings to a minimum while also addressing risk issues, such as those attached to ageing buildings.

### **2.1.1 Ophthalmology Expenditure and Staffing**

Ophthalmology services are funded for 187.20 whole time equivalent staff including medical nursing, professional and technical and allied health professionals. The annual average expenditure based upon 2008-2009 figures for goods and services is approximately £4 million. Average annual expenditure on salaries and wages also based upon 2008-2009 is approximately £7.8 million.

### **2.1.2 Pre-Consultation**

To date the Trust have been involved in a number of pre-consultation meetings, primarily in the form of project teams that include a wide range of internal stakeholders and at some stages representatives from patient user groups.

## **2.2 Key Drivers for Change**

The formation of Belfast Health and Social Care Trust provides an opportunity to build on the high quality Ophthalmology service delivered on each of its hospital sites, ensuring that patients consistently get to the right person, in the right place, at the right time. There are a number of factors which impact on our ability to sustain existing services including:

### **Meet Public Expectation for Improved Service Quality**

In line with the Trust principle to 'localise where possible, centralise where necessary' the aim of the Ophthalmology service 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. Providing specialist services from a central point will facilitate the development of a centre of excellence for Ophthalmology. The Ophthalmology service will explore what clinics, if any, can be appropriately provided in the Wellbeing and Treatment Centres.

### **Driving Forward Service Modernisation**

Modernisation of Ophthalmology services has been developing over the past number of years, for example, 80% of Ophthalmology inpatients are admitted on day of surgery.

The Ophthalmology service continues to review service delivery. Measures put in place include:

- Continuing to decrease length of stay. In 2009/10 the average length of stay for Ophthalmology inpatients was 1.8 days. It is anticipated that this will reduce as additional support processes are put in place; and
- Increasing the number of procedures that take place as day procedures, for example, increasing the rate of cataract surgery cases performed as day case from 86% on Royal Hospitals to 95% by June 2010 and increasing the rate of squint surgery performed as day case from 61% to 80% by March 2011.

As surgical and treatment techniques and skills are developed in the future there will be an increase in the number of patients treated as day cases and as outpatients with procedures. The ongoing use of pre-assessment clinics, admission on the day of surgery and reduced length of stay will result in a decrease in demand for inpatient beds.

The modernisation agenda can be more fully realised within Ophthalmology if the service is focussed on one site.

In addition, locating inpatient and day case activity on one site will facilitate the centralisation of referrals and will streamline administration and clerical processes. This will result in more efficient working practices for the Ophthalmology service.

### **Address Current Duplication and Service Efficiency**

Inpatient and day cases are provided at the Royal Hospitals and day cases are provided at the Mater Hospital.

Locating inpatient and day case services together will enable the Ophthalmology service to maximise outcomes and resources and to 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 potential benefits in bringing specialties together in the same hospital to form dedicated specialist units, for example, ensuring the

sustainability of specialist services, flexibility in developing staff rotas, easier access to specialist nursing and other limited resources, improving team working, access and quality of service to the patient.

### **What are the main benefits of reorganising the delivery of these acute services?**

Having identified the key reasons to review this range of services, there are a number of benefits which must be delivered in any service change. These benefits, summarised into five key themes, guided the work of the project team in their review of acute inpatient and day surgery services and they are:

#### The delivery of safe and sustainable services to our patients

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 help to both improve patient safety and sustain the future delivery of these services.

#### To improve service quality, effectiveness, reduce unnecessary duplication and fragmentation of services and deliver value for money

Maintaining and improving the quality of care experienced by patients is fundamental to any proposals. Reducing any unnecessary duplication of services across 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 operating theatre 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. By locating inpatient, day case and emergency Ophthalmology services on one site alongside Ophthalmology outpatient and clinical support services will ensure that clinical links are maintained. Links with emergency services and allied health professionals will also be maintained.

#### To ensure services are accessible to service users and carers

Service users, carers, families and visitors want to know where to go to for a particular health matter, to have easy access to these services, whether by public transport or by car.

## To ensure the Acute Services Plan is compatible with the Trust Strategic Direction

The Trust Strategic Direction, which has been previously publicly consulted upon, for the four adult acute 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 a 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 considered their impact on each hospital.

### **2.2.1 Clinical Evidence**

It is clear that there will be a growing demand for Ophthalmology services over the next decade and subsequent years: Outlined below are some examples of how demand for Ophthalmology services could be expected to increase:

**Demographic Changes** – as life expectancy increase, so too does the number of older people. Conditions affecting the eye are more prevalent amongst older people, such as cataract and age related macular degeneration.

**Public Health** – the number of people diagnosed with diabetes is expected to continue to increase. The current trend is for about 2% of the population to have diabetes but the prevalence is much higher in some ethnic groups (as high as 30%). With a continued increase in the number of people with diabetes and a rising ethnic population, many more people will need Ophthalmology assessment and treatment.

**Standards in clinical management** - many conditions affecting the eye are chronic and require continued management and regular review, for example, glaucoma, diabetic eye and patients with corneal conditions. The DHSSPS has recently endorsed NICE standards on glaucoma patient management. These standards set out very clear treatment and management pathways, which will increase the number of patients referred directly to Ophthalmology Services.

**New patient referrals** - the number of patients referred to Ophthalmology by their General Practitioner or optometrist has increased by approximately 10% year on year. This is expected to continue in line with demographic changes.

**World Health Organisation (WHO) - VISION 2020** – is a global joint initiative of the WHO and the International Agency for the Prevention of Blindness with an international coalition of professional bodies, eye care institutions, non-governmental organisations and corporations. The central aim is to eliminate avoidable blindness worldwide by the Year 2020.

### **2.3 Future Proposed Model**

The patient pathway for Ophthalmology in the future will be delivered using a hub and spoke model. The hub will be the specialist centre where inpatients, day cases, outpatients and support services will be delivered. The spoke(s) will be the locations where general, stand-alone Ophthalmology clinics can be delivered. This model is outlined as follows:

**Table 1: Current and Proposed Locations for Ophthalmology**

<b>Service</b>	<b>Current Location</b>	<b>Proposed Location *</b>
Day cases	Royal Hospitals Mater Hospital	Mater Hospital
Inpatients	Royal Hospitals	Mater Hospital
Outpatients including clinical support services	Royal Hospitals Belfast City Hospital Mater Hospital	Mater Hospital  The Ophthalmology Service is exploring the possibility of extending local access by locating some outpatient services in the Wellbeing and Treatment Centres** in Belfast.
Regional Acute Eye Service	Royal Hospitals	It is proposed that the Regional Acute Eye Service will be reviewed as part of proposals to modernise the service..
Support Services – Optometry/Orthoptics	Royal Hospitals, Mater Hospital and Community Clinics (in conjunction with Optometry)	Mater Hospital and community clinics with paediatric services remaining at Royal Hospitals.

\* Paediatric ophthalmology services will continue to be provided in the EENT building at the Royal Hospitals until space is available in Royal Belfast Hospital for Sick Children.

\* Wellbeing & Treatment Centres are located in centres across Belfast.

The new model should ensure better use of the existing resources. It is recognised that this review of Ophthalmology services will create significant opportunities to develop and re-design services, provide high quality, timely and cost effective services to patients and the community and to support and develop the individual and teams within this important specialty.

The delivery of Ophthalmology services on one site will enable the development of a seamless patient pathway improving the patient experience for all of the service users.

The proposed model of service delivery is considered fully in the following section, Consideration of options.

**SECTION 3**  
**OPTION CONSIDERATIONS**

3.1 List of options

3.2 Conclusion

### 3 CONSIDERATION OF OPTIONS

The Ophthalmology project team, comprising consultants, nursing, Allied Health Professionals, optometrists, administrative staff and patient, carer and trade union representatives was established to consider the options for the future delivery location of the service.

Inherent to this process is the statutory requirement under Section 75 of the Northern Ireland Act 1998 to consult on such a proposal in terms of equality and human rights considerations.

A range of options were considered and advantages and disadvantages of each option were identified to enable the team to reach a conclusion on the preferred option. It was agreed that the proposed preferred option would then be subject to a full and comprehensive Equality Impact Assessment.

Option 1 Continue with the current arrangement – Ophthalmology services remain at the Royal Hospitals and Mater Hospital.

Option 2 Deliver the Ophthalmology services (inpatient and day case surgical and medical intervention and outpatient clinics) at the Royal Hospitals.

Option 3 Deliver the Ophthalmology services (inpatient and day case surgical and medical intervention and outpatient clinics) at the Mater Hospital.

Option 4 Deliver Ophthalmology services (inpatient and day case surgical and medical intervention and outpatient clinics) from a green field site.

The key features of the analysis that was undertaken are as follows:

#### 3.1 List of options

##### **Option 1 – Continue with current arrangements – existing Ophthalmology services provided from the Royal Hospitals and Mater Hospital**

Ophthalmology services would continue to be provided at both the Royal Hospitals and Mater Hospital.

## **Advantages**

- The services currently provided at each hospital are of a high quality
- There would be no disruption for patients and staff
- Paediatric and adult services would continue to be provided on the same site.

## **Disadvantages**

- A single patient pathway is more difficult to implement when the specialist inpatient and day case services are delivered across two hospitals
- Providing services from two hospitals has resulted in duplication of resources, for example, staff and equipment
- Not all services are provided at each site which has resulted in service fragmentation
- A two site option is not in line with the Trust strategic direction to reduce duplication of service provision.

## **Option 2 – Deliver Ophthalmology services (inpatient and day case surgical and medical intervention and outpatient clinics) at the Royal Hospital**

Existing Ophthalmology services would continue to be provided at the Royal Hospitals. The macular and cataract day case services and outpatients would transfer from the Mater Hospital. Under this option inpatients, day cases and outpatients including clinical support services (i.e. optometry/orthoptics) would be provided on one site enabling the clinical team to manage the central service on a single site.

## **Advantages**

- This option would eliminate duplication of service provision and would provide a seamless, integrated delivery of service
- A one site option for service delivery is more resource efficient in

terms of economies of scale and reduction in duplication of expertise, staff and equipment

- There are benefits in bringing the clinical teams from both hospitals together including, flexibility in developing staff rotas, easier access to specialist nursing and other limited resources, improving team working, access and quality of service to the patient
- Paediatric and adult services would be provided on the same site for a period of time until paediatric services move to Royal Belfast Hospital for Sick Children
- Currently Ophthalmology consultants provide opinions to colleagues within other specialties, for example, neurology and ENT as required. These clinical links would be maintained if services remained at the Royal Hospitals
- Good availability of public transport links – road and bus.

### **Disadvantages**

- This option would require moving the Macular service and cataract service, both of which have recently moved to the Mater. These are both high volume services and significant capital investment was made to establish these services on the Mater site
- There would not be sufficient theatre capacity at the Royal Hospitals to provide all of the required day case and inpatient theatres sessions to deliver the service
- Car parking at the Royal Hospitals can be difficult. There are plans to potentially provide some additional car parking spaces which will alleviate some of these problems
- Access to the EENT building is difficult for elderly people with sight difficulties as located quite some distance from the car park.

### **Option 3 – Deliver Ophthalmology services (inpatient and day case surgical and medical intervention and outpatient clinics) at the Mater Hospital**

Existing Ophthalmology services would continue to be provided at the Mater Hospital. Inpatient, day case and outpatients including clinical support services from the Royal Hospitals would also be based at the Mater Hospital. Under this option inpatients, day cases and outpatients including clinical support services (i.e. optometry/orthoptics) would move across from the Royal Hospitals and be located at the Mater Hospital enabling the clinical team to manage the central service on a single site.

#### **Advantages**

- This option would eliminate duplication of service provision and would provide a seamless, integrated delivery of service
- A one site option for service delivery is more resource efficient in terms of economies of scale and reduction in duplication of expertise, staff and equipment
- There are benefits in bringing the clinical teams from both hospitals together including, flexibility in developing staff rotas, easier access to specialist nursing and other limited resources, improving team working, access and quality of service to the patient
- Clinical links would be maintained as consultants would continue to provide opinions to colleagues as required
- There are currently two high volume services already located on the Mater Hospital – the macular service and the majority of the cataract day case service
- The close proximity of the Mater Hospital to the regional motorway network provides good access by car and bus for patients travelling from across Northern Ireland.

## **Disadvantages**

- To implement this solution will require significant movement of high volume services from the Royal Hospitals
- Car parking at the Mater Hospital can be difficult. There are plans to provide some additional car parking spaces which will alleviate some of these problems
- As paediatric services should be provided within a paediatric environment, under this option paediatric services would be provided from Royal Belfast Hospital for Sick Children as soon as space is available. Paediatric and adult services would therefore be provided from separate sites resulting in split site working for a number of staff and duplication of some support services.

## **Option 4 – Locate Ophthalmology services (inpatient and day case surgical and medical intervention and outpatient clinics) on a green field site**

Under this option a new regional ophthalmic centre would be built on a green field site within the Belfast Trust. This building would incorporate inpatient, day case and a range of outpatients including the Regional Acute Eye Service (Eye Casualty) and ophthalmic support services. It would also house facilities for teaching and training and serve as a centre of excellence for the specialty.

## **Advantages**

- This option would eliminate duplication of service provision and would provide a seamless, integrated delivery of service
- A one site option for service delivery is more cost and resource efficient in terms of economies of scale and reduction in duplication of expertise, staff and equipment
- Clinical links would be maintained as consultants would continue to provide opinions to colleagues as required

- A site could be chosen which would provide good availability of public transport links – road and bus
- This is the preferred option of the Consultant Ophthalmologists currently employed by the Belfast Trust and would have their full support in its implementation.

### **Disadvantages**

- As paediatric services should be provided within a paediatric environment, under this option paediatric services would be provided from Royal Belfast Hospital for Sick Children as soon as space is available. Paediatric and adult services would therefore be provided from separate sites resulting in split site working for a number of staff and duplication of some support services
- This option would require substantial capital spend.

### **3.2 Conclusion**

The Ophthalmology Project Team have recommended that, if capital funding is not available for a new build Regional Ophthalmic Centre, then inpatient, day case and some outpatient services should be based at the Mater Hospital. This will facilitate the development of a specialised unit, bringing together all surgeons practising the same specialty interest to form a centre of excellence. The Ophthalmology service will explore what outpatient clinics, if any, can be appropriately provided in the Wellbeing and Treatment Centres. Services will continue to be provided on an outreach basis to local hospitals outside Belfast.

The delivery of Ophthalmology services on one site will enable the development of a seamless patient pathway improving the patient experience for all patients. This will include:

- Patients being pre-assessed for surgery and admitted on the day of surgery reducing their need to stay in hospital unnecessarily
- Increasing the number of procedures that can be undertaken as day cases and outpatients with procedures. This will also reduce the need for unnecessary admission to an inpatient ward.

## **What will this mean for patients?**

The development of a single Ophthalmology service for adults in Belfast will enable a more focused approach to patients, resulting in a higher quality service than is currently possible with the service spread across hospital sites.

Reducing any unnecessary duplication will ensure that patients are seen by the right staff in the right place resulting in a more streamlined patient pathway. This will provide equity of service provision for everyone accessing Ophthalmology services.

## **What will this mean for staff?**

The development of a dedicated unit will bring together all Ophthalmology specialists enabling the formation of highly skilled, specialist teams of surgeons, anaesthetists, optometrists, ophthalmic nurses, Allied Health Professionals and ophthalmic technicians resulting in a higher, more consistent standard of care for patients.

Delivering the service from one location will develop team working further.

Training opportunities and personal development for medical nursing, optometric and orthoptic staff will be enhanced as staff will have the opportunity to assess and treat the full range of Ophthalmology conditions that will be provided in one location with more opportunities for shared learning.

## **What will this mean for each hospital?**

The Mater Hospital will be the centre of excellence for the provision of all inpatient, day case and some outpatient services for Belfast and Northern Ireland.

Outreach clinics will continue to be provided locally for the Northern, Southern and South Eastern Health and Social Care Trusts.

The Ophthalmology service will explore what clinics, if any, can be appropriately provided in the Wellbeing and Treatment Centres.

## **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 Data for Northern Ireland

4.5 Population Profile: B.H.S.C.T. area

4.6 Northern Ireland Health & Social Services Interpreting Statistics

4.7 Composition of Ophthalmology Service Users across B.H.S.C.T.

## **4. CONSIDERATION OF AVAILABLE DATA AND RESEARCH – QUALITATIVE AND QUANTITATIVE**

In keeping with the Equality Commission (NI) Guide to the Statutory Duties and EQIA Guidelines, quantitative and qualitative data was drawn from a number of sources. The following information sources were used to inform this EQIA.

### **4.1 Strategic Data Sources**

- Regional Ophthalmology Review
- Regional Strategy ‘A Healthier Future (2005–2025)’
- DHSSPS Priorities for Action 2008-09
- Developing Better Services
- General Ophthalmic Services Review
- Darzi Report.

### **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 & Wellbeing Investment Plan (HWIP)
- Excellence and Choice in Acute Services

- Excellence and Choice in Ophthalmology Services
- Belfast HSC Trust Strategic Response to the Comprehensive Spending Review 2008-2011
- Belfast HSC Trust Equal Opportunities and Human Resource Management System.

#### 4.3 Additional Data Sources

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

#### 4.4 Population data for Northern Ireland

**Table 2:**

<b>Section 75 Group</b>	<b>Northern Ireland Population</b>	
<b>Gender</b>	Male	49.0%
	Female	51.0
<b>Age</b>	0 to 9	13.09%
	10 to 19	14.33%
	20 to 29	14.14%
	30 to 39	13.80%
	40 to 49	14.27%
	50 to 59	11.42%
	60 to 69	9.17%
	70 to 79	6.23%
	80 and Over	3.65%
<b>Religion</b>	Roman Catholic	40.26%
	Protestant	45.57%
	Other Religion	0.30%
	No Religion or None Stated	13.88%

<b>Political Opinion</b> (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
<b>Marital Status</b> (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%
<b>Dependent Status</b> (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%
<b>Disability</b> (based on households with one or more person with a limiting long-term illness)	Disabled Not Disabled	41.21% 58.69%
<b>Ethnic Group</b>	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%
<b>Sexual Orientation</b>	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)

## 4.5 Population Profile: Belfast Health and Social Care Trust Area

**Table 3:**

<b>Section 75 Group Area</b>	<b>Belfast Health and Social Care Trust Population - Approximately 345,000</b>	
<b>Gender</b>	Male	47.4%
	Female	52.6%
<b>Age</b>	0 to 9	11.8%
	10 to 19	14.4%
	20 to 29	15.9%
	30 to 39	13.0%
	40 to 49	14.0%
	50 to 59	10.6%
	60 to 69	8.9%
	70 to 79	7.2%
	80 and Over	4.3%
<b>Religion</b>	Roman Catholic	37.4%
	Protestant	44.7%
	Other Religion	0.6%
	No Religion or None Stated	17.3%
<b>Political Opinion</b> (Based on council seats on Belfast City and Castlereagh Borough Councils)	DUP	26 seats
	UUP	12 seats
	Alliance	8 seats
	SDLP	10 seats
	Sinn Fein	14 seats
	PUP	2 seats
	Traditional Unionist Voice	1 seat
	Independent	1 seat

<b>Marital Status</b> (based on over 16s)	Single (never married)	38.9%
	Married	39.5%
	Re-married	2.4%
	Separated	5.1%
	Divorced	4.8%
	Widowed	9.2%
<b>Dependent Status</b> (based on households with children between 0 and 15 or a person between 16 and 18 in full-time education)	Dependent Children	30.4%
	No Dependent Children	69.6%
<b>Disability</b> (based on households with one or more person with a limiting long-term illness)	Disabled	43.6%
	Not Disabled	56.4%
<b>Ethnic Group</b>	White	98.63%
	Irish Traveller	0.07%
	Mixed	0.26%
	Indian	0.15%
	Pakistani	0.06%
	Bangladeshi	0.02%
	Other Asian	0.03%
	Black Caribbean	0.02%
	Black African	0.06%
	Other Black	0.03%
	Chinese	0.51%
Other Ethnic Group	0.16%	
<b>Sexual Orientation</b>	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).

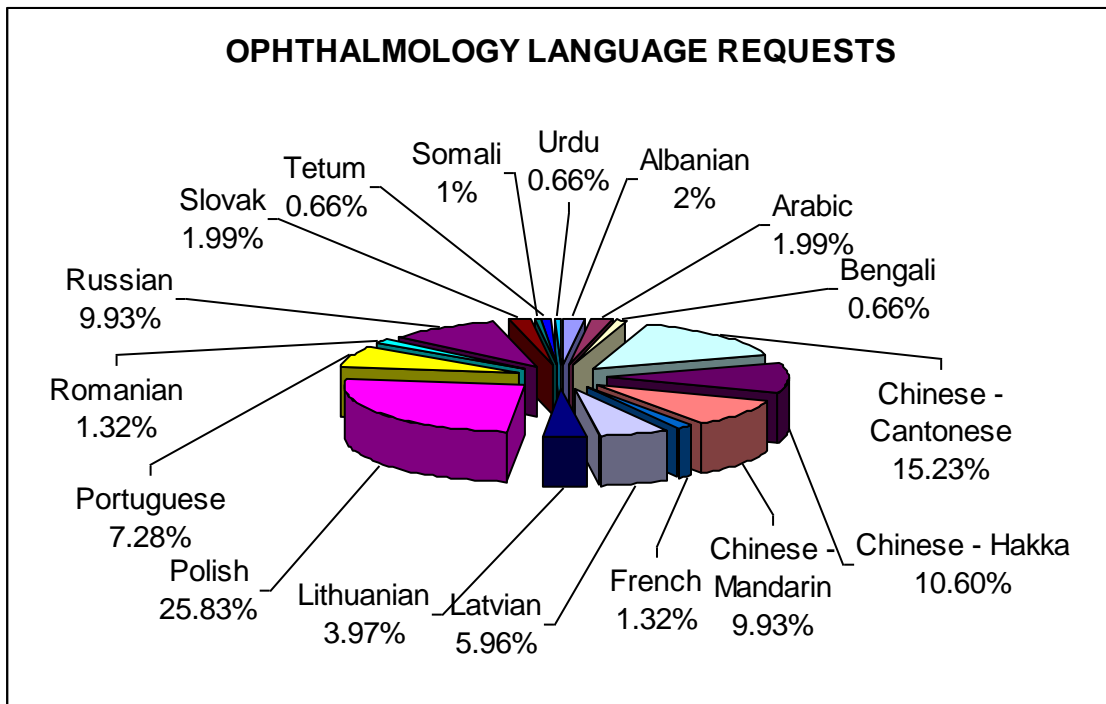
The Trust recognises that the Census figures do not provide a truly, accurate and up-to-date reflection of the Northern Ireland population, given that it was conducted in 2001. There have been significant demographic changes since then and the Trust does not rely solely on these census figures but rather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

## **4.6 Northern Ireland Health and Social Services Interpreting statistics**

One of the most significant changes in the demography of Northern Ireland has been the increase in numbers of different ethnic minorities coming to live and work in the province.

In the absence of routine or uniform gathering of ethnicity across the sites, another source of information is use of requests for Northern Ireland Health and Social Services Interpreting Services. This gives an indication of the language needs of foreign nationals and ethnic minorities and the following statistics have been extrapolated for the purposes of the Equality Impact Assessment. They indicate the level of demand for foreign language interpreters in the Ophthalmology services, inherently affected by the proposed reconfiguration of the service over a one year period. The Trust recognises that a need for an interpreter is not a proxy indicator for minority ethnic people, but only those who are not competent in English as a foreign language. The Trust will use the equality consultation process to engage with ethnic minority organisations to gather anecdotal or qualitative information to help inform the equality assessment.

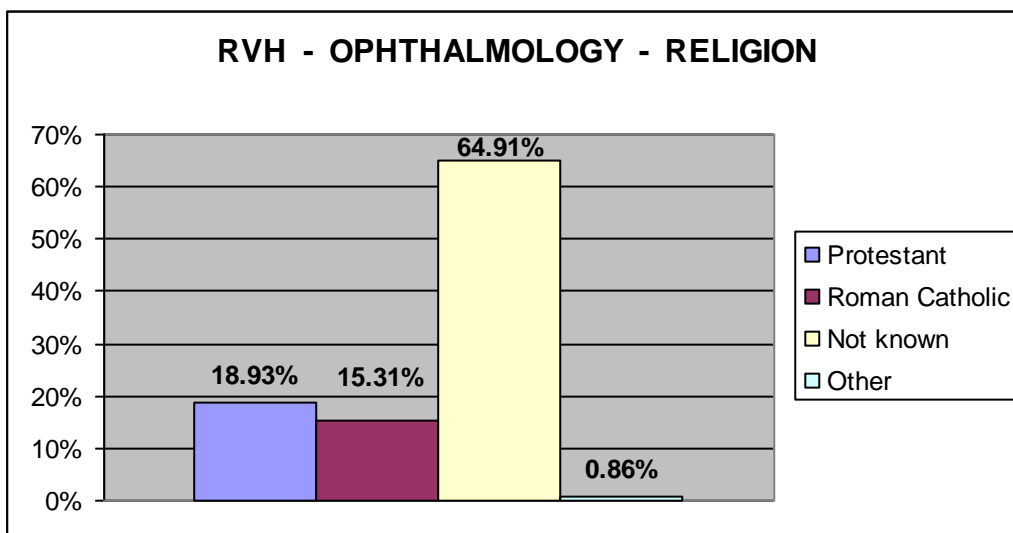
**Figure 2: BHSCT Ophthalmology Language Requests  
1<sup>st</sup> April 2009 – 31<sup>st</sup> March 2010**



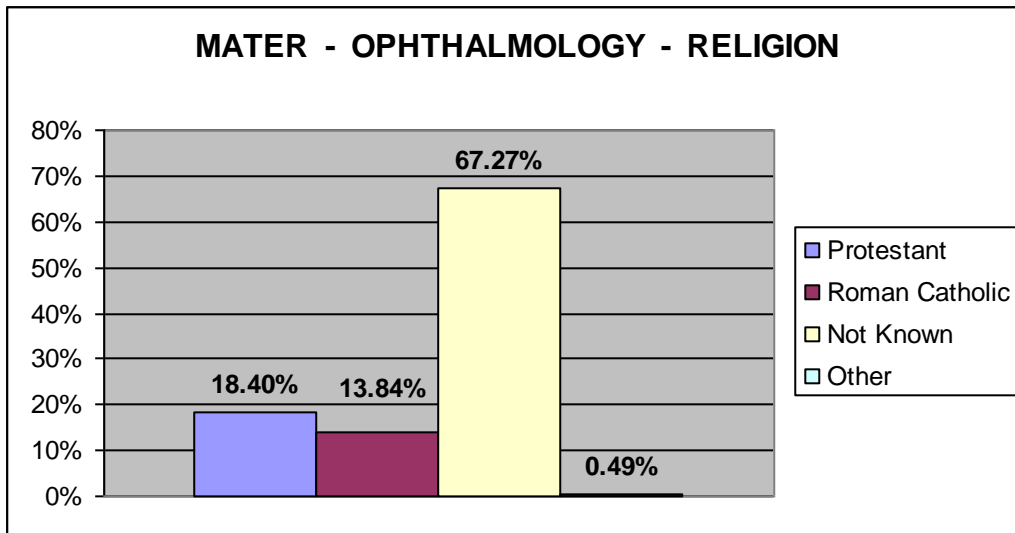
#### 4.7 Composition of Ophthalmology Service Users across Belfast Health and Social Care Trust

##### 4.7.1 Ophthalmology Service Users by Religion

**Figure 3:** This figure depicts the religious belief of Ophthalmology Service Users in the Royal.

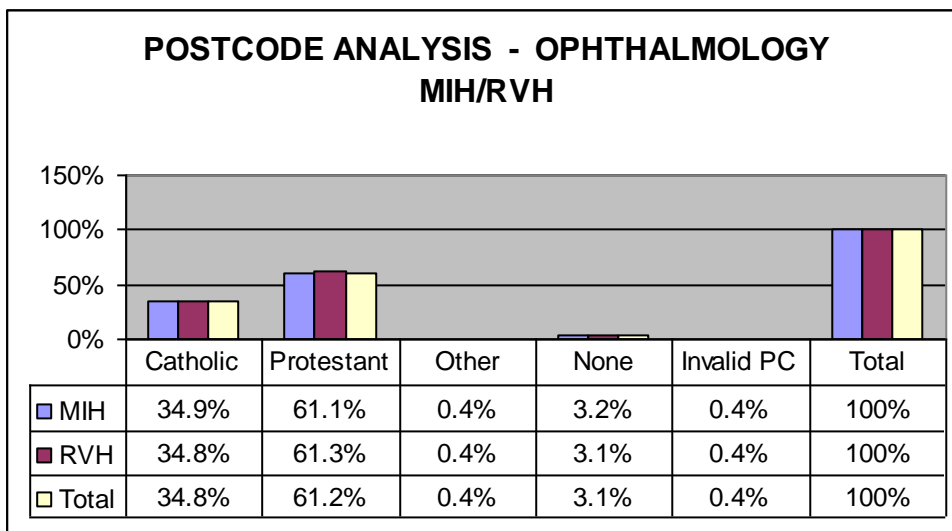


**Figure 4:** This figure illustrates the religious composition of Ophthalmology service users at the Mater.



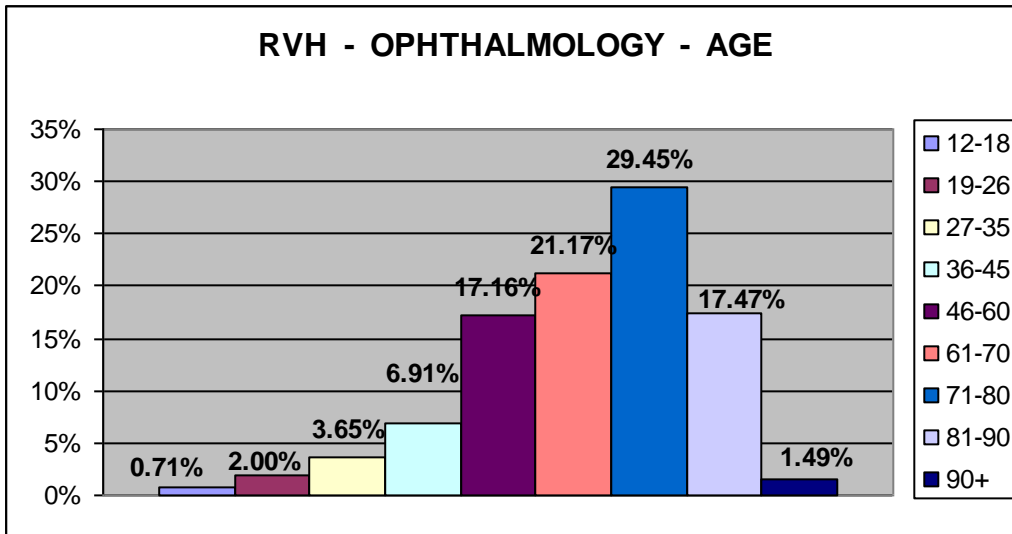
Given the volume of religious belief that was not indicated in the statistics above, the Trust conducted a postcode analysis as a proxy indicator for religious belief.

**Figure 5:** This shows the results of the postcode analysis which estimates the religious belief on the basis of the electoral ward

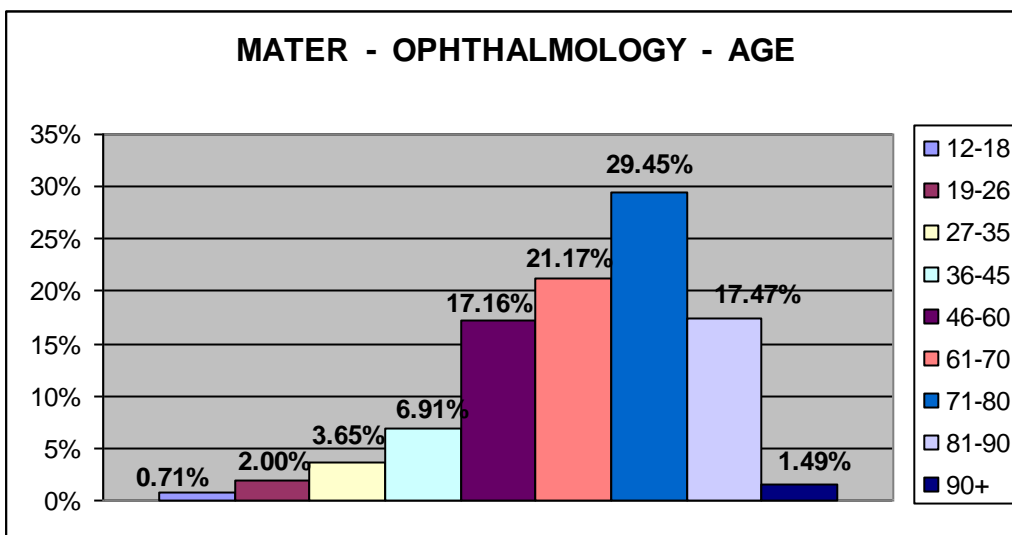


### 4.7.2 Ophthalmology Service Users by Age

**Figure 6:** This shows the age range of Ophthalmology Service Users at the Royal.

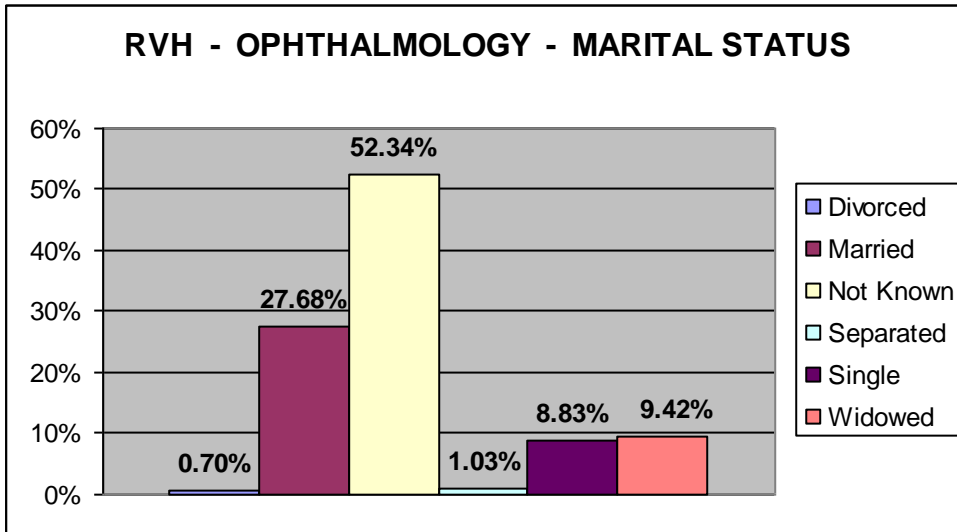


**Figure 7:** This illustrates the Ophthalmology Service Users at the Mater by age.

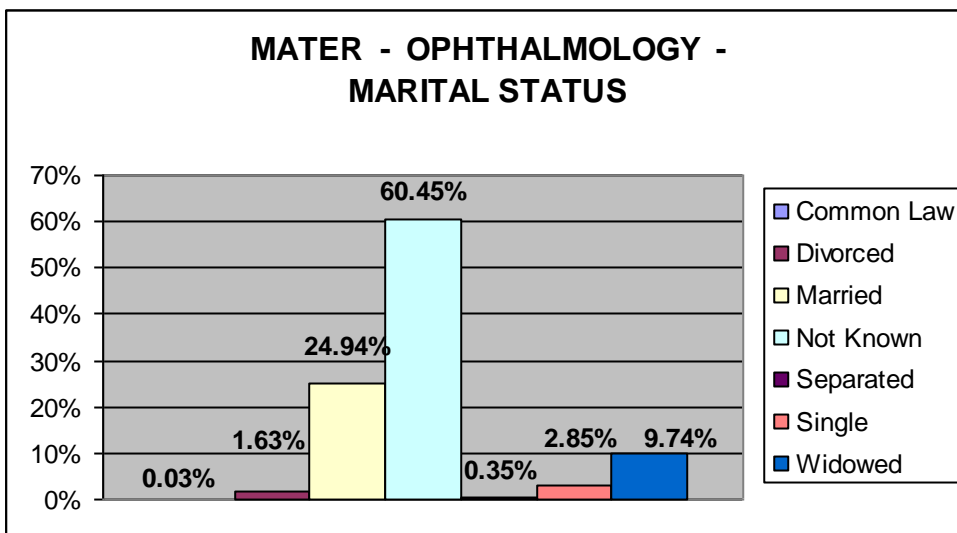


### 4.7.3 Service Users by Marital Status

**Figure 8:** This illustrates the marital status of those Ophthalmology Service Users at the Royal.

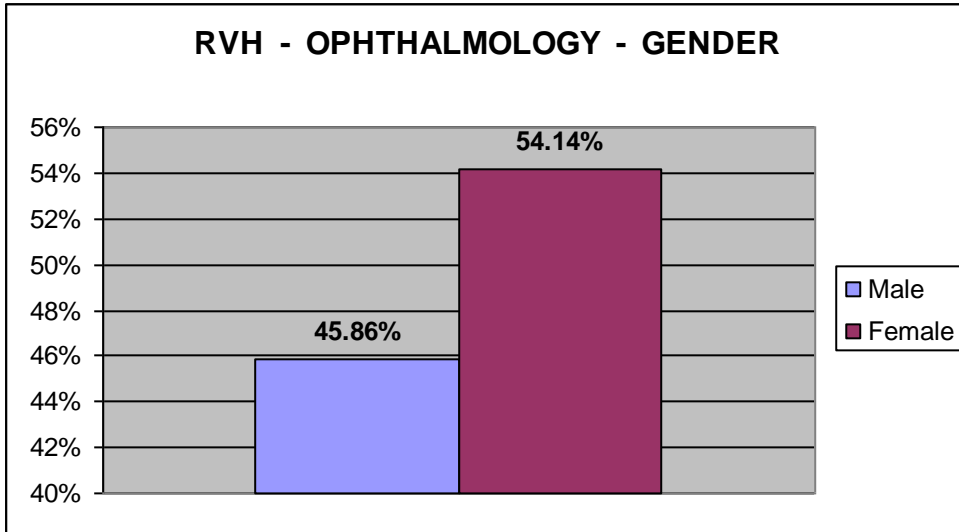


**Figure 9:** This shows the marital status of Ophthalmology Services at the Mater.

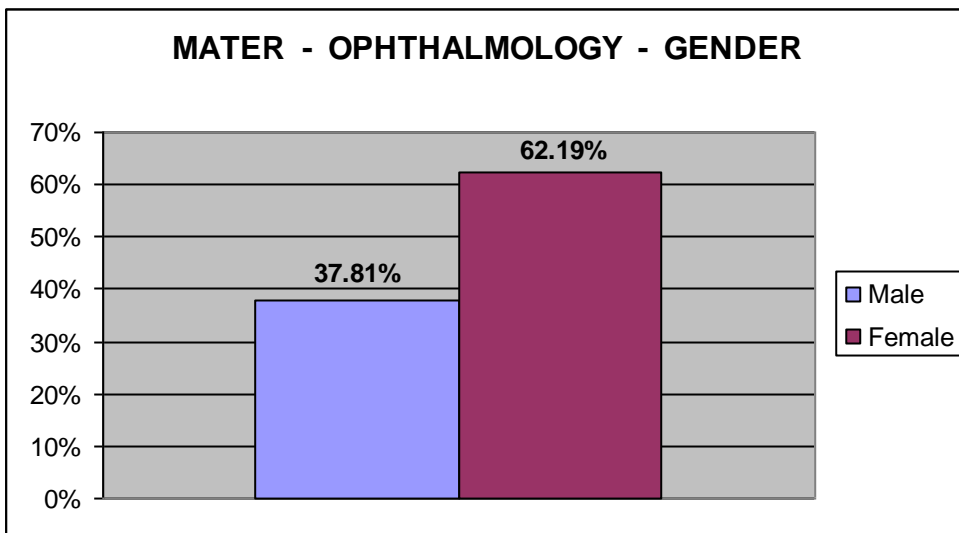


#### 4.7.4 Ophthalmology Service Users by Gender

**Figure 10:** This shows the breakdown of Royal Ophthalmology Service Users by gender.



**Figure 11:** This shows the breakdown by gender of Ophthalmology service users at the Mater.



Ophthalmology Services do not consistently record information on political opinion, disability, sexual orientation, dependant's status.

#### **4.8 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 206 people, employed in the providing the Ophthalmology services with – 178 based at the Royal Hospitals and 28 based at the Mater Hospital. This represents a Whole Time Equivalent of 156.24 posts.

As only 28 staff at the Mater Hospital are directly involved in providing the service a detailed equality analysis cannot be carried out as this would lead to a breach of confidentiality as personal information relating to individual staff could be identified.

The staff include nursing, medical, administrative, professional and technical and allied health professional staff. Nursing staff based at the Mater have not been included as patients there are cared for on a general ward and there are no nurses specifically allocated to Ophthalmology patients.

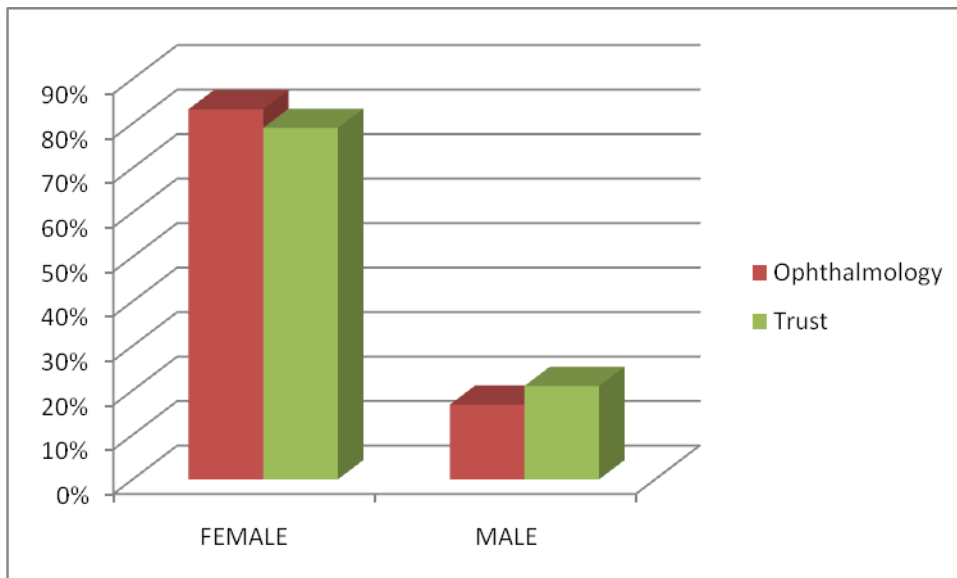
There are also a number of staff such as domestic staff who provide service to these areas in addition to other areas. The profile of staff directly involved in delivery of the service is compared below with the profile of all Trust staff to identify any potential adverse impacts on particular groups.

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

Category	Grouping	Ophthalmology	Belfast Trust
<b>Gender</b>	Male	17%	21%
	Female	83%	79%
<b>Age</b>	16-24	4%	7%
	25-34	15%	26%
	35-44	32%	28%
	45-54	34%	27%
	55-64	13%	11%
	65+	2%	1%
<b>Religion</b>	Protestant	40%	45%
	Roman Catholic	55%	48%
	Unknown/Other	5%	7%
<b>Marital status</b>	Married	60%	55%
	Single	33%	39%
	Other	7%	6%
<b>Disability</b>	Disabled	0%	2%
	Not disabled	%	60%
	Unknown	%	38%
<b>Ethnic origin</b>	White	89%	72%
	Other	5%	4%
	Unknown	6%	24%
<b>Political Opinion</b>		Currently being collected	
<b>Sexual Orientation</b>		Currently being collected. Research indicates that 10% of the population is LGB. (Source: Rainbow Project July 2008)	
<b>Dependent Status</b>		Currently being collected	

## Gender

Figure 12 shows the breakdown of staff by gender.

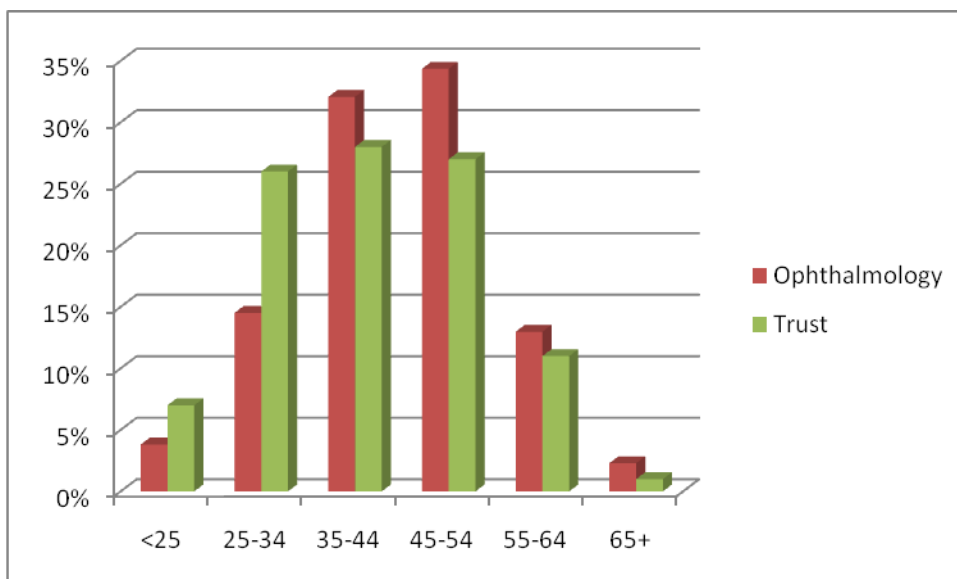


**Figure 12: Staff by gender**

In the Trust 79% of the staff are Female and 21% Male. In the areas under review 83% are Female and 17% Male.

## Age

Figure 13 shows staff by age band.

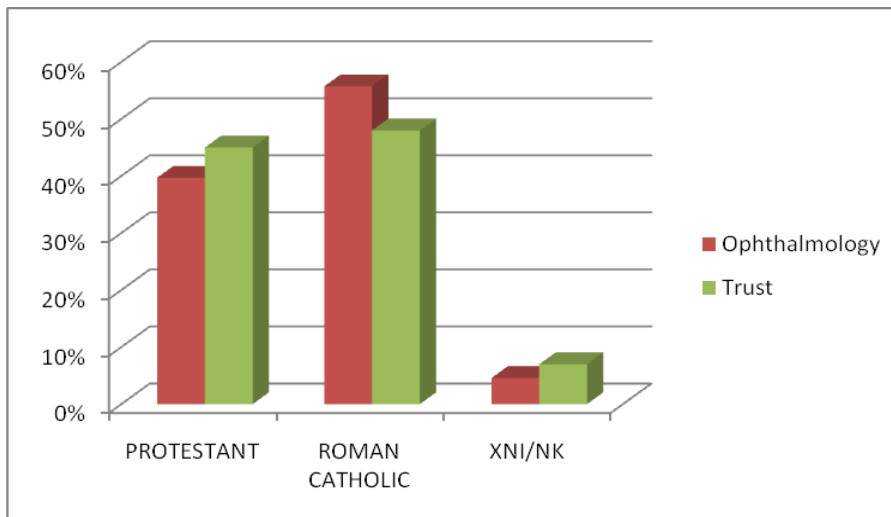


**Figure 13: Staff by age band**

In the Trust as a whole 61% of staff are under 45 and 29% 45 and over. In Ophthalmology 51% are under 45 and 49% over 45.

## Religion

Figure 14 shows the community background of staff.

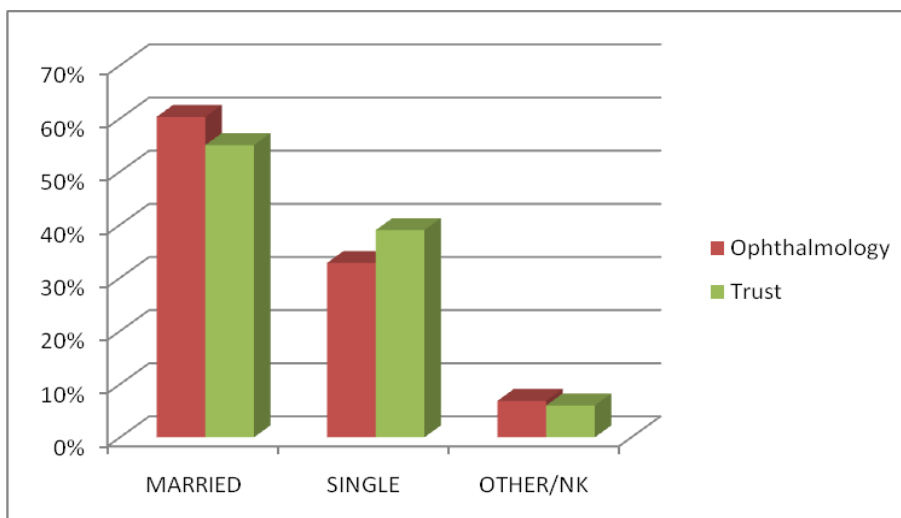


**Figure 14: Staff by community background**

In the Trust 45% of staff are Protestant, 48% are Roman Catholic and 7% Other or Unknown. Overall, in the areas under review there are 40% Protestants, 55% Roman Catholics and 5% Other or Unknown.

## Marital/Civil Partnership Status

Figure 15 shows that the marital status of staff.



**Figure 15: Staff by marital status**

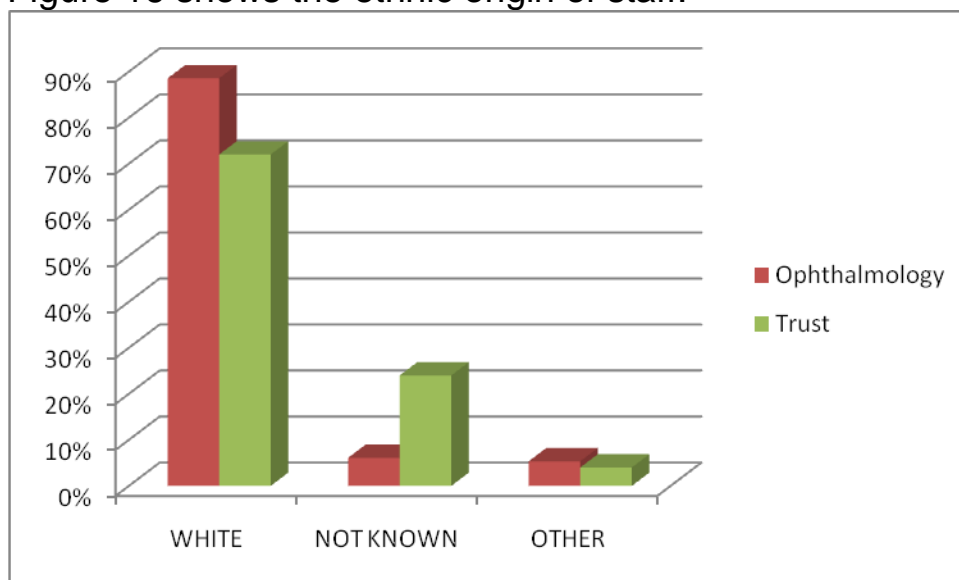
In the Trust, 55% of staff are recorded as married, 39% as single and 6% other or unknown. Overall in the areas under review, 60% are Married, 33 % Single and 7% Other or Unknown.

## Disability

None of the staff have stated that they have a disability, compared to the Trust figure of 2%.

## Ethnic Origin

Figure 16 shows the ethnic origin of staff.



**Figure 16: Staff by ethnic group**

In the Trust 72% stated that they were White, 4% Other Races and 24% provided no information. Within Ophthalmology ethnic origin is not recorded for 6% of staff, 89% are White and 5% Other Races.

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

## **5 ASSESSMENT OF IMPACTS**

### **5.1 Scope of the EQIA**

The scope of this Equality Impact Assessment focuses on the equality and human rights considerations of the proposal that the inpatient and day case services currently located at the two hospitals, are combined at the Mater hospital to form a specialist Ophthalmology service to Belfast and beyond. Specialist outpatient clinics would also be provided from the Mater Hospital. The Trust considers that the proposal would enhance and maximise the efficiency and effectiveness of the service.

#### **Equality Screening**

In accordance with the statutory requirements emanating from Section 75 of the Northern Ireland Act 1998, the proposal to modernise and reform Ophthalmology services to a modern, fit for purpose service. This proposal was screened in and it was agreed that the preferred option put forward by the Ophthalmology Project Group would then be duly subject to a full Equality Impact Assessment.

### **5.2 Assessment of impact on Section 75 Groups – Patients and Clients**

**Gender** – The majority of patients and clients at both the Royal and the Mater Infirmary Hospital are female with 54% at the Royal and 62% at the Mater. The greater number of females could be attributed to the older age range of these service users, whereby females tend to live longer than males. This majority would mean the proposal would have a differential impact on females but no information has been identified at this point to indicate that this proposal to locate Ophthalmology at the Mater Infirmary Hospital would have an adverse impact, which would preclude its progression on grounds of gender.

#### **Religion**

There were gaps in the data captured for service users under the field of religious belief across the two sites with 65% 'not known' at the Royal and 67% 'not known' in the Mater. 19% at Royal are recorded as Protestant and 18% are recorded as Protestant at the Mater, whilst 15% are Catholic at Royal and 14% are Catholic at Mater. There are no statistics for the two outpatient clinics at the Belfast City Hospital

Ophthalmology Service. Any assessment on these statistics would not provide a true reflection of the service user profile.

And so in the absence of reliable and consistent data sets, the Trust has conducted a postcode analysis to ascertain the perceived religious belief of its users based on postcode.

The postcode analysis has indicated that 35% of Ophthalmology service users at both the Royal and the Mater are potentially Catholic and 65% are potentially Protestant. This would indicate a potential differential impact - in that a greater number of Protestants will be affected by the proposal. There is nothing at present on the basis of the information available to suggest this impact will be adverse.

## **Age**

A significant number of users are aged 60 with an increasing number falling into the 71-80 age bracket and a high volume are over 81. This would be in accordance with clinical evidence that Cataract and age-related macular degeneration prevalence are age dependent.

Age-related Macular Degeneration is the commonest cause of registrable blindness in the western world and results in loss of central vision. It is common and its prevalence increases with advancing age – this incidence increase with each decade over the age of 50 to almost 15% by the age of 75.<sup>1</sup>

## **Marital Status**

At the Mater Hospital currently, there is a high level of individual service users, whose marital status has not been collected (60%). Of those individuals whose marital status was collated, the majority are married. (24%). 9% are widowed and this could be attributed to the advanced age of many of the service users. 10% are single. At the Royal Hospital, similarly just over half of users' marital status remains unknown with 27% married and 9% widowed and 9% single. It is difficult to ascertain the true differential nature of any impact given the significant volume of 'unknowns'. Nonetheless during the process and on the basis of the information to date, no significant adverse impact has been

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<sup>1</sup> General Ophthalmic Services Review

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_063957.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_063957.pdf)

uncovered. The Trust would hope that the consultation process would yield further evidence to inform this analysis.

## **Political Opinion**

The Trust does not collect information from service users or patients regarding their political opinion. There has historically been a potential correlation between religion and political opinion in Northern Ireland. (See Population Profiles for Northern Ireland and Belfast & Castlereagh Area Population by Section 75 Group for breakdown of political opinion).

## **Disability**

There is currently no information regarding disability for Ophthalmology – however depending on the severity of an individual’s ophthalmologic condition, they would be considered to have a disability as defined in the Disability Discrimination Act 1995 (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 is a short difference of 1.93 miles<sup>2</sup> between the two hospitals, it would depend on which direction patients would be travelling from, on whether or not there would be an impact regarding travel distance. However, given the proximity of the sites, particularly if travelling by ambulance or private car and the availability of public transport, it is not anticipated there would be an adverse impact.

Currently patients using the Visitors Car Park at the Royal Hospital have a distance to walk to the Ophthalmology Unit. This has raised concerns and proved unsuitable for many service users with visual impairment or disabilities. The Trust would envisage that the proposed plans for the Ophthalmology Services at the Mater would have improved access and would allow for a drop off point outside the building.

The Trust recognises that the disability category covers mental, physical, sensory and learning disabilities and is committed to delivering person-centred, person-led services based on the individual’s needs.

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<sup>2</sup> RAC website: Travel distance

## **Dependants**

The Trust does not currently monitor whether or not service users have dependants. 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. It is not envisaged that the proposal will have an adverse impact in this regard. There is a short distance between the two hospitals; however, it is unlikely this would have an adverse impact given the availability of public and private transport.

## **Ethnicity**

The Trust does not routinely collect information on ethnicity. Census statistics indicate that approximately 1% of the general population 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 do give some indication of some minority ethnic patients (who are not competent in English) that accessed Ophthalmology Services between 1<sup>st</sup> April 2009 and 31<sup>st</sup> March 2010.

Statistics from the Northern Ireland Health and Social Services Interpreting Service show that overall there are a low number of patients that are not competent in English as their first language that attend Ophthalmology services. The majority of requests for each of the hospitals sites are for different forms of Chinese, which is reflective of the Northern Ireland population baseline statistics, which indicates that the Chinese community are the largest non-white ethnic community. Interpreting statistics reveal that Polish is the second highest requested language, followed by other Eastern European languages such as Russian, Latvian and Lithuanian, which corresponds with Eastern European accession into the European Union.

The Trust is cognisant that these interpreting statistics do not constitute a proxy indicator for ethnicity per se, but rather they represent the volume of minority ethnic individuals who are not competent in English and therefore have needed to avail of an interpreter. During the consultation process the Trust will engage widely with ethnic minority representative groups and community groups. Ophthalmology Services are aware of certain conditions being more frequently found in certain minority ethnic groups. Glaucoma is more prevalent in people of Afro-Caribbean ancestry and maturity onset diabetes is more common in

certain groups of Asian heritage. Type 2 diabetes is up to six times more common in people of South Asian descent and up to three times more common in those of African and African-Caribbean descent, compared with the white population. As regards the condition Diabetic retinoplasty: the prevalence of diabetes is about 2% of the population as a whole but the prevalence is much higher in some ethnic groups (as high as 30%).

## **Sexual Orientation**

While the Trust does not currently collect data sexual orientation of its users, population trends of 10%<sup>3</sup> are assumed for gay, lesbian and bisexual community. The Trust will consult and engage with representatives from the LGBT community to ascertain if the proposal could have a significant adverse impact on any individual or group from within their community.

## **Multiple Identity**

The Trust recognises that people are individuals - service users or staff do not neatly fit into one Section 75 category. Therefore pure statistical information does not capture these multi-faceted complexities - e.g. a woman with dependants presenting with Ophthalmology problems may have a disability and these may present different needs in terms of service provision, or a male doctor from an ethnic minority or religious belief may have a specific requirement in terms of time off.

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. The Trust will strive to improve health and well-being and reduce health inequalities for its service users by providing person-centred and person-led care packages.

## **Regional Ophthalmology Services**

Ophthalmology teams from the Royal Hospitals and Mater Hospital contribute to the regional outreach service for the Northern, Southern and South Eastern Health and Social Care Trusts.

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<sup>3</sup> Rainbow Project Research July 2008

Outreach services include general Ophthalmology outpatients and some specialist outpatient clinics and are provided locally to Northern, Southern and South Eastern Health and Social Care Trusts. Some surgery, primarily cataract surgery is provided to Southern and South Eastern Health and Social Care Trusts. Other procedures and surgical interventions for these Trusts are undertaken if required at either the Royal Hospitals or Mater Hospital.

The following shows the breakdown of service users per Trust area as indicated by postal code according to current patient statistics:

Belfast HSC Trust	11365
Northern HSC Trust area	9217
South Eastern HSC Trust area	7466
Southern HSC Trust area	5209
Western HSC Trust area	873
Total	34130

The Trust acknowledges that the proposal to locate these services at the Mater in the future would impact on those who travel from these areas for surgical interventions. However the outreach services are provided locally and it is only those people requiring surgery who would be required to come to Belfast for these procedures. The distance between the two hospitals is 1.93 miles. Given that both hospitals are located close to the motorway infrastructure, the Trust would anticipate that the further 1.93 miles would not represent a significant adverse impact for patients travelling from any of the other Trust areas.

### **5.3 Assessment of Impact on Section 75 groups - staff.**

#### **Gender**

In the areas under review 83% are Female and 17% Male. This is similar to the Trust workforce as a whole, where the female to male ratio is 79%:21%. The proportion of women on both sites is similar. 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.

#### **Age**

In the Trust 61% of staff are under 45 and 39% are 45 and over. In the areas under review 51% are under 45 and 49% are 45 and over. There

is no significant difference between the sites. There is therefore no potential for adverse impact on staff in any particular age group.

## **Religion**

The staff profile for the Trust is 45% Protestant, 48% Roman Catholic and 7% Other/Not Known. Overall, in the areas under review there are 40% Protestants, 55% Roman Catholics and 5% Other or Unknown. There is therefore no potential for adverse impact on staff in any particular religious group.

## **Marital/Civil Partnership Status**

In the Trust 55% of staff are married 39% Single and 6% Other or Unknown. In the area under review 60% are married and 33% single. There is therefore no potential for adverse impact on staff of any particular marital status.

## **Disability**

The proportion of staff in the Trust stating that they have a disability is 2%. In the area under review none of the staff have stated that they are disabled. 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 not White (5%) is similar to the Trust as a whole. There is therefore no potential for adverse impact on people from any particular ethnic group.

## **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 at each location.

**Table 5:**

<b>AREA</b>	<b>MIH</b>	<b>RGH</b>	<b>BOTH SITES</b>
Belfast West	0%	27%	24%
Dunmurry/Lisburn	7%	18%	17%
Belfast South	40%	16%	18%
Belfast North	7%	9%	9%
Co Antrim	13%	8%	8%
Co Down	0%	7%	6%
OTHER	0%	7%	6%
Belfast East	7%	4%	5%
N'Abbey	27%	4%	7%
Total	100%	100%	100%

Staff at both the Royal and Mater hospitals travel to work from throughout Belfast and beyond. There is a higher proportion of staff based at the Royal who live in West Belfast. Most of these staff are junior nursing and administrative staff.

## **SECTION 6**

### **CONSIDERATION OF MEASURES TO MITIGATE ADVERSE IMPACT / ALTERNATIVE POLICIES**

- 6.1 Introduction
- 6.2 Service Users
- 6.3 Staff
- 6.4 Mitigation Measures
- 6.5 Conclusion

## **6 CONSIDERATION OF MEASURES TO MITIGATE ADVERSE IMPACT**

### **6.1 Introduction**

The consideration of mitigating measures and alternative policies is at the heart of the EQIA process. Mitigation can take the form of lessening the severity of the adverse impact. Having considered all relevant information, the Belfast Trust indicates herein proposed measures to mitigate adverse impact or methods identified to better promote equality of opportunity.

The Belfast Health & Social Care Trust envisaged that this single centre of excellence in Ophthalmology based at the Mater Hospital site could help fortify a sense of collaborative working and joint purpose amongst those involved in delivering safe and effective health care and that they could share specialist expertise and best practice and communication would also be greatly enhanced. In terms of resources, there would be reduced duplication and greater consolidation of staff, technology and methods of service provision.

The Trust has produced this Equality Impact Assessment paper on the basis of the information available at present. There has been nothing to date to suggest that the location of Ophthalmology Services at the Mater Hospital 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 Service Users**

#### **Gender**

It has been acknowledged that there may well be a differential impact on females given that they are in the majority amongst service users at the Royal and the Mater. Information gathered to date by the Trust in the Equality Impact Assessment process does not suggest the proposal would potentially have an adverse impact. The purpose of the proposal is to improve the quality of Ophthalmology Services to all patients. The

proposal is aimed at improving the quality of Ophthalmology services enabling equality of access to services for all patients. The Trust will continue to monitor services and engage with representative groups to assess impact.

## **Religion**

Based on available information, there is no indication of adverse impact as a result of the proposal in relation to religion. Progress in the development of political stabilisation in Northern Ireland over the last decade has enabled the development of 'normalisation' assisting equality of opportunity and access to services.

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.

## **Age**

The majority of inpatients attending Ophthalmology Services at both hospital sites are in the 60 plus age group. However, this is in line with clinical evidence that Cataract and age-related macular degeneration prevalence are age dependent.

Based on available information, there currently is nothing to evidence an adverse impact in regard to age. The Trust will, however, continue to monitor services and assess impact. The Trust will also continue to engage with users and representative groups to observe impact and ensure mitigating measures are implemented 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.

## **Marital Status**

It is difficult to ascertain if there is a differential impact on people from different categories within marital status. Given that both hospitals are centrally located and a short distance apart there is no evidence from the information available at present to suggest an adverse impact. The

proposal is aimed at improving Ophthalmology Services for all patients to provide a responsive service permitting equity of access to services.

The Trust will continue to engage with representative groups and the public throughout the consultation process to assess if there is any significant adverse impact.

### **Dependant 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. Through the Equality Impact Assessment consultation process, the Trust will engage with users, carers and carers' representatives to assess potential adverse impact and implement mitigation if required.

### **Disability**

The Trust does not currently collect information on disability, however, statistics show that 54.39% of the 60 plus age group have a long term limiting illness (Source NISRA T48 Age – People, Family and Households). As the majority of Ophthalmology Services patients are 60 plus this would indicate there may be a considerable number of patients who have a disability.

This proposal will involve all Ophthalmology inpatients and day patients would go the proposed new centre of Ophthalmologic Excellence in the Mater Hospital. While there is a short difference of 1.93 miles between the two current acute hospitals providing Ophthalmology, it would depend on which direction patients would be travelling from, on whether or not there would be an impact regarding travel distance. The Mater Hospital is relatively centrally located and a range of public and private transport is available. It is easily accessible by the Westlink section of the motorway infrastructure.

The Trust is committed to its statutory duties under the Disability Discrimination Act 1995 (NI) Order and under Section 75 of the Northern Ireland Act 1998. The Trust uses different local and strategic forums to address any barriers to service provision and information for those with a disability. The Trust has a Disability Steering Group, an Access Audit Group and is a member of the Regional Disability Action Plan Group to help promote equality of opportunity for individuals. Good practice

measures, where practicable, have already been adopted in terms of signage and appointment letters. The Trust has also introduced schemes such as Volunteers and the Sighted Guides Scheme to make services and Trust facilities more accessible for users with a visual impairment. Since 2007, over 2,000 people have used the Shopmobility service at the Royal Hospital and the Trust is mindful of the importance of adopting such measure for those with a disability.

## **Ethnicity**

Ophthalmology Services have not collected data on the ethnic minority of their service users. The Trust has extrapolated figures on requests for foreign language interpreters by Ophthalmology Services and whilst this is not a proxy indicator for the volume of those from an ethnic minority, it indicates uptake of services by those who do not speak English competently.

The Trust will continue to engage with ethnic minority organisations and draw on existing links with the Trust through the Community Development Team, its ethnic minority Liaison Officer and Health Improvement teams. This will help facilitate effective two-way information provision about the proposed change to the service and any potential adverse impact in terms of those from an ethnic minority background. It will also help raise awareness about health improvement and look at specific outreach measures for people from an ethnic background (e.g health clinic in community testing for diabetes etc)

## **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.

## **Regional service users**

The proposed provision of Ophthalmology Services at the Mater Infirmorum Hospital will incur a differential in distance of 1.93 miles for a service user who had previously attended the Royal. Depending on which direction they are travelling from, this could be a lesser or longer distance. Ophthalmology Services will endeavour to facilitate later

appointments for those patients travelling a distance that require additional time.

### **6.3 Mitigation: staff**

The preferred option to transfer the current inpatient and day case services to the Mater Hospital will impact on staff based at the Royal and Mater Hospitals particularly those based at the Royal who will have to move to the Mater in order to deliver the range of specialist services and remain within their chosen speciality.

- The Trust is committed to improving the productivity and utilisation of all 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 that move to new roles and responsibilities.

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.

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, etc.

The proposed reorganisation will impact on those staff currently working at the Mater and Royal Hospitals. In order to deliver Ophthalmology services, staff based at the Royal Hospital site will need to move to the Mater Hospital site in order to deliver this specialist service and remain within their chosen specialism. It may be possible to redeploy staff in non specialist posts at their current location if this can be facilitated. Staff will need to be flexible and retrain or relocate, but if they wish to remain working for the Trust, everything possible will be done to retain them.

The main impacts anticipated for staff in this reorganisation relate to:

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

## **Relocation**

The proposed reorganisation of the service will impact on those staff currently working in the Royal and Mater Hospital sites as the majority of staff will need to move from the Royal site to the Mater in order to deliver the Ophthalmology service and enable them to remain within their chosen specialism. The Post code analysis shows that staff are already travelling to both sites from across Belfast and beyond. There is a higher proportion of staff based at the Royal who live in West Belfast. Most of these staff are junior nursing and administrative staff who may be able to remain at the Royal if posts at the same grade are available.

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 Framework on the Management of Staff affected by Organisational Change.

### **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 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.

## **Conclusion**

The measures outlined above, when implemented, are intended to mitigate any significant adverse impact for 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

## **7.1 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:

- 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<sup>st</sup> 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 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 Ophthalmology Services at the Mater Infirmorum Hospital 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 Ophthalmology Services at the Mater Infirmorum Hospital 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.

**GLOSSARY OF ABBREVIATIONS**

AMD	Assessment of Macular Degeneration
BCH	Belfast City Hospital
DDA	Disability Discrimination Act
DHSSPS	Department of Health, Social Services & Public Safety
ECNI	Equality Commission for Northern Ireland
ED	Emergency Department
ENT	Ears, Nose and Throat
EQIA	Equality Impact Assessment
GOS	General Ophthalmic Services
HSC	Health & Social Care
HWIP	Health and Wellbeing Investment Plan
LGB	Lesbian, Gay, Bisexual
MIH	Mater Infirmorum Hospital
NIAS	Northern Ireland Ambulance Service
NICE	National Institute for Clinical Excellence
NISRA	Northern Ireland Statistics & Research Agency
PFA	Priorities for Action
RGH	Royal Group of Hospitals
WHO	World Health Organisation

**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 31<sup>st</sup> 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:

Mrs Orla Barron, Acting Health & Social Inequalities Manager,  
 Health & Social Inequalities, 1<sup>st</sup> 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](mailto:orla.barron@belfasttrust.hscni.net)

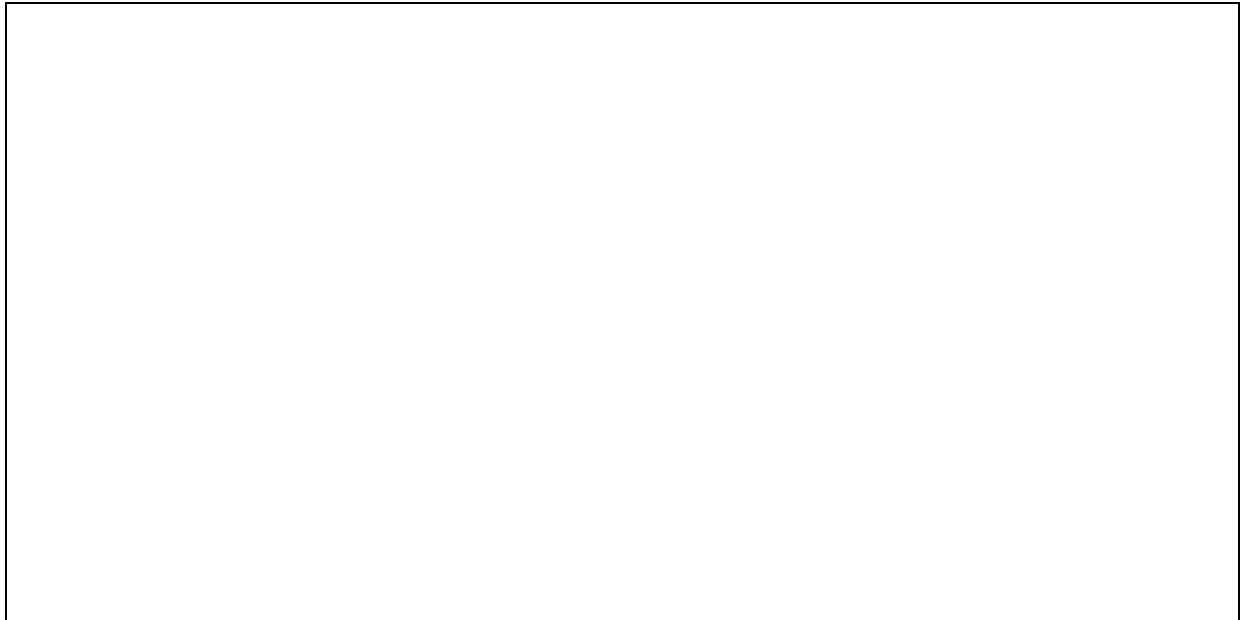
Before you submit your response, please read Appendix A at the end of this questionnaire regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

**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.**

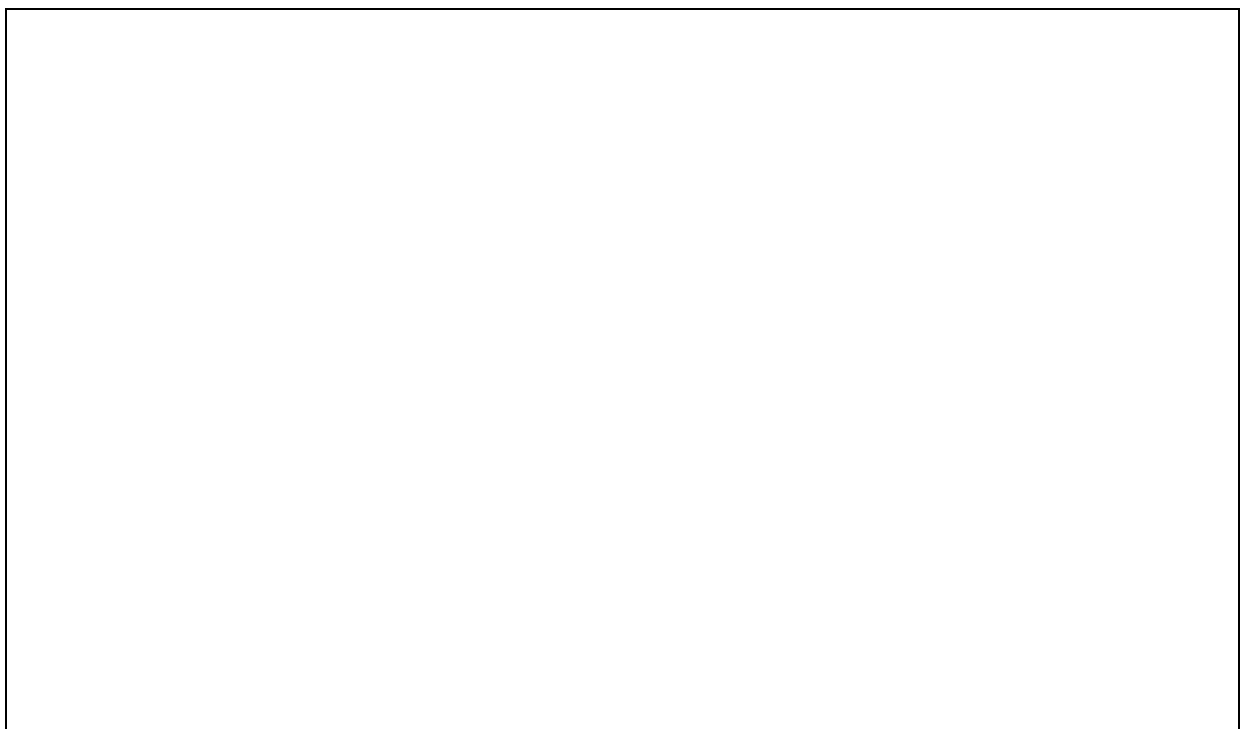
Name:	
Position:	
Organisation:	
Address:	

**I am responding: as an individual  on behalf of an organisation**   
 (please tick)

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



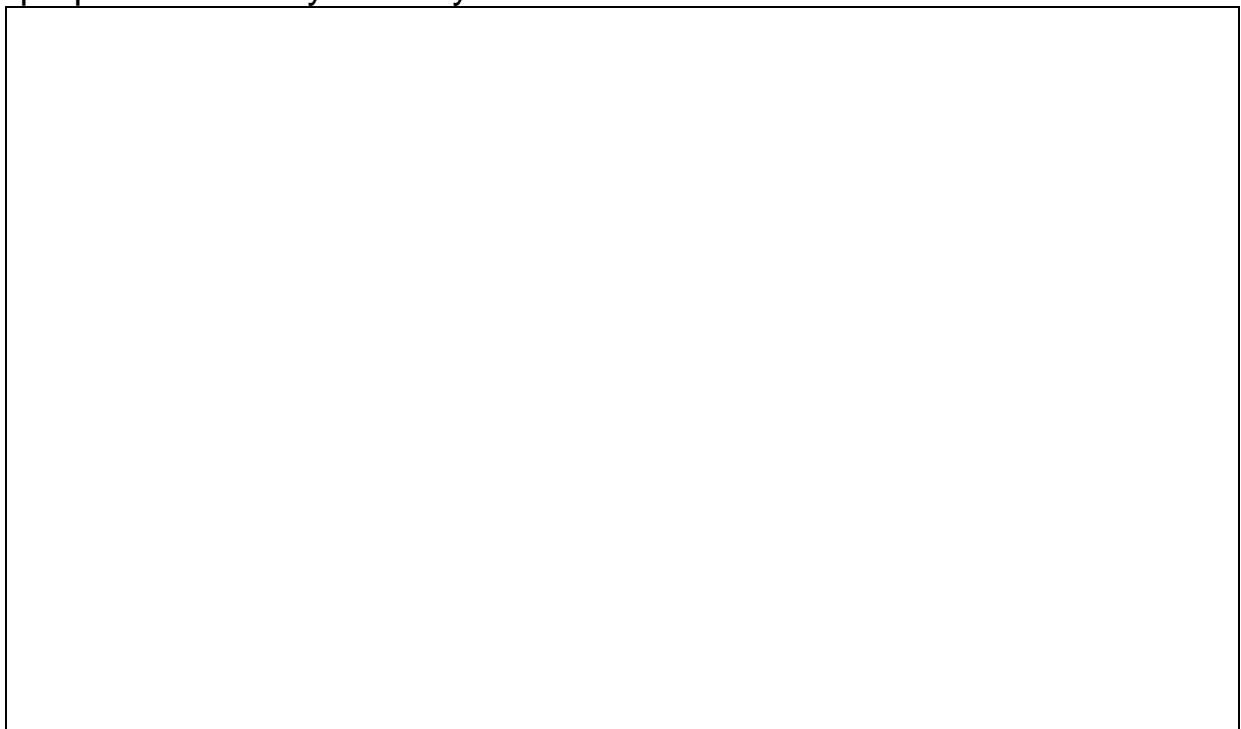
Can you identify any other potential adverse impacts with supporting evidence which might occur as a result of these proposals being implemented.



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

### **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.