



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

RHEUMATOLOGY/DERMATOLOGY SERVICES

Consultation period 5 July 2010 – 31 October 2010

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:

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Executive Summary

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

The Trust set out in a document entitled “The Belfast Way” its values and objectives for the future delivery of its service to achieve excellence for the people of Belfast. The public consultation “New Directions” in 2008 engaged with the people the Trust serves on how we should deliver services in a faster, more flexible, less bureaucratic, and more effective way.

The Trust has developed a number of proposals for the future delivery of acute services, mainly inpatient and daycase. These proposals are detailed in a consultation document entitled “Excellence and Choice in Acute Services”.

The Belfast Trust is reviewing the current delivery of Rheumatology/Dermatology Services, which are provided across the Trust’s Acute hospitals; Dermatology (Royal, City and Mater) Rheumatology(Royal, City and Musgrave Park).

We are proposing that:

- Adult rheumatology inpatient and day care would move to the Belfast City Hospital from their current location at Musgrave Park Hospital and be based alongside dermatology services. This enables those patients with chronic disease to access the chronic admissions centre, located with renal, cancer treatment and supporting general medical specialties.
- Adult inpatient and day care rheumatology would be based alongside rheumatology outpatients at the Belfast City Hospital, supported by an outpatient service at the Royal Hospitals.
- This proposal would bring the rheumatology service together onto two sites, rather than the current three, thereby reducing the fragmentation of our skilled staff and providing a more modern building with the necessary clinical linkages to support the development of the service.

- Dermatology inpatients, day care and outpatients remain in their current and most appropriate settings for the service.
- The key additional change for the dermatology service is in the delivery of the biologic infusion service which would be brought together with the rheumatology service at Belfast City Hospital. The use of biologic drugs has developed significantly and improved the treatment of rheumatology and dermatology conditions such as psoriasis, rheumatoid arthritis and psoriatic arthritis. This proposal brings together the skills and expertise of the staff delivering biologic infusions into a single service based at the Belfast City Hospital.¹

It is important that the Trust delivers services locally where possible; therefore:

- Adult rheumatology and dermatology outpatients would continue to be delivered from the Royal, City and Mater Hospitals.

A consideration of options was undertaken by a multi-disciplinary project group, made up of representatives from each of the Trust acute Hospitals, a Human Resources Manager, an Equality Manager and Service Users to look at the benefits and disadvantages of each option regarding the review of Rheumatology/Dermatology Services. Based on the consideration of options, the Project Team recommended **Option 4** as the preferred option whereby:- Adult Rheumatology and Dermatology inpatient services are located at the Belfast City Hospital. Rheumatology day care is also delivered at the Belfast City Hospital. Dermatology day care continues to be delivered from the Belfast City Hospital and Royal Hospitals, including biologic therapies delivered subcutaneously. Rheumatology and dermatology biologic infusion therapies would be delivered at Belfast City Hospital.

A screening exercise was carried out on the proposal to reorganise Rheumatology/Dermatology Services this proposal was screened in for a full Equality Impact Assessment. An Equality Impact Assessment (EQIA) is an in-depth study to assess the extent of the impact on the equality of opportunity for the nine categories identified in Section 75 of the Northern Ireland Act 1998. It requires the analysis and consideration of both quantitative and qualitative data.

¹ Dermatology patients whose biologic drug is delivered as a sub-cutaneous injection will continue to be reviewed at their local Hospital.

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

The Trust will consult widely with Users 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 document will firstly outline the organisational and strategic context from where this proposed reform was developed.

Section 2 provides an overview of the current service model, the factors which have prompted the Trust to propose the new model of Rheumatology/Dermatology Services 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. It will consider the information to inform the Trust of how this proposal may impact on people from across the Section 75 groups – both service users and staff and assess whether the impact will be differential and possibly adverse.

Section 6 looks at any mitigation measures necessary in the event of adverse impact for either staff or 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 is conducting this Equality Impact Assessment to ensure that our staff, service users, carers and the public at large have an opportunity to provide their views before any final decisions are taken.

The proposal is outlined in the consultation document “Excellence and Choice - Right Treatment, Right Place -Rheumatology and Dermatology Services” available to download at <http://www.belfasttrust.hscni.net>

SECTION 1
INTRODUCTION

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

1.1 Introduction

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

- The Trust welcomes any comments which you may have in terms of Equality Impact Assessment.

The consultation period runs from 5 July - 31 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.

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 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.

1.4 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.

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

1.5.1 Background to the Trust

The Belfast Health and Social Care Trust (the Trust) was established on 1st April 2007 under the Belfast Health and Social Services Trust (Establishment) Order (Northern Ireland) 2006. 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.

1.5.2 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. The Trust identified our four key values through dialogue and engagement with Service Users, Carers, Staff, Staff Side and others. -

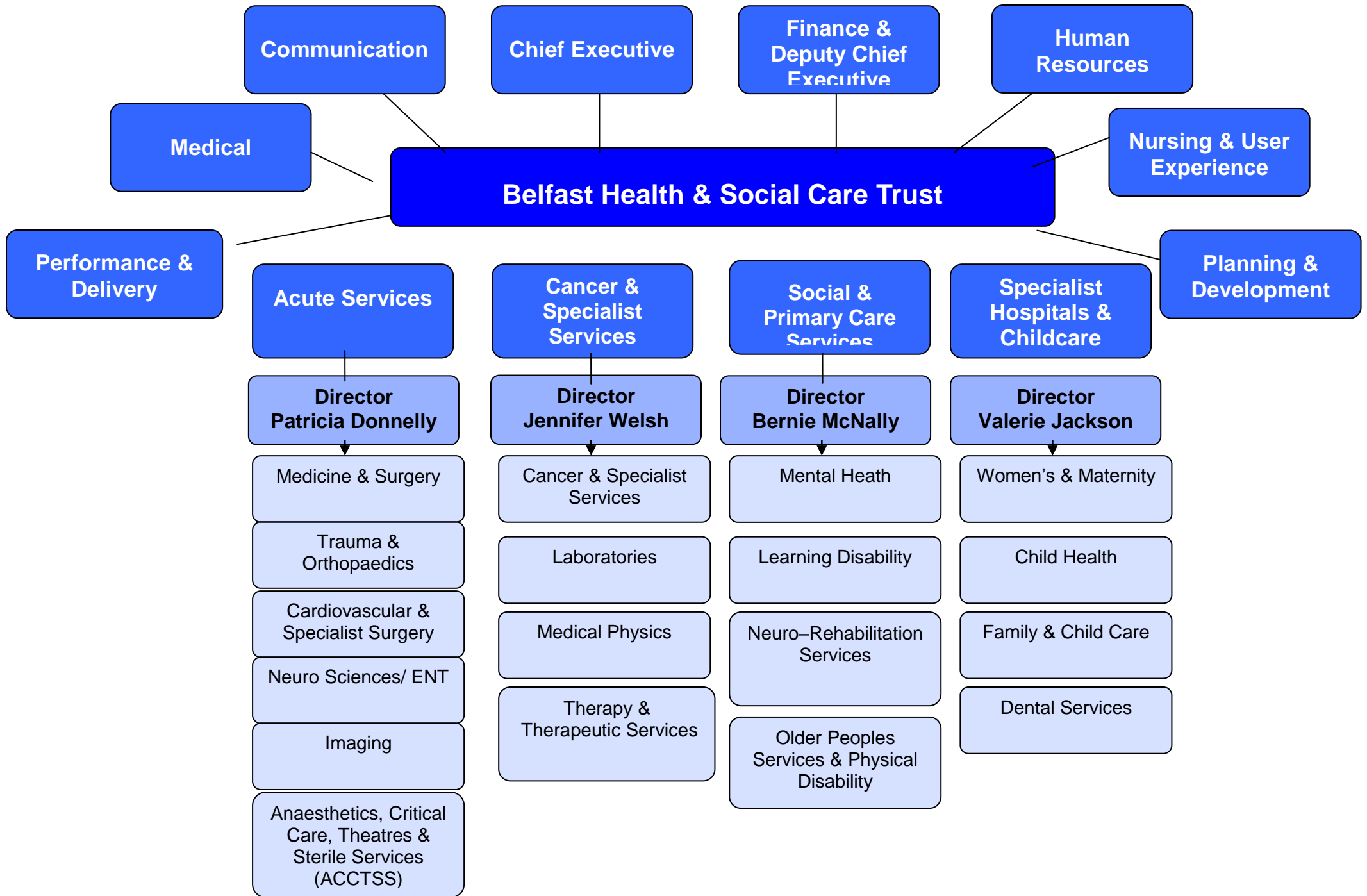
- Respect and Dignity
- Accountability
- Openness and Trust
- Learning and Development.

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.

1.6 Management structure and descriptions: As follows:



Cancer and Specialist Services Group is responsible for the development of services including: oncology and haematology (including chemotherapy, radiotherapy and brachytherapy, nephrology (including renal dialysis and the transplant service), rheumatology, dermatology, genetics, laboratories, pharmacy and allied health professions.

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 TO SERVICE PROVISION

2.1 Current Service Profile

2.2 Key Drivers for Change

2.3 Future Proposed Model

2 Background to Service Provision

2.1 Current Service Profile

Rheumatology Services

Rheumatology services focus on the diagnosis and management of disease of the joints and soft tissues such as muscles and tendons. There have been major advances in the treatment of severe arthritis in the last decade, particularly with the introduction of the new biologic therapies (see below).

One of the key features of rheumatology is the team approach with doctors, nurses, physiotherapists, occupational therapists, podiatrists and pharmacists all working closely together to improve the quality of patient lives and reduce their pain and disability.

Rheumatology services are currently delivered across three Hospitals - the Royal Hospitals, Belfast City Hospital and Musgrave Park Hospital.

Dermatology Services

Dermatology services manage diseases of the skin, hair and nails. Up to 50% of referrals into the Belfast Trust service are related to skin cancer and around 20% are for the three major inflammatory diseases, eczema, psoriasis and acne.

Inpatient services are currently located in the Belfast City Hospital and offer care to patients with severe skin disease or skin failure, a few of whom will require access to intensive care facilities. Patients with widespread chronic inflammatory diseases significantly benefit from an inpatient admission to hospital providing treatment by skilled dermatology nursing staff and mutual patient support.

Dermatology services are currently delivered across the three acute Hospital sites in the Belfast Trust namely the Royal Hospitals, Belfast City Hospital and the Mater Hospital.

Both Adult Rheumatology and Dermatology services are delivered in one or more of the following ways:

As an inpatient: Rheumatology inpatient services are currently located in Musgrave Park Hospital and offer care to patients, particularly those in need of more intensive treatment. The need for inpatient beds has reduced significantly as a result the changes in patterns of care, with a move towards more day care services.

Dermatology Day Care services are provided in both the Belfast City Hospital and the Royal Hospitals and provide phototherapy, day treatment (including the delivery of disease-modifying drugs, such as biologics), and education and advice for patients with skin disease. In addition, Mohs' surgery which is a highly specialised surgical technique to remove all the cancerous tissues and as little of the healthy tissue as possible is delivered from the Royal Hospitals. Photodynamic therapy (PDT) is delivered at the Belfast City Hospital site for the treatment of premalignant skin lesions and superficial skin cancers. In addition the regional photodiagnostic centre for the investigation of patients with light sensitivity is also based at the latter hospital.

As a day care service: Rheumatology Day Care services cover complex assessment and treatment which does not require an overnight stay. Rheumatology day care services include a "one-stop" shop where patients can meet with their clinical team and have all the necessary tests undertaken in one visit. This can include intravenous infusions, complex joint injections, ultrasound scans of joints and biologic drug therapies as well as patient education.

Dermatology Day Care services are provided in both the Belfast City Hospital and the Royal Hospitals and provide phototherapy, day treatments including the delivery of disease-modifying drugs, such as biologics, and education and advice for patients with skin disease. In addition, Mohs' surgery which is a highly specialised surgical technique to remove all the cancerous tissues and as little of the healthy tissue as possible is delivered from the Royal Hospitals.

As an outpatient: Rheumatology outpatients receive care, such as joint injection therapy and patient education, without the need for a stay in hospital, provided currently in Belfast City Hospital and Royal Hospitals.

Dermatology outpatients are seen in all three acute hospitals, the Belfast City Hospital, Royal Hospitals and the Mater Hospital. Within dermatology, a range of outpatient procedures, such as cryotherapy, patch-testing, skin biopsies and excision of skin cancer are provided.

Table 1: Adult Rheumatology FCES & Beddays 2009/10				
Hospital Description	Specialty Description	Elective/non elective	Episodes	Beddays
Musgrave Park Hospital	RHEUMATOLOGY	Elective	474	9816
		Non - Elective	132	1374
	RHEUMATOLOGY Total		606	11190
Dermatology FCES & Beddays 2009/10				
Hospital Description	Specialty Description	Elective/non elective	Episodes	Beddays
Belfast City Hospital	DERMATOLOGY	Elective	196	2283
		Non - Elective	33	565
	DERMATOLOGY Total		229	2848

2.2 Key Drivers for Change

Meet Public Expectation for Improved Service Quality

In order to deliver modern services for patients in adult rheumatology and dermatology, access to a modern building is essential for service quality, as is the necessary clinical linkages to other chronic disease and medical specialties. The Trust must ensure that the service can deliver on waiting time expectations for treatment whilst maintaining the highest quality of service to patients in the right environment.

Improved Clinical Linkages

Some services have more relevant clinical links than others, for example, chronic disease specialties including dermatology, rheumatology, renal and cancer treatment. Chronic disease specialties also require close links with general medical specialties. There would be real benefit in bringing chronic disease services onto one site, alongside acute general medical environment. Rheumatology and dermatology also share the provision of biologics and hence their co-location would bring together the specialist staff in this area.

These benefits were identified a decade ago, in the EHSSB review of acute services '***Taking Forward The Pattern Of Services In The Eastern Board Area***' (2000):

The report made the following recommendations for adult rheumatology and dermatology services:

- *Rheumatology* - The Eastern Board recommends as a result of examining the issue, that rheumatology inpatient services be transferred to the Belfast City Hospital. From a patient and carers perspective, there would need to be an enhancement of the physical accessibility of services in the Tower;
- *Dermatology* - Dermatology inpatient and day case services should be located in the Belfast City Hospital.

Address Current Duplication and Service Efficiency

Both services have already modernised their service delivery model with a move towards increased day care and a smaller inpatient service. In order to sustain the inpatient service, it is essential to locate both services together to achieve maximum efficiency.

The changes proposed would also bring together the rheumatology service onto two sites, rather than the current three and the biologics infusion service, from three sites to one site, thereby reducing fragmentation of skills and staff.

Act on Staff Support

Clinical teams across the range of split-site specialties believe that there are potentially significant benefits in bringing specialties into an acute hospital with a chronic disease focus. This will ensure the sustainability of the adult rheumatology and dermatology inpatient services, reduce duplication of specialist staff support in the biologics service and reduce fragmentation of the rheumatology service across three sites. The benefit to the patient will be greater team working, arising from the concentration of specialist staff.

Drive Forward Service Modernisation

The ongoing service modernisation has resulted in an increased focus on day care provision and increased use of biologics. The 2010/11 PfA target, detailing the priorities for health and social care as set out by the Minister for Health, Social Services and Public Safety has set a target for 2010/11 that supports the continued delivery of biologic therapies in Rheumatology:

“No patient should wait longer than nine months for Anti-TNF² drugs by the 31 March 2011.”

This target can be more easily achieved within a combined biologics service.

The Trust's review of its estate has highlighted a number of buildings which are not fit for purpose and which require replacement to enable delivery of a quality service. The Rheumatology service operates from very poor accommodation at Musgrave Park Hospital and the Trust has already committed to the relocation of this service from its current building. A recent estates survey of the building has highlighted that the building does not meet statutory standards, is functionally unsuitable, offers poor space utilisation and is unfit for purpose.

² TNF – Tumour Necrosis Factor. TNF play a crucial role in the body's immune defence against the bacteria causing this type of illness.

This internal review has been confirmed by a recent external inspection visit, undertaken by the Regulation, Quality and Inspection Authority (RQIA).

Summary

In summary, the policies and factors which endorse the need for change in the Trust's current adult rheumatology and dermatology service location are:

- The need to address the risk issues attached to the ageing building at Musgrave Park Hospital and in doing so provide safe, high quality and effective care;
- The need to improve health and wellbeing and reduce health inequalities by achieving the ministerial Priorities for Action targets;
- The need to reduce unnecessary duplication and fragmentation of services;
- Commissioner strategy to locate adult rheumatology and dermatology inpatient and day care services on Belfast City Hospital site (as per EHSSB document);
- The need to localise services where possible and centralise where necessary.

The proposals outlined in this document aim to build on the services already being delivered in the Belfast Trust, to respond to the drivers for change listed above and to improve the quality of care for all patients in adult rheumatology and dermatology.

2.3 Future Proposed Model

Clinical teams across the range of split-site specialties believe that there are potentially significant benefits in bringing specialties into an acute hospital with a chronic disease focus. This will ensure the sustainability of the adult rheumatology and dermatology inpatient services, reduce duplication of specialist staff support in the biologics infusion service and reduce fragmentation of the rheumatology service across three sites. The benefit to the patient will be greater team working, arising from the concentration of specialist staff.

Having identified the key reasons to review this range of services, there are a number of benefits that we would like to be achieved with the proposed change to delivery or location of service. Five benefits guided the work of the project team to the review and reorganisation of acute inpatient and day care 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 assist in both improving patient safety and sustaining the continued provision 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 the existing duplication of services across two or three acute sites will mean patients see the right staff in the right place and this will also help teams deliver a more effective and efficient service.

To ensure services are appropriately clinically linked:

- Delivering services at the right time and in the right place requires certain services to be located close to one another; for example, Rheumatology and Dermatology as chronic conditions, would benefit from being on a shared site with other chronic conditions, such as renal, cancer services and general medical specialties.

To ensure services are accessible to service users and carers:

- Service users, carers, families and visitors want to have easy access to their services, whether by public transport or by car.

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

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

- Belfast City Hospital as the centre for cancer, genetics, renal and a

range of general acute hospital services, with an increased focus on elective services and a chronic admissions centre;

- 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.

Table 2: Proposed changes to provision of Rheumatology and Dermatology Services:

Service	Current Location(s)	Future Location[s]
Adult Rheumatology (Inpatient and day case)	Musgrave Park Hospital	Belfast City Hospital
Biologics (Rheumatology)	Musgrave Park Hospital	Belfast City Hospital
Outpatients (Rheumatology)	Belfast City Hospital/Royal Hospitals	Belfast City Hospital/Royal Hospitals
Dermatology Inpatients	Belfast City Hospital	Belfast City Hospital
Dermatology Day case	Belfast City Hospital/Royal Hospitals	Belfast City Hospital/Royal Hospitals
Biologic Infusions (Dermatology)*	Belfast City Hospital/Royal Hospitals	Belfast City Hospital
Dermatology Outpatients	Belfast City Hospital/Royal Hospitals	Belfast City Hospital/Royal Hospitals

* Dermatology patients whose biologic drug is delivered as a sub-cutaneous injection will continue to be reviewed at their local Hospital.

What does this mean for patients?

There is no change to how patients access the service at Outpatients, which remain, for dermatology, in the Belfast City Hospital, Royal Hospital and Mater hospital and, for rheumatology services in the Belfast City Hospital and Royal Hospitals

There will subsequently be greater benefit, for some patients, in accessing the combined inpatient and day care services at the Belfast City Hospital and enabling local, rapid access to other medical specialties for clinical opinion.

The Belfast City Hospital will become the entry point for all chronic condition admissions to adult rheumatology and dermatology in line with the strategic direction of the Trust and Commissioner strategies;

The single site location for the delivery of biologic infusion therapies will ensure the development of a specialised team rather than the fragmented service that currently exists. Dermatology patients whose biologic drug is delivered as a sub-cutaneous injection will continue to be reviewed at their local Hospital;

Patients would no longer access Adult Rheumatology services in an outdated, not fit for purpose facility.

What does this mean for staff?

- Creates a viable and sustainable service for the future in which the identity of both specialties is preserved;
- Reduction in the number of site locations for many staff and the opportunity to develop a specialised team in one location;
- The ability to access closer linkages with other chronic disease specialties and acute medical specialties.

What does this mean for each hospital?

The Belfast City Hospital will become the entry point for all chronic condition admissions to adult rheumatology and dermatology.

Belfast City Hospital will become a centre of excellence for inpatient and biologic infusion therapy services* with highly specialised teams providing care of the highest quality in specialist units.

** Dermatology patients whose biologic drug is delivered as a sub-cutaneous injection will continue to be reviewed at their local Hospital.*
Belfast City Hospital will become the centre of excellence for the delivery of rheumatology day care services.

The Rheumatology Building at Musgrave Park Hospital will close. There will be no change in the delivery of dermatology day care services with both the Belfast City Hospital and Royal Hospitals continuing to provide dermatology day care services to their local population.

There will be no change in outpatient service provision. The Mater Hospital, Belfast City Hospital and Royal Hospitals will continue to deliver outpatient dermatology services to their local populations. Both the Belfast City Hospital and Royal Hospitals will continue to deliver outpatient rheumatology services to their local populations.

SECTION 3
CONSIDERATION OF OPTIONS

3.1: Long List of Options

3.2: Preferred Option

3 Consideration of options

This section sets out the list of options considered by the Trust to meet the needs of the service. The list of options was developed based on an analysis of the strategic context, vision and objectives for the Trust set out earlier in this report and on the options available to the Trust to meet these objectives.

3.1 Long List of Options

All options considered by the Trust were assessed and evaluated against the following benefit criteria:

- To deliver safe and sustainable services to our patients
- To improve service quality, effectiveness, reduce unnecessary duplication and fragmentation of services and deliver value for money
- To ensure services are appropriately clinically linked
- To ensure services are accessible to service users and carers
- To ensure the acute service plan is compatible with the Trust strategic direction.

The multi-disciplinary Adult Rheumatology and Dermatology Team, including Service users and Trades Unions representatives, considered a number of options for the future location of the service. Mindful of the Section 75 statutory duties, it was agreed that the proposed preferred option would be subject to a full and comprehensive equality impact assessment.

Option 1 – Continue with the current arrangement. Inpatient Dermatology services remain at the Belfast City Hospital and Dermatology day care and biologics service remain at Royal Hospitals and the Belfast City Hospital. Rheumatology (inpatient, day care and biologics) services remain at Musgrave Park Hospital.

Option 2– Inpatient and day care Dermatology services, including the biologics service, remain on the Belfast City Hospital and Royal Hospitals. Inpatient and day case rheumatology services move out of their current inappropriate accommodation on Musgrave Park Hospital to

an alternative location on the Musgrave Park Hospital site.

Option 3– Inpatient and day care Adult Rheumatology and Dermatology services, including the biologics service, move to a single site at Musgrave Park Hospital.

Option 4 – Adult Rheumatology and Dermatology inpatient services are located at the Belfast City Hospital. Rheumatology day care is also delivered at the Belfast City Hospital. Dermatology day care continues to be delivered from the Belfast City Hospital and Royal Hospitals, including biologic therapies delivered subcutaneously. Rheumatology and dermatology biologic infusion therapies would be delivered at Belfast City Hospital.

Service Recommendations

In summary, the project team recommendations were:

- Adult Rheumatology and Dermatology inpatient services should be located together in one acute hospital for the key benefits of close clinical linkages to other chronic disease and medical specialties, streamlined clinical pathways, team working, rota management and efficiency in service delivery.
- The Belfast City Hospital offers the best location for a single inpatient adult Rheumatology and Dermatology unit, day care adult rheumatology and dermatology service and combined biologic infusions service because the strategic direction for the Belfast City Hospital as a chronic conditions centre means that all the relevant specialities are in the one building, providing the basis for a centre of excellence. In addition, this would enable the further development of biologic drug therapies, within the appropriate pharmacy facility (i.e. an aseptic suite, which ensures the correct environment for preparation of biologic therapies at the Belfast City Hospital).
- To continue to provide locally accessible services, dermatology day care services will continue at the Royal Hospitals, supporting the outpatient service there. Dermatology outpatient services will also continue at the Mater Hospital and the Belfast City Hospital.
- Rheumatology outpatient services will continue at the Belfast City and Royal Hospitals.

- This proposal would enable the poor accommodation which houses the Rheumatology services at Musgrave Park Hospital to close in keeping with estate review recommendations.

A summary of the project team recommendations are shown in Table 3:

Table 3 : Adult Rheumatology and Dermatology Current and Proposed Location

Service	Current Location(s)	Future Location[s]
Adult Rheumatology (Inpatient and day case)	Musgrave Park Hospital	Belfast City Hospital
Biologics (Rheumatology)	Musgrave Park Hospital	Belfast City Hospital
Outpatients (Rheumatology)	Belfast City Hospital/Royal Hospitals	Belfast City Hospital/Royal Hospitals
Dermatology Inpatients	Belfast City Hospital	Belfast City Hospital
Dermatology Day case	Belfast City Hospital/Royal Hospitals	Belfast City Hospital/Royal Hospitals
Biologic Infusions (Dermatology)*	Belfast City Hospital/Royal Hospitals	Belfast City Hospital
Dermatology Outpatients	Belfast City Hospital/Royal Hospitals	Belfast City Hospital/Royal Hospitals

- Dermatology patients whose biologic drug is delivered as a sub-cutaneous injection will continue to be reviewed at their local Hospital.

3.2 The preferred Option

Based on the project consideration of the benefits criteria set out above, the Project Team recommended **Option 4** whereby Dermatology and Rheumatology inpatient services are located at the Belfast City Hospital. Rheumatology day care is also delivered at the Belfast City Hospital.

Dermatology day care continues to be delivered from existing the Belfast City Hospital and Royal Hospitals, including biologic therapies delivered sub-cutaneously. Rheumatology and dermatology biologic infusion therapies to be delivered at Belfast City Hospital.

There will be no change in the delivery of local outpatient services at the Mater, Royal Victoria and Belfast City Hospitals for dermatology services and the Royal Victoria and Belfast City Hospitals for rheumatology services.

SECTION 4

CONSIDERATION OF AVAILABLE DATA AND RESEARCH

- 4.1 Strategic Data Sources
- 4.2 Local Data Sources
- 4.3 Population Profile
- 4.4 Northern Ireland Health and Social Services Interpreting statistics
- 4.5 Service User Profile
- 4.6 Staff Profile

4. Consideration of available data and research

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

4.1 Strategic Data Sources

The Acute Hospitals Re-Organisation Programme (AHRP) (1999) and 'Taking Forward the Pattern of Services in the Eastern Board Area (2000)'

Taking forward the Pattern of Acute Hospital Services in the Eastern Board Area (December 2000). These cover the future siting of specialties.

- Regional Strategy 'A Healthier Future (2005–2025)'
- DHSSPS – Priorities for Action 2008/09 – 2010/11
- Developing Better Services (DBS)
- 2001 Census of Population (Northern Ireland)
- Northern Ireland Statistics & Research Agency (NISRA)
- Excellence & Choice - Right Treatment, Right Place in Rheumatology and Dermatology.

4.2 Local Data Sources

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

- "The Belfast Way": A vision of excellence in Health and Social Care
- "New Directions": A conversation on the future delivery of Health and Social Care Services for Belfast.
- The Belfast HSC Trust Delivery Plan

- The Belfast HSC Trust Corporate Plan
- The Belfast HSC Trust Health and Wellbeing Investment Plan (HWIP).

4.3 Population Profile: Belfast Health and Social Care Trust Area

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

Table 4: Belfast & Castlereagh Area Population by Section 75 Group

Section 75 Group Area	Belfast Health and Social Care Trust Population	
Gender	Male	47.4%
	Female	52.6%
Age	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%
Religion	Roman Catholic	37.4%
	Protestant	44.7%
	Other Religion	0.6%
	No Religion or None stated	17.3%
Political Opinion (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

Marital Status (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%
Dependent Status (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%
Disability (based on households with one or more person with a limiting long-term illness)	Disabled	43.6%
	Not Disabled	56.4%

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

4.4 Northern Ireland Health & 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. The Trust does not currently have data on the ethnicity of its Users. However the data collected by the Interpreting service provides information on those who do not speak English competently. The Trust is working with local ethnic minority organisations to monitor uptake of services by ethnic minority patients.

Figure 1

Figure 1 illustrates the volume of interpreters requested by Rheumatology Services between 1 April 2009 and 31 March 2010

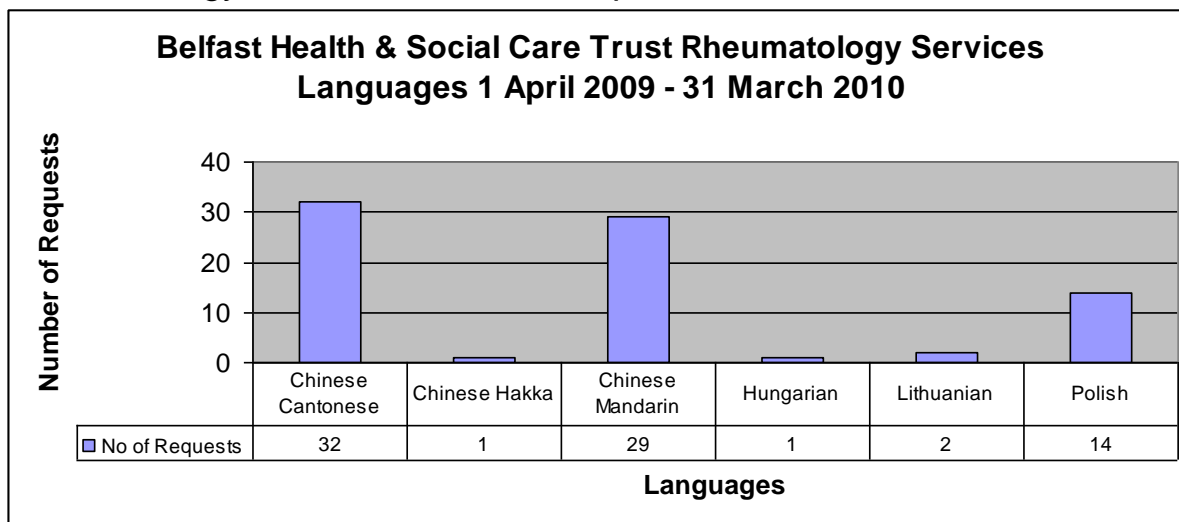
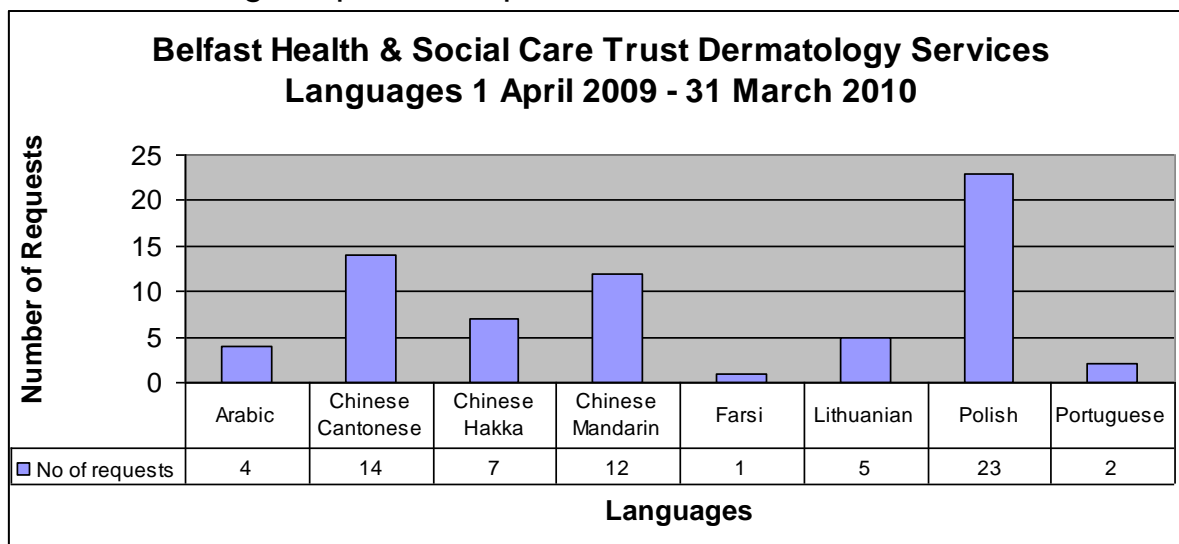


Figure 2

Figure 2 illustrates the volume of interpreters requested from the NIHSSIS during the period 1 April 2009 and 31 March 2010



4.5 Service User Profile by Section 75 Group

4.5.1 Rheumatology/Dermatology Services Users by Section 75 Categories

Gender

Figure 3

Figure 3 shows the gender composition of daycase Rheumatology service users in MPH

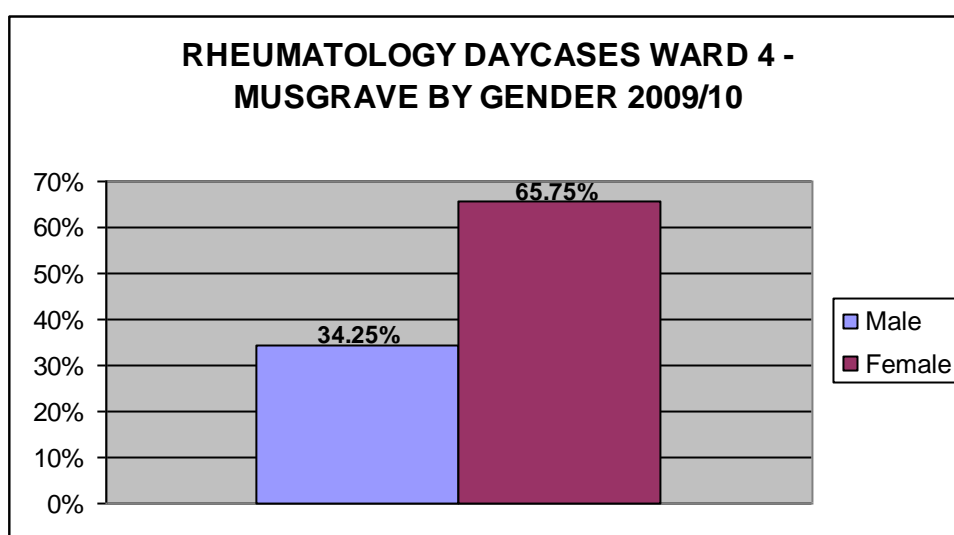


Figure 4

Figure 4 shows the gender breakdown of those attending elective and non-elective dermatology services in Belfast City Hospital

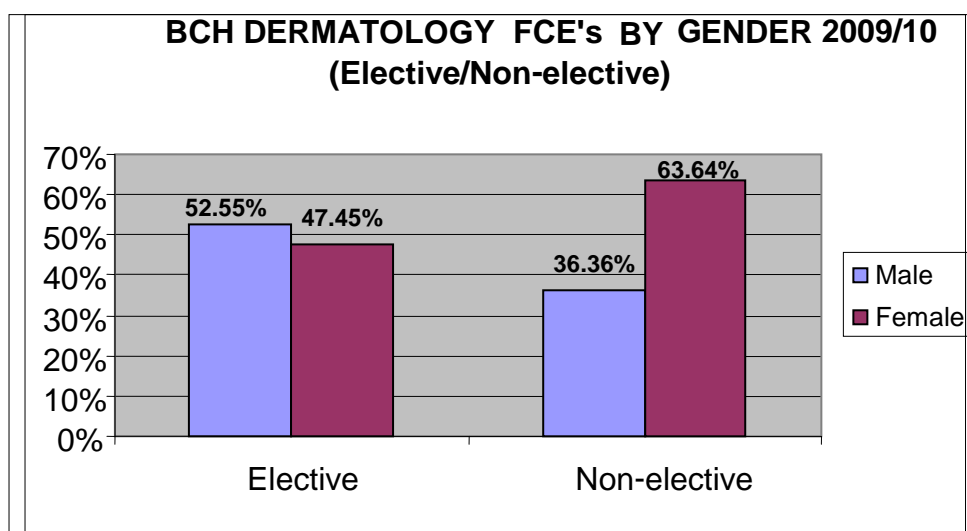
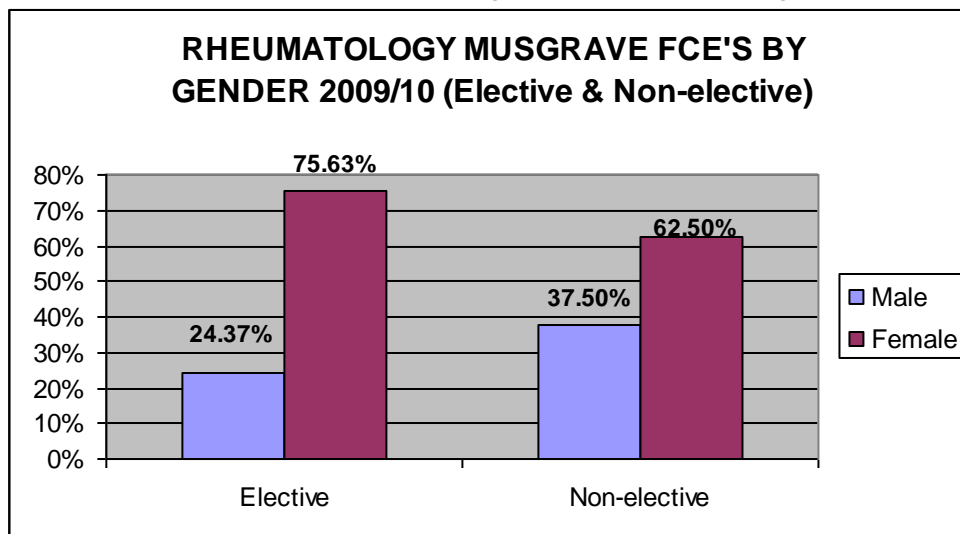


Figure 5

Figure 5 shows the gender breakdown of those service users of elective and non-elective Rheumatology service in Musgrave



Age

Figure 6

This provides an overview of those Rheumatology Daycases in Musgrave.

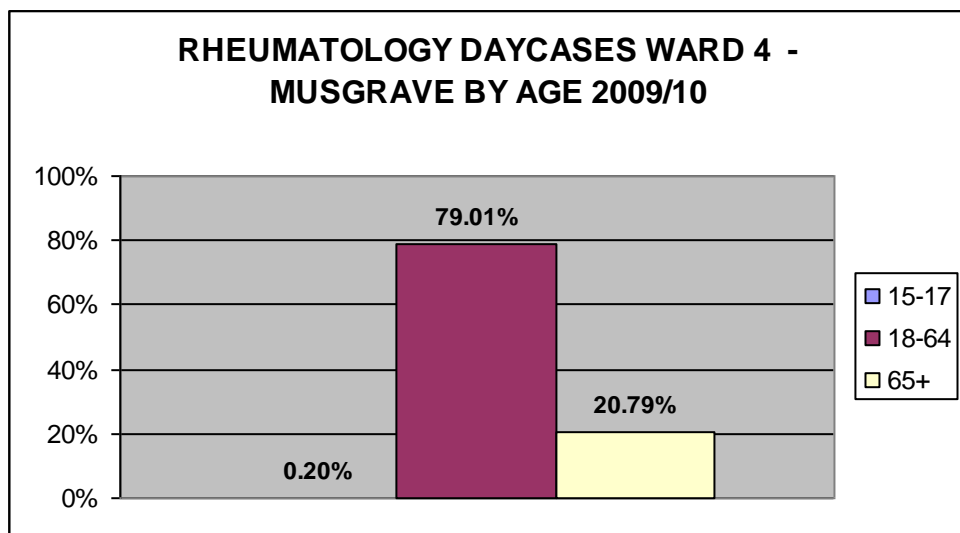


Figure 7

Figure 7 shows the breakdown of non-elective and elective dermatology patients at the Belfast City Hospital by age.

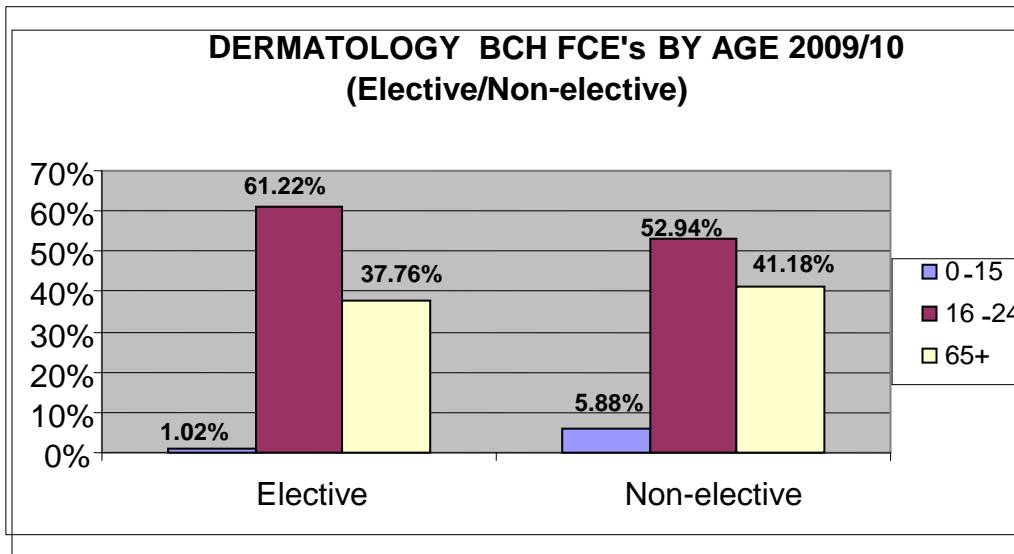
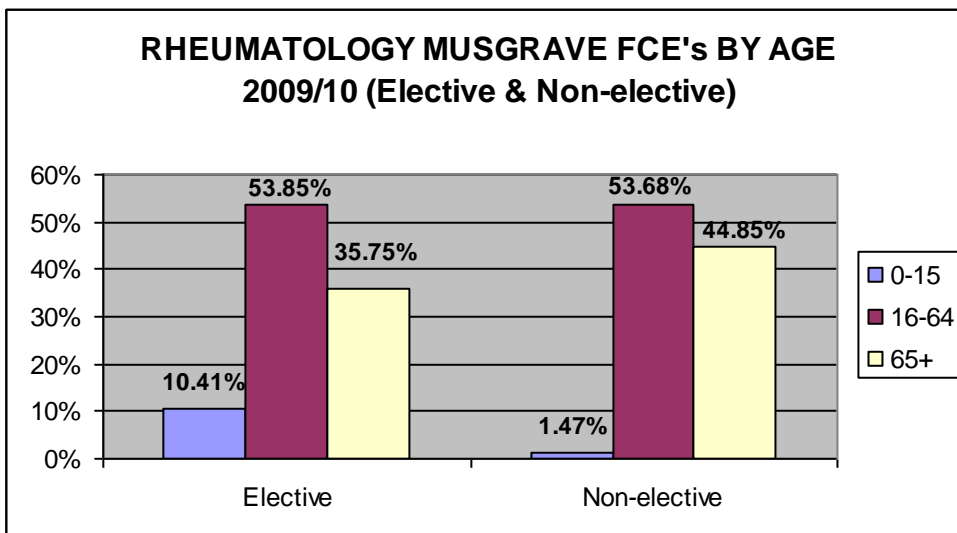


Figure 8

Figure 8 illustrates the age range of those Rheumatology patients who are Elective/Non-Elective at Musgrave Park.



Religion

Figure 9

Figure 9 depicts the religious composition of those Dermatology daycases at the Royal.

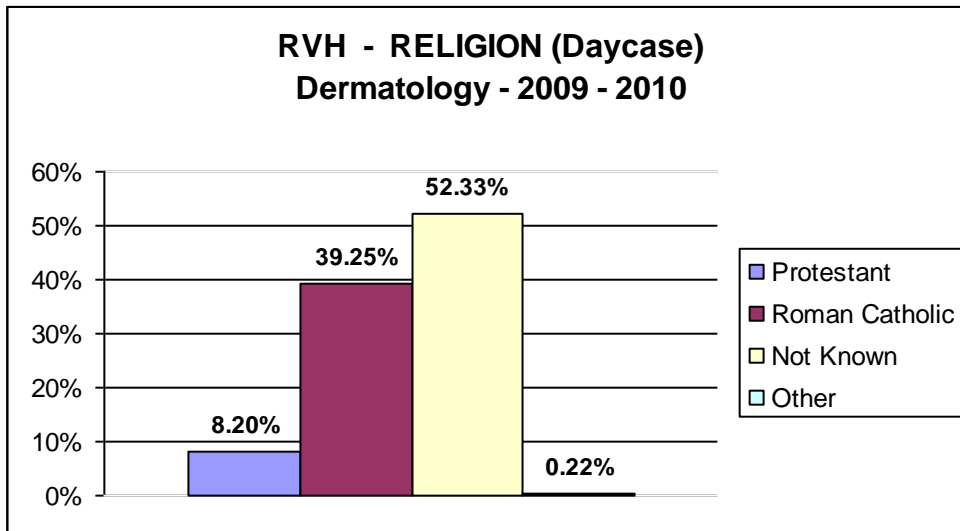


Figure 10

Figure 10 shows the percentage of Rheumatology Daycase Patients by religion at Musgrave Park and the Royal.

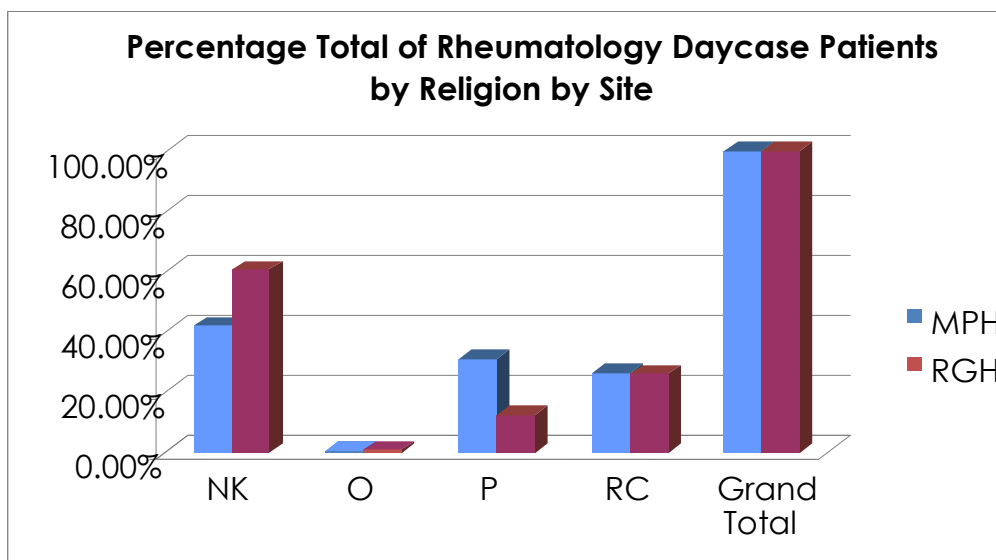
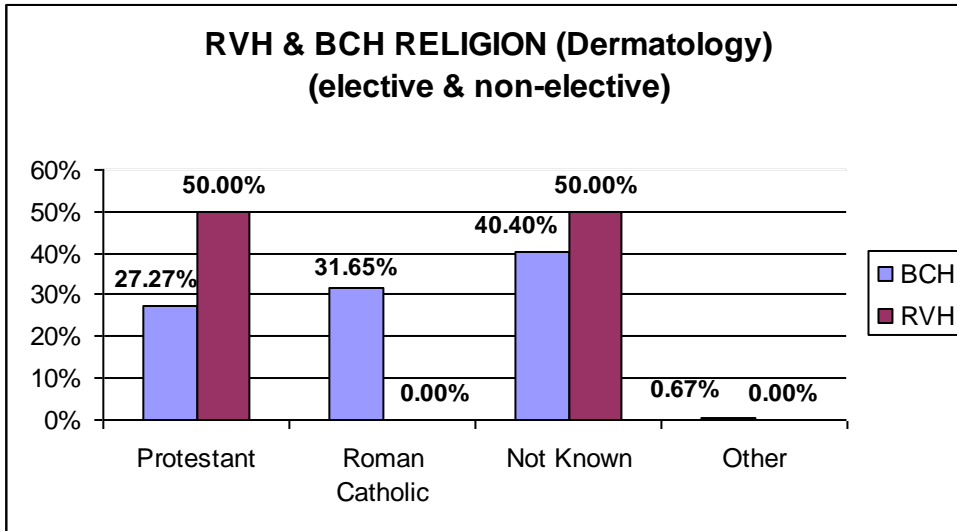


Figure 11

Figure 11 shows the religious composition of dermatology users at the Royal and Belfast City Hospital for both elective and non-elective procedures.



Within the statistics available for Rheumatology/Dermatology there was a high percentage of people whose religion was unknown. Therefore, the Trust has carried out a postcode analysis to approximately reflect the religious composition of Service Users:

Figure 12

This postcode analysis is calculated on the estimated religious composition of each electoral ward.

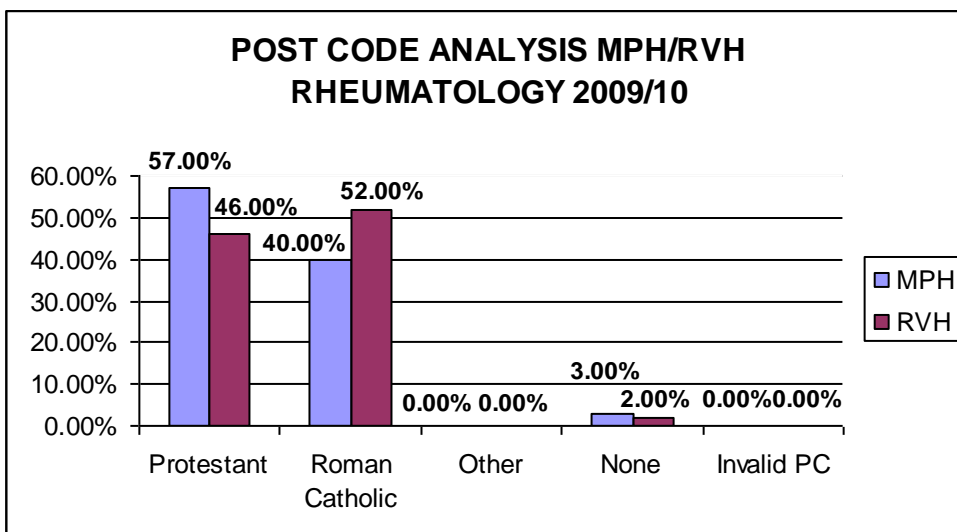
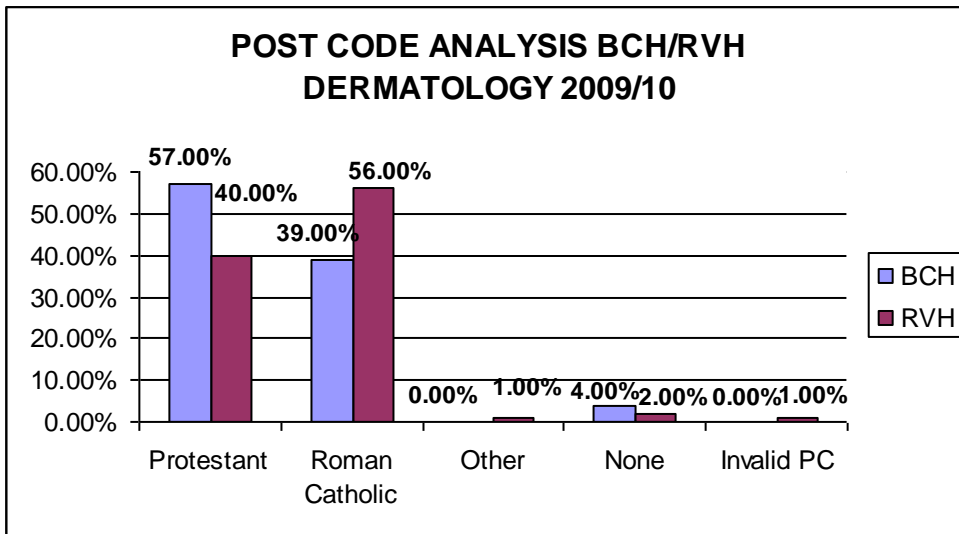


Figure 13

This postcode analysis is calculated on the estimated religious composition of each electoral ward.



Marital Status

Figure 14

Figure 14 shows the marital status of Dermatology service users at the Royal and the Belfast City Hospital.

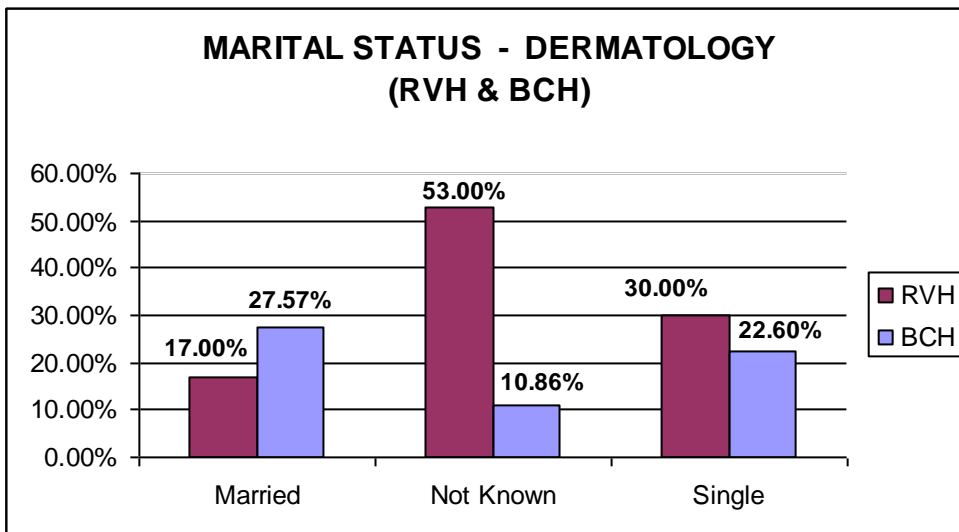


Figure 15

Figure 15 illustrates Rheumatology Daycase Patients by marital status at Musgrave Park Hospital and the Royal.

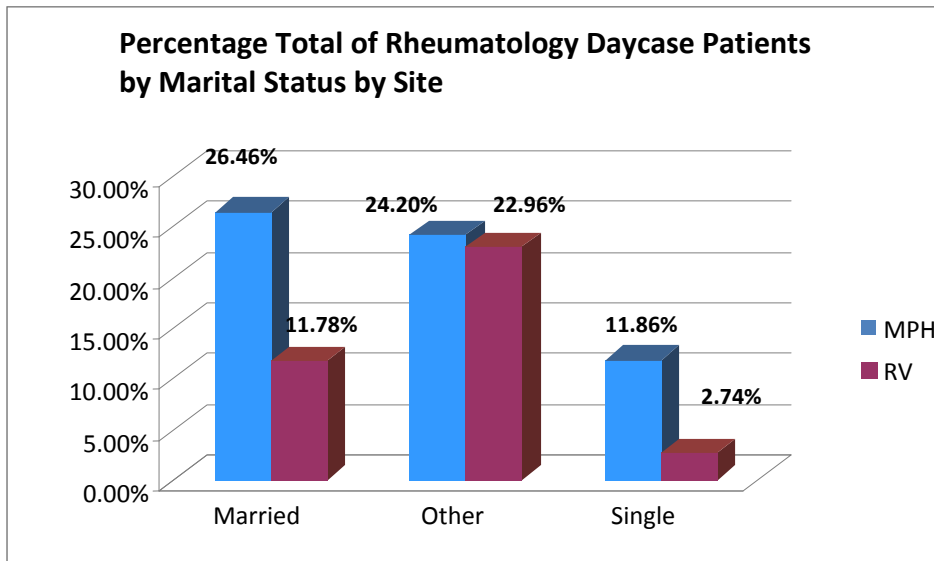
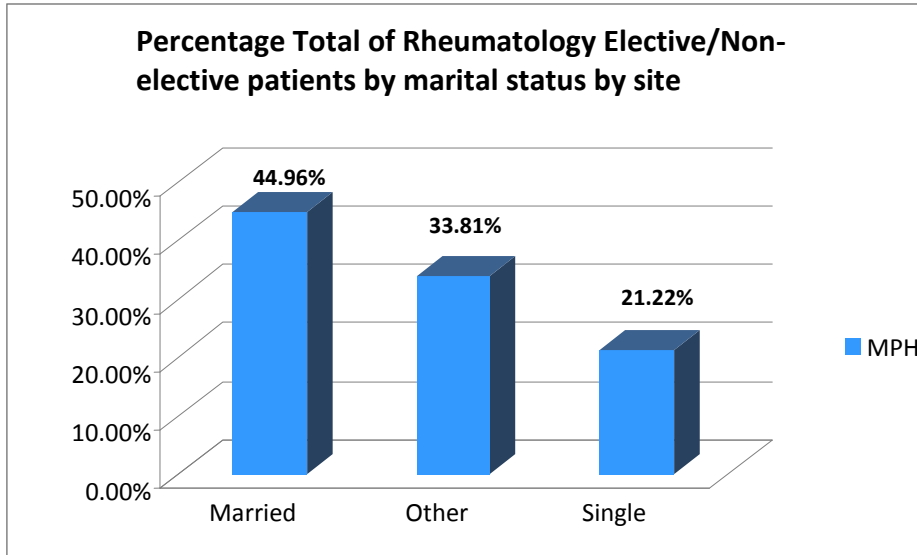


Figure 16

Figure 16 shows the marital status for those Rheumatology patients at Musgrave Park.



4.6 Staff Profile

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 re-surveyed 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 150 people, employed in the service under review – 47 based at the City Hospital, 75 based at Musgrave Park Hospital and 28 based at the Royal Hospital. This represents a Whole Time Equivalent of 120.42 posts. The staff include Nursing, Medical, Administrative, Pharmacy, Occupational Therapy, Podiatry and Physiotherapy staff.

There is also a number of staff such as domestic staff and radiographers who provide service to these areas in addition to other areas. These are mostly pooled staff, employed to work across a number of areas, and so are not included in the data presented below. At the Mater Hospital dermatology patients are seen at a general outpatient clinic and there are no staff specifically providing the dermatology service. Any impact of the proposed reorganisation on these groups of staff is likely to be affected and/or mitigated by other service moves proposed within the Review of Acute Services.

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

Table 5: Belfast Health and Social Care Trust: Staff profile by Section 75 Group (Jan 2010 figures)

Category	Grouping	BCH	MPH	RGH	Total Staff	Belfast Trust
Gender	Male	7%	5%	21%	9%	21%
	Female	93%	95%	79%	91%	79%
Age	16-24	7%	8%	7%	7%	7%
	25-34	39%	24%	11%	26%	26%
	35-44	35%	24%	43%	30%	28%
	45-54	12%	35%	21%	27%	27%
	55-64	7%	8%	18%	9%	11%
	65+	0%	1%	0%	1%	1%
Religion	Protestant	44%	50%	36%	45%	45%
	Roman Catholic	54%	46%	61%	51%	48%
	Unknown/Other	2%	4%	3%	4%	7%
Marital status	Married	54%	68%	68%	64%	55%
	Single	41%	23%	23%	30%	39%
	Other	5%	9%	9%	6%	6%
Disability	Disabled	2%	0%	0%	1%	2%
	Not disabled	44%	8%	89%	76%	60%
	Unknown	54%	92%	11%	23%	38%
Ethnic origin	White	85%	96%	96%	93%	72%
	Other	4%	0%	4%	2%	4%
	Unknown	11%	4%	0%	5%	24%
Political Opinion	Currently being collected					
Sexual Orientation	Currently being collected. Research indicates that 10% of the population is LGB. (Source: Rainbow Project July 2008)					
Dependent Status	Currently being collected					

Gender

Figure 17 shows the breakdown of staff by gender.

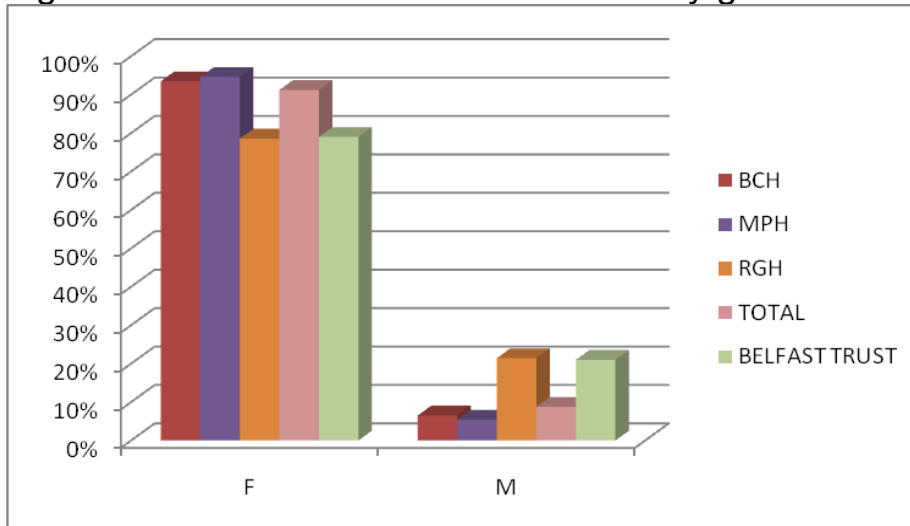


Figure 17: Staff by gender

In the Trust 79% of the staff are Female and 21% Male. In the City Hospital 93% are Female and 7% are Male. In Musgrave Park 95% are Female and 5% Male and in the Royal Hospital 79% are Female and 21% Male. For all locations 91% are Female and 9% Male.

Age

Figure 18 shows staff by age band.

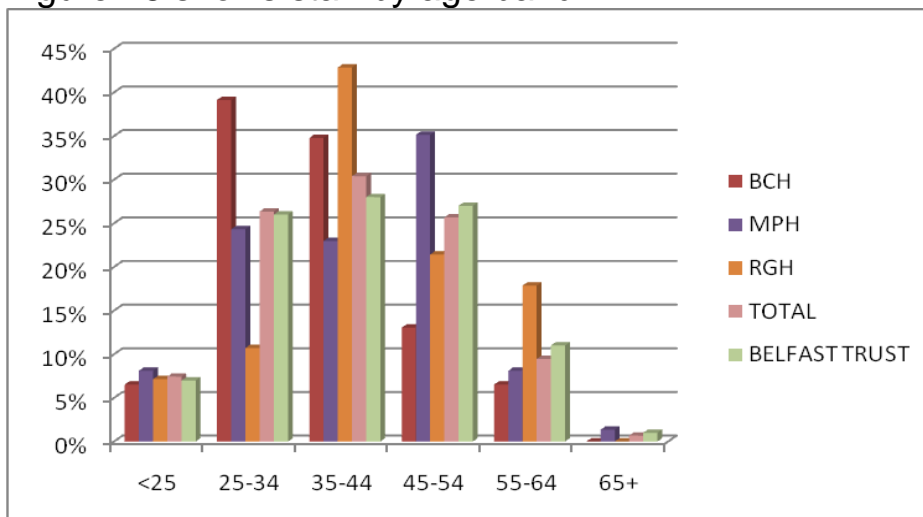


Figure 18: Staff by age band

In the Trust as a whole 61% of staff are under 45 and 29% 45 and over. In the City Hospital 81% are under 45 and 19% are 45 and over. In Musgrave Park, 56% are under 45 and 44% are 45 and over and in the Royal Hospital 61% are under 45 and 39% 45 and over. For all locations 63% are under 45 and 37% 45 and over.

Religion

Figure 19 shows the community background of staff.

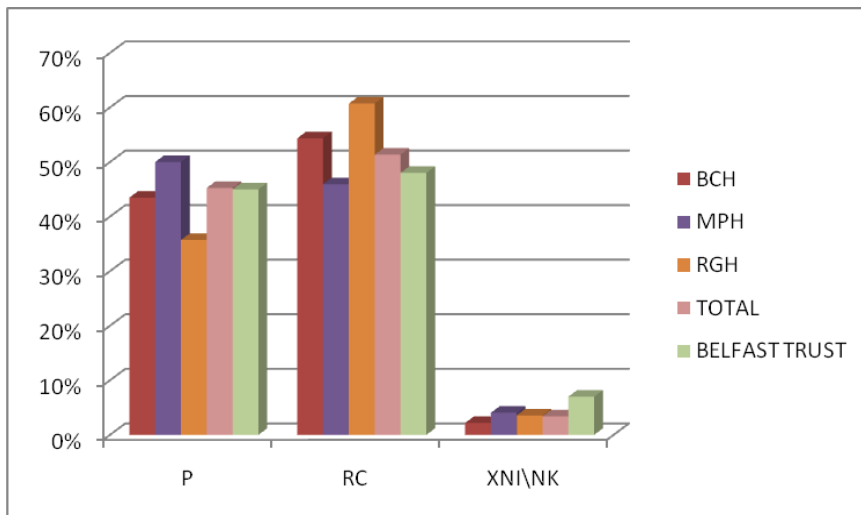


Figure 19: Staff by community background

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 45% Protestants (44% at the City Hospital, 50% at Musgrave Park Hospital and 36% at the Royal Hospital), 51% Roman Catholics (54% at the City Hospital, 46% at Musgrave Park Hospital and 61% at the Royal Hospital) and 4% Other or Unknown (2% at the City Hospital, 4% at Musgrave Park Hospital and 3% at the Royal Hospital).

Marital/Civil Partnership Status

Figure 20 shows that the marital status of staff.

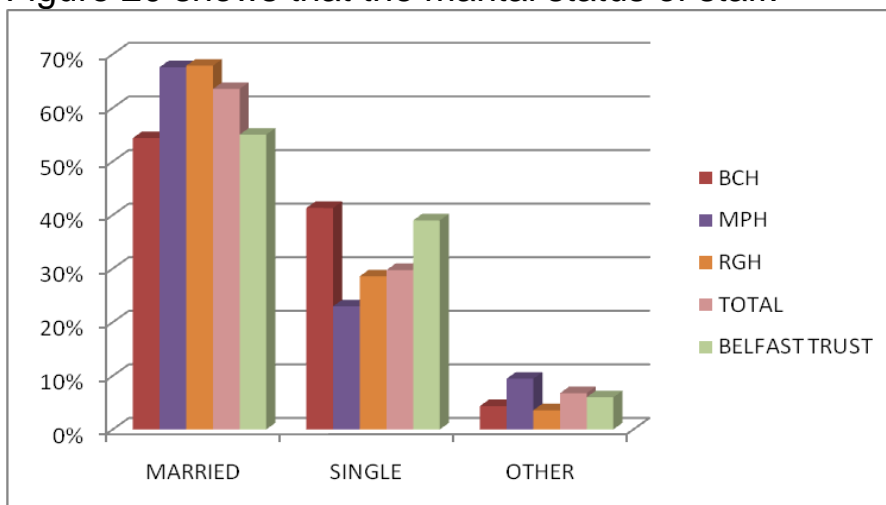


Figure 20: Staff by marital status

In the Trust, 55% of staff are recorded as married, 39% as single and 6% other or unknown. Overall in the areas under review, 64% are

Married (54% at the City Hospital 68% at Musgrave Park Hospital and 68% at the Royal Hospital), 30% Single (41% at the City Hospital 23% at Musgrave Park Hospital and 23% at the Royal Hospital) and 6% Other or Unknown (5% at the City Hospital, 9% at Musgrave Park Hospital and 9% at the Royal Hospital).

Disability

Only one member of staff (based at the City Hospital) stated that they have a disability, compared to the Trust figure of 2%.

Ethnic Origin

Figure 21 shows the ethnic origin of staff.

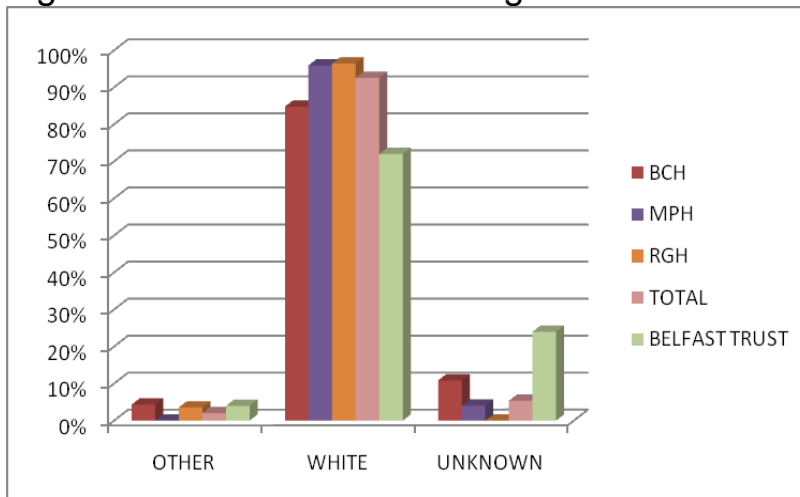


Figure 21: Staff by ethnic group

In the Trust 72% stated that they were White, 4% Other Races and 24% provided no information. Within the areas under review, ethnic origin is not recorded for 5% of staff 93% are White and 2% 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 Equality Screening Outcomes
- 5.3 Assessment of impact on Section 75 Groups – Patients & Clients
- 5.4 Assessment of impact on Section 75 Groups - Staff

5 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 to locate Rheumatology and Dermatology inpatient and daycase services within the main Tower block of Belfast City Hospital.

5.2 Equality Screening

In accordance with the statutory requirements of Section 75 of the Northern Ireland Act 1998, the proposal to modernise and reform rheumatology and dermatology services was screened in. It was agreed that the proposed preferred option would then be duly subject to a full Equality Impact Assessment.

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

Gender –Statistics indicate that Rheumatology Patients are predominantly female – in the case of the daycases at Musgrave, 3/5 are female and 2/5 are male. With inpatients at Musgrave, $\frac{3}{4}$ of elective patients are female and 2/3 of non-elective are female. This would be in accordance with the fact that many rheumatologic conditions are more prevalent in females.

Within Dermatology statistics there is a majority of men in receipt of elective procedures (some 53% in comparison to females at 47%) However there is currently a majority of females 62.5% in receipt of non-elective procedures in Dermatology Services, whilst the ratio of men is projected at 37.5%.

Overall there will be a potential differential impact on females if the proposal progresses – nonetheless on the basis of the information to date there is nothing to suggest that this impact would be either adverse or significantly so.

Age

The largest percentage of Rheumatology Service Users fall into the 18-64 category (79%) for daycases at Musgrave Park Hospital and roughly 54% of both elective and non-elective inpatients at MPH recorded as

between 18 and 64. The other tranche 65+ are 21% for daycases and 35% for elective inpatients and 44% for non-elective.

It must be acknowledged that the age range from 18-64 years is a substantial one and it is difficult to make a comprehensive assessment on the basis of this information. There are a significant proportion of inpatients who are over 65 and this could be attributed to degenerative conditions as the service user matures.

The hospital sites are relatively close in proximity and any adversity should be minimised by the excellent transport links that the Belfast City Hospital has.

There is no indication on the information available at present that the proposal would have a significant adverse impact on the basis of age.

Religion

The data available provided limited information on Religion and so it was decided to carry out a postcode analysis which approximated that within Rheumatology Services at Musgrave, 3/5 of the Users are Protestant and 2/5 are Roman Catholic. At the Royal, slightly over 1/2 users are Roman Catholic and just under 1/2 are Protestant. Within Dermatology Services, at the Belfast City Hospital nearly 6/10 users are Protestant and less than 4/10 are Roman Catholic and at the Royal Hospital, 4/10 are Protestant and nearly 6/10 are Roman Catholic

In essence there is a slightly higher proportion of Roman Catholics who attend both Rheumatology Services and Dermatology Services in the Royal whilst the majority of Dermatology service users at the Belfast City Hospital and the majority of Rheumatology Service Users at Musgrave Park Hospital are Protestant.

There is a differential impact on each of the aforementioned various majorities, in that this proposal will affect a greater volume of service users of these denominations – but on the basis of the information gleaned to date, there is no evidence to show that this impact may be significantly adverse in terms of their religious belief.

Marital Status:

Dermatology Service Users

Within Belfast City Hospital 28% of Dermatology Service Users are married, 23% are single and 38% other (either widowed, separated or divorced). There are 11% whose marital status is not recorded.

Within the Royal Dermatology Services, 17% of users are married, 30% other (widowed, separated or divorced) and 53% of users whose marital status is are not known.

Rheumatology Service Users

Within Musgrave Park Hospital Daycase, the marital status of patients is as follows: 39% married, there are 14% single and 47% are recorded as other

As regards the patients receiving Elective and Non-elective procedures, there are 45% of whom are married, 21% single and 34% recorded as other.

There is no indication, based on the marital status information available at present, that any particular User group would experience an adverse impact. The Trust is mindful of those who also have caring responsibilities who would be transferring to Services at BCH from Musgrave Park that there may well be travel time issues but staff will work closely with Users and Carers to provide a person centred person led service.

Ethnicity

The Trust Dermatology and Rheumatology Services have not recorded the ethnic origin of their service users. In the absence of these statistics, the Trust has drawn on requests for interpreters from the Northern Ireland Health and Social Services Interpreting Services over a twelve month period. In terms of the overall service users, there is a low percentage of people who are not competent in English as their first language. Different dialects of Chinese and Polish have been requested and this would largely reflect the demographic trends in Northern Ireland. The Trust acknowledges that this is not a proxy indicator for ethnic minorities as a whole, rather than those whose first language is not English.

Dependants

Rheumatology/Dermatology Services do not collect data on dependants. 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. Relocation of services may impact on those with caring responsibilities in terms of travel but staff work closely with individual patients, families and carers in order to provide a person centred/person led service.

Political opinion

The Belfast Health and Social Care Trust does not currently ask service users for their political opinion. (See Population Profile: Belfast Health and Social Care Trust -Table 4: Belfast & Castlereagh Area Population by Section 75 Group for breakdown of political opinion).

Those with and without a disability

The Trust does not currently collect data on disability. However, the service is committed to providing a person centred/person led service.

Sexual Orientation

Research indicates that 10% of a population is Lesbian, Gay, Bisexual. (Source: Rainbow Project July 2008).

5.4 Assessment of impact on Section 75 Groups – Staff

The assessment below is based on a total of 150 staff at three locations (47 based at the City Hospital, 75 based at Musgrave Park Hospital and 28 based at the Royal Hospital.) This means that in analysis of specific locations each member of staff accounts for more than 1% of the total.

Gender

In the Trust 79% of the staff are Female and 21% Male. In the City Hospital 93% are Female and 7% are Male. In Musgrave Park 95% are Female and 5% Male and in the Royal Hospital 79% are Female and 21% Male. For all locations 91% are Female and 9% Male. The proportion of women is higher on the City and Musgrave Park Hospital sites than in the Trust workforce as a whole. The higher proportion of women may be related to the fact that most of the staff are in nursing

and administrative grades where the proportion of women is higher throughout the Trust. There is therefore some potential for adverse impact on women.

Age

In the Trust 61% of staff are under 45 and 39% are 45 and over. In the City Hospital 81% are under 45 and 19% are 45 and over. In Musgrave Park 56% are under 45 and 44% are 45 and over and in the Royal Hospital 61% are under 45 and 39% 45 and over. For all locations 63% are under 45 and 37% 45 and over. There is some variation between the sites with a higher proportion of staff under 45 on the Belfast City Hospital site. There may be some potential for adverse impact on younger women based at the City Hospital however it should be noted that this is the proposed location for the majority of staff. These figures do however relate to a relatively small number of staff (47) based at the City so each staff member accounts for more than 2% of the total.

Religion

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 45% Protestants (44% at the City Hospital, 50% at Musgrave Park Hospital and 36% at the Royal Hospital), 51% Roman Catholics (54% at the City Hospital, 46% at Musgrave Park Hospital and 61% at the Royal Hospital) and 4% Other or Unknown (2% at the City Hospital, 4% at Musgrave Park Hospital and 3% at the Royal Hospital).

There is some variation in the religious profile of staff at the 3 locations with a higher proportion of Protestants based at Musgrave Park Hospital (50%) and a higher proportion of Roman Catholics at the Royal Hospital (61%).

Marital/Civil Partnership Status

In the Trust 55% of staff are married 39% Single and 6% Other or Unknown. Overall in the areas under review, 64% are Married (54% at the City Hospital 68% at Musgrave Park Hospital and 68% at the Royal Hospital), 30% Single (41% at the City Hospital 23% at Musgrave Park Hospital and 23% at the Royal Hospital) and 6% Other or Unknown (5% at the City Hospital, 9% at Musgrave Park Hospital and 9% at the Royal Hospital). There is no potential for adverse impact on staff as a result of their marital status.

Disability

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

Ethnic Origin

In the Trust 72% staff stated that they were White, 4% Other Races and 24% have not provided information on their Ethnic Origin. In the area under review only 2% of staff stated that they were from ethnic groups which were not white. 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. There may therefore be some potential for adverse impact.

Travel to Work

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

Table 6:

AREA	BCH	MPH	RGH	TOTAL
BELFAST EAST	4%	3%	0%	3%
BELFAST NORTH	2%	5%	0%	3%
BELFAST SOUTH	11%	18%	18%	16%
BELFAST WEST	9%	16%	29%	16%
CO ANTRIM	17%	3%	7%	8%
CO ARMAGH	2%	5%	0%	3%
CO DOWN	20%	11%	14%	14%
DUNMURRY/LISBURN	20%	38%	18%	28%
N'ABBEY	9%	0%	11%	5%
OTHER	7%	1%	4%	3%

The majority of staff live in the greater Belfast area with 38% in Belfast and a further 33% in Dunmurry/Lisburn and Newtownabbey.

SECTION 6

CONSIDERATION OF MEASURES TO MITIGATE ADVERSE IMPACT / ALTERNATIVE POLICIES

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

6 Consideration of measures to mitigate adverse impacts

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 Rheumatology and Dermatology inpatient and day care Services based at the Belfast City 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 Rheumatology and Dermatology Services for both day case patients and inpatients at the Belfast City 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 Mitigation - Service Users

Gender

There is no indication on the basis of the information available at present that this impact may be a significant one or indeed an adverse one. The Trust believes that this will help engender equality of opportunity in terms

of access, facilities and standards of care for anyone regardless of gender.

Religious Belief

According to the available monitoring statistics there is a narrow majority of Protestants who attend BCH, a narrow majority of Roman Catholics who attend RVH and a narrow majority of Protestants who attend MPH.

The Trust will work and continue to engage with Community Groups and public representatives in the Belfast area and internally with the Community Development Team to help ensure that the Belfast City Hospital is considered readily accessible to all sections of the community. Any changes will also be the subject of a public awareness and education initiative to ensure people know how to access services appropriately.

Age

In the assessment of impact, it was established that there would be a differential impact on those aged between 18-64 years old. The Trust will work and engage with service users and those groups representing people of different ages to ensure that any potential adversity is minimised.

Ethnicity

The majority of service users are white – with interpreting statistics indicating the volume of ethnic minority service users who are not fluent in English. The Trust will conduct more outreach initiatives to ensure that more individuals from ethnic minorities avail of these services. Rheumatology and Dermatology Services shall also work in partnership with the Health and Social Inequalities Team, Community Development and Health Improvement internally to look at ways of overcoming any barriers to accessing these Services.

Rheumatology/Dermatology Services mitigate any adverse impact for those not competent in English by providing an Interpreter for any User who needs one; in addition there are appointment letters and cards that can be instantly translated into whatever Language is required as well as a telephone interpreting service which provides immediate interpreting.

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

Rheumatology and Dermatology are accessed by all people within marital status categories, although there is a large number of 'unknown' or other (widowed, separated or divorced) recorded. The Trust acknowledges that extra journey time may be a factor to be considered for people who are married or single with children and who had previously attended the Musgrave or the Royal. It is anticipated that any adverse impact would be minimised by the close proximity of the hospitals.

Table 7: Distances between Hospitals

Mater to BCH	2.14m
Royal to BCH	1.4m
Musgrave to BCH	2.36m

Dependent Status

As the nature of any impact on carers will vary depending on the person being cared for, the Trust will engage with carers and carers' representatives during the consultation process to assess their perception of any differential adverse impact and can therein seek to provide the appropriate mitigation.

Disability

Given the relative proximity of the three hospitals under consideration (see Table 7 above), the proposal should not have a major impact on those with a disability, particularly if travelling by ambulance, public transport or private car. The Belfast City hospital site is well served by the public transport network The Belfast City Hospital has a train station adjacent to it and there is also a free shuttle bus going from the Royal Victoria Hospital to the Belfast City Hospital.

The Trust is cognisant of the wide spectrum that the category Disability covers and that reasonable adjustments and a responsive service are incumbent upon us as service providers – be it for someone with a learning disability, a mental health issue, a physical or sensory impairment. The Trust is committed to progressing its work on improving disability access through its various forums – the Disability Steering Group, the Disability Access Audit Group, the Disability Action Plan groups. The Trust will engage with relevant representatives, umbrella organisations and other interested parties as part of its public consultation.

Sexual Orientation

In order to explore the impact of the proposed changes on this section of the population, the Trust will engage with gay, lesbian and bisexual representative groups as part of its public consultation.

Multiple identity

The Trust recognises that people - service users or staff - do not neatly fit into one Section 75 category – no individual is the same. Therefore pure statistical information does not capture these multi-faceted complexities - e.g. an older man presenting with Rheumatology/Dermatology problems may have a sensory disability and these may present different needs in terms of service provision or a female nurse may have childcare responsibilities and require flexibility in her employment.

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.

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

6.3 Mitigation - Staff

The preferred option to co-locate inpatient Rheumatology and Dermatology service at Belfast City Hospital with dermatology day care at the Royal, will impact on staff based at the Royal, City and Musgrave Park hospitals.

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 equal opportunities legislation when implementing any proposed changes.

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

The general guiding principles which will be applied are:

- The Trust has no plans for compulsory redundancies
- Staff will be kept fully informed and will be supported during this process
- The principles of fairness, dignity and equity of treatment will be applied in the management of people undergoing these changes
- Training and retraining opportunities will be provided to assist staff who move to new roles and responsibilities.

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

The proposed reorganisation will impact on those staff currently working at the Royal, City and Musgrave Park hospitals.

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

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

Relocation

It is not anticipated that the proposed re-organisation will result in a reduction in the number of staff needed to provide the service. The proposed reorganisation of the service will impact on those staff currently working in the City, Royal and Musgrave Park Hospitals as some staff will be needed to move from one site to another in order to deliver the service and to remain within their chosen specialism. Some staff are already working on more than one site.

The Post code analysis shows that staff are already travelling from across Belfast and beyond to their current work location. Staff should be able to travel to a different location as the three hospitals are within a few miles of each other and in the case of the City and Royal hospitals a free shuttle service is already in operation.

Staff in non specialist posts are more likely to be able to be redeployed at their current location and every effort will be made to facilitate this. Staff in some areas may need to be flexible and retrain or relocate to another area and everything possible will be done to retain them.

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

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

Ireland Act, Equality Laws and their specific significances in relation to employment and location issues.

The protocol has been developed in recognition of the fact that location of work is of major importance to staff, and to provide assurance, guidance and a process incorporating best practice, and the provision for regional agreements on excess mileage and the application of the Trust's flexible working arrangements.

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

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

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

Staff Support

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

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

Partnerships

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

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

6.4 Conclusion

The measures outlined above, 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 Formal consultation, publication and monitoring

7.1 Formal Consultation

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

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

The closing date for responses is 31 October 2010.

7.2 Publication

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

7.3 Decision of the Public Authority

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

7.4 Monitoring

In keeping with the Equality Commission's guidelines governing EQIA the Trust will put in place a monitoring strategy to monitor the impact of the reorganisation of Rheumatology/Dermatology services 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 change 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

A&E	Accident and Emergency
BCH	Belfast City Hospital
BHSCT	Belfast Health and Social Care Trust
DCU	Duke of Connaught Unit
DHSSPS	Department of Health Social Services and Public Safety
FCEs	Finished Consultant Episodes
Mohs	Microscopic Surgery
MPH	Musgrave Park Hospital
PfA	Priorities for Action
PUVA	Phototherapy, Photo Chemotherapy
RQIA	Regulation, Quality and Inspection Authority
RVH	Royal Victoria Hospital

Glossary of terms

Allied Health Profession	A clinical profession distinct from medicine, dentistry and nursing, such as physiotherapy, occupational therapy, speech and language therapy and dietetics
Day case	A surgical procedure carried out without an overnight hospital stay
Elective surgery	A surgical procedure which has been planned and booked in advance

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 31st 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, 1st Floor,
Graham House, Knockbracken Healthcare Park, Saintfield Road,
Belfast, BT8 8BH

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

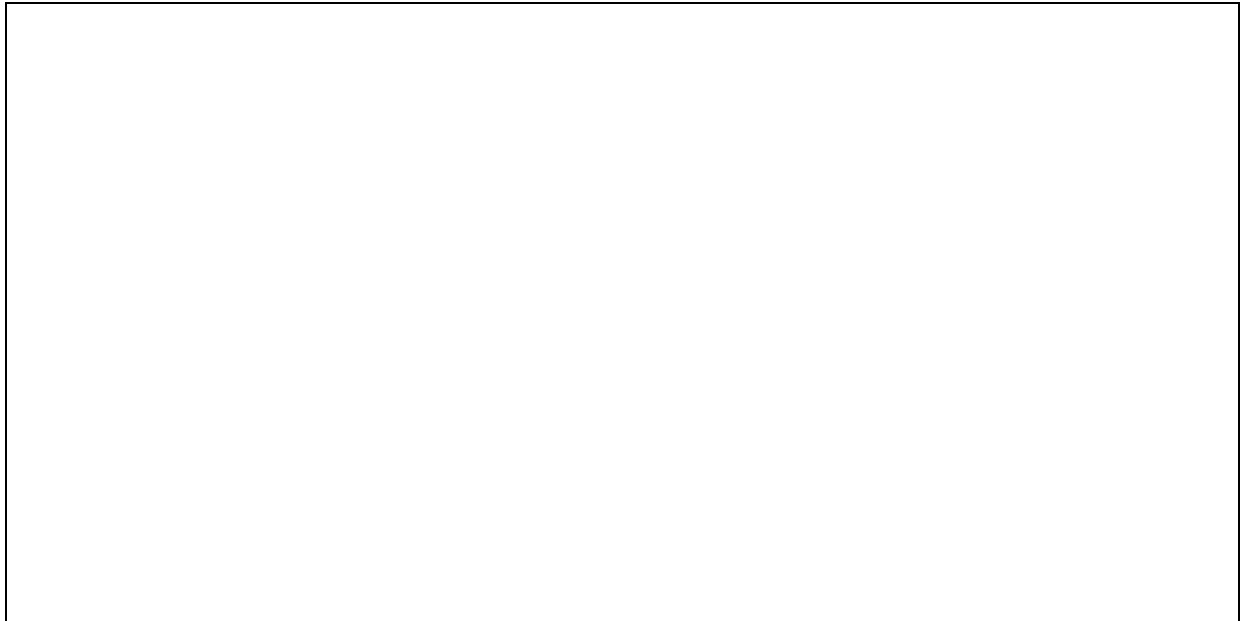
Before you submit your response, please read Appendix A at the end of this questionnaire regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

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.

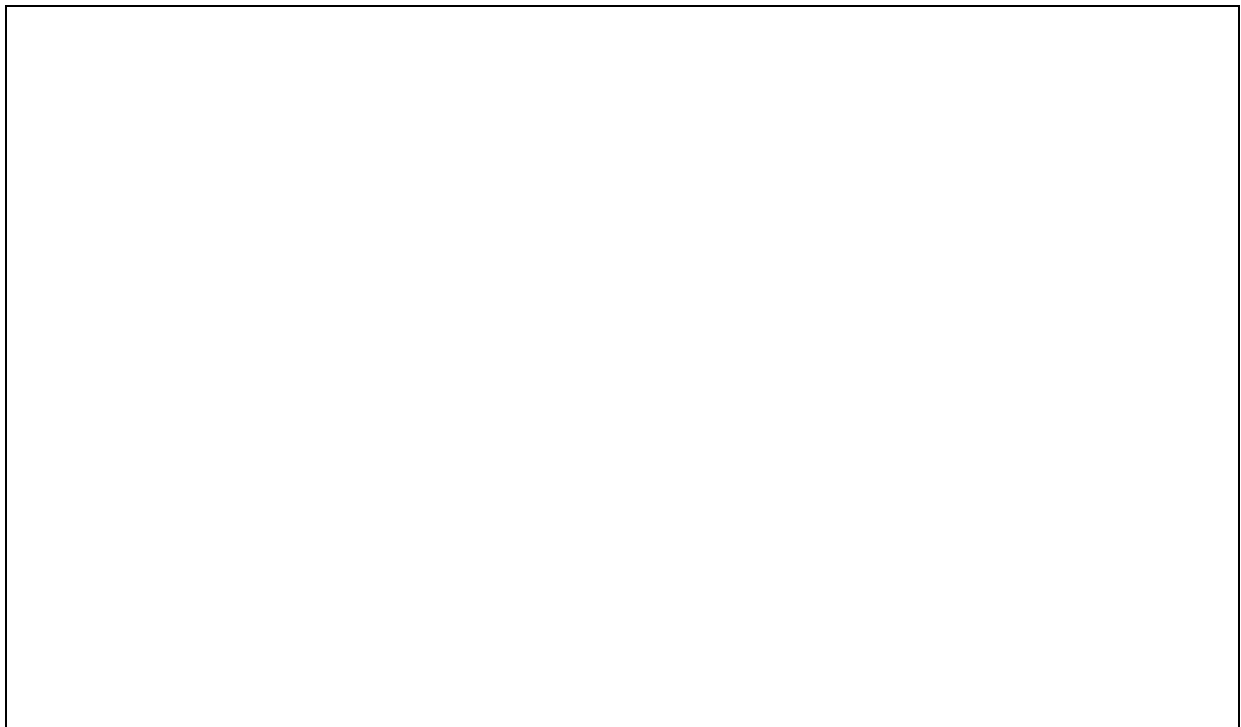
Name:	
Position:	
Organisation:	
Address:	

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

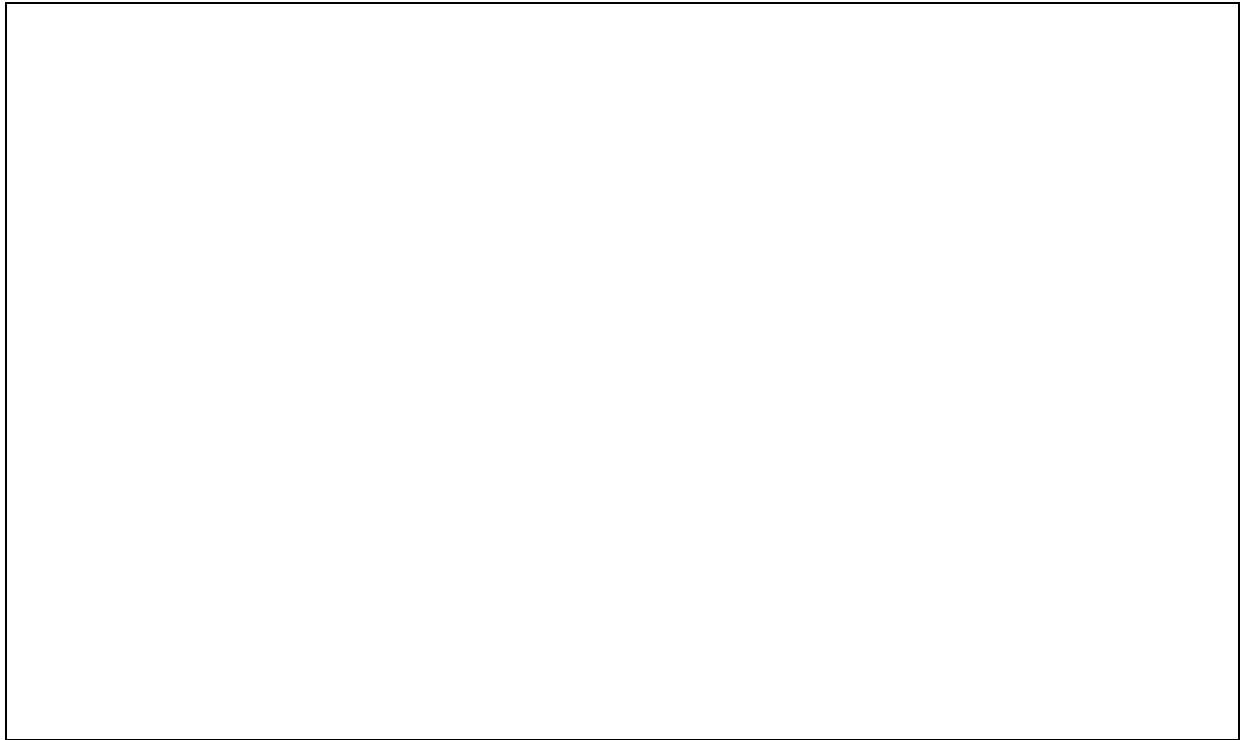
Can you identify any additional relevant evidence or information which the Trust should have considered in assessing the equality impacts of these proposals.




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.