

Orthopaedic and ENT Reconfiguration
Equality Analysis Report

Start Date	April 2017
Finish Date:	November 2017
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1. Details of service / function: (Clearly identify the function & give details of relevant service provision and or commissioning milestones (review, specification change, consultation, procurement) and timescales -

This project involves changes to the way Liverpool's hospital based Orthopaedic and ENT services are delivered.

Orthopaedics covers injuries and diseases of the body's muscles, skeleton and related tissues including the spine, joints, tendons and nerves.

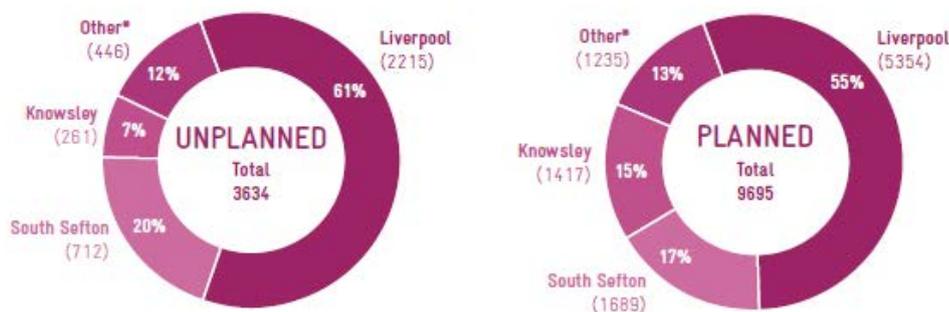
Within Liverpool, adult Orthopaedic services are provided by both University Hospital Aintree and the Royal Liverpool and Broadgreen hospital. These services provide emergency and non-emergency care, that may:

- diagnose injuries or disorders using X-rays, blood tests or other tests
- treat injuries or conditions with medication or surgery
- recommend exercises or physiotherapy to restore movement, strength and functionality

Each Trusts offer a full range of Orthopaedic services, including Lower Limb, upper limb, hand, foot and ankle, spinal, pelvic, fracture services and Orthopaedic Trauma. In addition, University Hospital Aintree is the regional Major Trauma Centre for Cheshire and Merseyside.

In 2015/16, there were a total of 3,300 planned inpatient admissions for Orthopaedic services across Aintree and the Royal Liverpool and Broadgreen (not including planned spinal admissions). There were also 6,395 day case admissions. This makes 9,695 planned admissions in total. Over the same time period, there were 3,634 admissions for orthopaedic trauma.

The chart below shows which Clinical Commissioning Group area the people who made up these admissions came from.



(*Other includes people from areas such as Wirral, Southport & Formby, West Cheshire, St Helens, Halton, Warrington, West Lancashire and Wigan.)

Ear, Nose and Throat (ENT) services, diagnose and treat diseases of the ear, nose, throat and the head and neck along with providing head & neck cancer specialist treatment.

The current ENT services in Liverpool are split across The Royal Liverpool and Broadgreen Hospitals NHS Trust and Aintree University Hospital NHS Foundation Trust. Each Trust offers outpatients services, inpatient care and day care services. The Regional Head and Neck Cancer Service is provided by Aintree Hospital and services are spread across a number of other hospitals in the region.

The volume of planned in-patient/day case ENT activity, split by BGH/AUH site is shown below.

CCG	ENT	%
Liverpool	953	89%
Knowsley	123	11%
TOTAL	1076	100%

2. What is the legitimate aim/s of the service change / redesign?

The reconfiguration has five core aims:-

- To make the most of Liverpool's orthopaedics expertise**
 There is strong evidence that orthopaedics patients receive better care when they are treated by a doctor who specialises in their particular condition, and who carries out a procedure more regularly. Currently, Liverpool's orthopaedics expertise is delivered by two separate teams in two different hospital Trusts, across three sites, which reduces opportunities to bring expertise together for the best possible care.

To meet existing guidelines for orthopaedics care

'Getting it Right First Time', a national review of planned (elective) orthopaedic services for adults, made a number of recommendations for improving care; not all of these are possible under current arrangements at Aintree and the Royal Liverpool & Broadgreen. These recommendations include 'ring-fencing' hospital beds so that they can only be used for people undergoing planned – rather than unplanned – care, to reduce the risk of infection.

To meet new standards and protect local services

New national standards for specialised orthopaedic service are expected soon. Current orthopaedic services at Aintree and the Royal Liverpool & Broadgreen will be unable to meet all of these standards, along with many other orthopaedic services. This means that people won't always receive the best possible orthopaedic care. It also means there is a risk that in the future some specialist services might be moved to other hospitals outside of Merseyside that can meet these standards, if we do nothing.

To make sure that the right staff are in the right place

All hospitals need to make sure they have the right number of doctors and nurses available, so that care is safe and high quality. Aintree is the Major Trauma Centre for Cheshire and Merseyside, meaning it receives seriously injured people from across the region, so it also has to follow additional guidelines for staffing numbers. Making sure that there are enough doctors to cover orthopaedics rotas is increasingly difficult. Demand for local orthopaedic services has been steadily increasing, and is expected to continue to rise as the population ages. Working in a different way would be an opportunity to find better ways of dealing with this demand, both now and in the future.

To make sure that services are value for money

Running two separate orthopaedic services, by two separate hospital Trusts in the same city, means there is duplication, which creates unnecessary waste.

3. Change to service

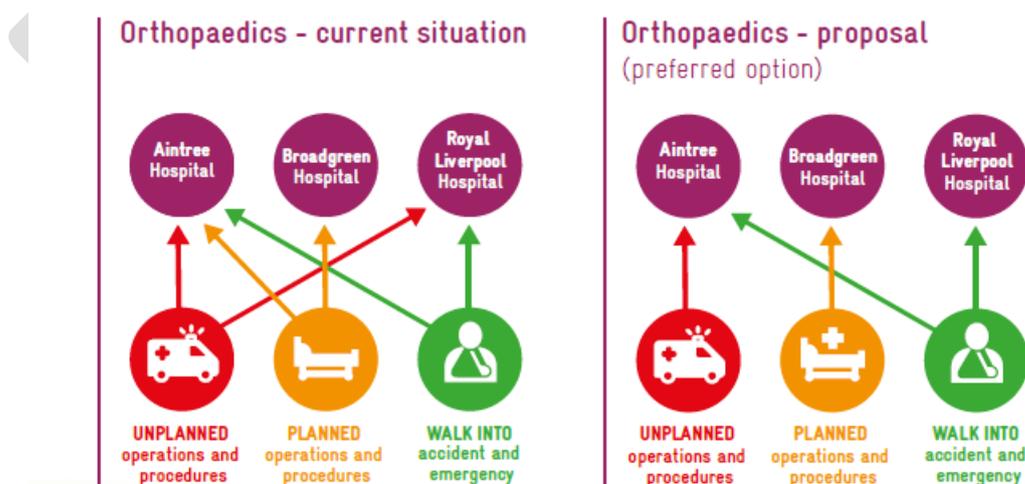
In looking at the project is there a change? (Change means anything that is changing with the criterion – who can use the service and any qualifying feature that enables someone to access a service, or a 'threshold' – reduction in service available or switch in location or time available).

The proposed reconfiguration of services would affect the way Orthopaedic and ENT services are delivered and the access/ location of services. This will be the first redesign based on the Healthy Liverpool principles of single service, city wide delivery.

The proposal involves separating the majority of planned and unplanned Orthopaedic operations and procedures so that they happen on different sites. At the moment, most people needing planned orthopaedic operations or procedures go to either Aintree or Broadgreen. Under this proposal the majority of planned orthopaedic care in Liverpool would instead take place at Broadgreen – the exception being high risk patients. This, in turn, would allow Aintree to focus on caring for people who need un-planned operations straight away due to trauma.

As Aintree is the Major Trauma Centre for Cheshire and Merseyside, ambulances already take the most seriously injured people there directly (this applies to all types of injuries, not just orthopaedics). In Liverpool, people with less serious injuries are currently taken to the Royal Liverpool, if that is nearer than Aintree. Under these proposals, ambulances would take all orthopaedic injuries – not just the most serious – to Aintree, even if the Royal Liverpool was nearer. People could still visit the accident and emergency (A&E) department at the Royal Liverpool themselves if they had an orthopaedic injury that needed urgent attention, but if once they were assessed it was decided that they needed an operation they would be transferred to Aintree.

The change is shown in the diagram below.



This proposal does not include inpatient spinal services which take place at the Royal Liverpool, which is out of scope.

In order for Broadgreen to carry out the majority of planned orthopaedics hospital care in Liverpool, additional space would need to be found on the Broadgreen site.

Inpatient and day case ear, nose and throat (ENT) services which currently take place at Broadgreen would move to Aintree. These types of ENT services require a hospital bed, either overnight or over the course of a day. Surgeons believe this proposal would be an opportunity to bring ENT expertise together, which would benefit patient care. There is strong evidence that specialist services are better concentrated in fewer centres.

In general, this way of working is linked to better results for patients because surgeons, nurses and other health professionals get better at doing things when they do them more often. It would reduce some of the duplication which comes with running two services at two different Trusts in the same city.

For both services, outpatient hospital services (those which don't require a hospital bed) would continue to take place as per existing arrangements.

4. If the service is a 'new or redeveloped' service – has 'new money' been made available or have budgets been moved from one sector to another?

Both Aintree and Royal Liverpool and Broadgreen Hospital's finance departments have committed resource to the reconfiguration. The required investment is £xxx, which is made up of the following revenue and capital costs:-

- BGH Laminar flow upgrade
- Capital costs for BGH Post-operative care service delivery
- Image intensifier at AUH
- NWAS patient transfer costs

5. Barriers relevant to the protected characteristics (where are the potential disadvantages)

Protected Characteristic	
AGE	
ISSUES / POTENTIAL BARRIERS Consultation findings indicate, that in general, younger respondents (under 25 years old) are the least likely to consider travelling further as any problem and those over 75 years old are the most likely to find further travel very difficult. However, older	MITIGATIONS Older people and carers may require a 'pre-familiarisations visit' and this will be offered during pre-op assessments.

age groups are more willing to travel for over an hour (or express no preference about the time necessary), should travel be needed, perhaps reflecting the importance they put on attending services.

South Sefton and South Liverpool were both highlighted as difficult places to travel to Broadgreen hospital from. There is potential that older people from these areas will experience greater levels of disruption to their travel journeys.

Service utilisation data suggests, 37% of elective orthopaedic patients are older people (aged 65+) and 43% of orthopaedic trauma patients are also older people, indicating a potential issue for this cohort of patients.

Service provision: Ensure environment is user friendly

Work with relevant Voluntary organisations in preparation for switch in location.

Patient satisfaction questionnaires will be sent out to all patients and carers that have spent time on the AUH and BGH sites. The results will be collated and analysed by the collaborative business intelligence team. Feedback to the respective clinical and operational management teams will occur via monthly multidisciplinary LOTS Team Meetings.

It is accepted that with regard to transport immediate, short-term and long-term actions are required.

The following mitigations will be put in place:-

Immediate mitigations

- Links will be made available from both Aintree and the Royal and Broadgreen's website to Merseytravel's journey planner for patients to access when planning their journey to each hospital site.
- A weblink will be included in all patient letters – regardless of the service they are accessing – to highlight Merseytravel's journey planner and a phone number for the service will be included, along with details of how to access the patient ambulance service and the process and criteria for patients to claim back travel expenses for planned procedures

Short-term mitigation to align with commencement of the new service.

- The orthopaedic patient scheduling service will be reconfigured to allow for staggering admission times. This is likely to be linked to the pre-operative assessment and will require development of clear criteria for which staggered admissions will be offered.

	<p>This will require coproduction between staff and patient groups to ensure the service meets patient’s needs, while still effectively managing demand and theatre capacity.</p> <ul style="list-style-type: none"> • Work with internal travel department to support monitoring of drop off zones and take corrective action as required in relation to complaints. • Monitoring Orthopaedic and ENT service DNA data by protected characteristic group to ensure equity of service. <p>Longer-term mitigations</p> <ul style="list-style-type: none"> • Once a decision is known regarding the proposed merger of the two trusts, it presents possible opportunities to work with Merseytravel to discuss public transport provision to the sites, aligned to any shift in activity.
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DISABILITY	
ISSUES / POTENTIAL BARRIERS	MITIGATION
<p>Faced with the need for some patients to potentially travel further for services, 53% (n=796) of people who responded to the consultation survey did not consider this to be a problem for one-off procedures. A further 28% (n=424) stated it would present some difficulties but they could manage.</p> <p>However, in considering changes to services, the consultation process suggests travel disruption is more likely to affect people who have a disability. This impact was raised by both learning disability and physical disability groups, who whilst collectively supporting the change, had reservations that were travel related.</p> <p>Consultation respondents reporting some form of disability were more likely to consider travelling further as problematic and although preferring travel time of no</p>	<p>It is accepted that with regard to transport immediate, short-term and long-term actions are required.</p> <p>The following mitigations will be put in place:-</p> <p>Immediate mitigations</p> <ul style="list-style-type: none"> • Links will be made available from both Aintree and the Royal and Broadgreen’s website to Merseytravel’s journey planner for patients to access when planning their journey to each hospital site. • A weblink will be included in all patient letters – regardless of the service they are accessing – to highlight Merseytravel’s journey planner and a phone number for the service will be included, along with details of how to

<p>more than 30 minutes, demonstrated a willingness to travel further (over 45 minutes) as those with no disability.</p> <p>Travel can be challenging for people with disabilities. Transport barriers encountered by disabled people affect their participation in society, including their access to health care provision. This came across strongly in focus group discussions and reflects national trends that show car access tends to be lower for disabled people. People with disabilities are less likely to drive and more likely to be dependent on public transport.¹</p> <p>Aside from travel, a theme emerged from people with learning disabilities who expressed a desire to be offered a choice of location for which hospital they would go to for their pre-operative assessment. For some, it would be better to have the assessment at the same site as the planned surgery to avoid the confusion of attending two different hospitals. For others, the convenience of local assessment was preferred.</p>	<p>access the patient ambulance service and the process and criteria for patients to claim back travel expenses for planned procedures</p> <p>Short-term mitigation to align with commencement of the new service.</p> <ul style="list-style-type: none"> • The orthopaedic patient scheduling service will be reconfigured to allow for staggering admission times. This is likely to be linked to the pre-operative assessment and will require development of clear criteria for which staggered admissions will be offered. This will require coproduction between staff and patient groups to ensure the service meets patient's needs, while still effectively managing demand and theatre capacity. • Ensure drop off zones are appropriately enforced to allow ease of access to the elective theatre suite. • Monitoring Orthopaedic and ENT service DNA data by protected characteristic group to ensure equity of service. <p>Long-term mitigations</p> <ul style="list-style-type: none"> • Once a decision is known regarding the proposed merger of the two trusts, it presents possible opportunities to work with Merseytravel to discuss public transport provision to the sites, aligned to any shift in activity. <p>The following reasonable adjustments will also form part of the mitigation plan.</p> <ul style="list-style-type: none"> • Carers will be notified in good time of changes and the possible need to
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¹ CRSP (2006), 'Evidence base review on mobility: choices and barriers for different social groups', Key Findings.

	<p>arrange a familiarisation run will be highlighted.</p> <ul style="list-style-type: none"> • The best method of communicating with individual patients will be identified and this will be recorded as described in the assessable information standard, to ensure that service level meets NHS reasonable adjustments in communicating with people with sensory impairments/ mental health and learning difficulties. • Information regarding drop off zones, blue badge parking and general parking will be provided to patients. • Patient experience data will be proactively monitored to identify lapses in service provision to disabled service users. Healthwatch will be invited to work with the Trusts to ensure equity of the service. • Staff will be trained in the need to offer patient choice of pre-operative assessment and compliance will be monitored. • Information will be shared with relevant VCSE organisations, particularly those supporting people with learning disabilities, to raise awareness of patient choice and support education of reasonable adjustments available to patients. • Ensure signage in hospital is clear
GENDER REASSIGNMENT	
<p>ISSUES / POTENTIAL BARRIERS No discernible difference identified across gender reassignment.</p>	<p>MITIGATION While no specific issues were identified arising from this proposal. The following mitigations, based on potential disproportionate need, are consistent with each Trusts equality duties.</p> <ul style="list-style-type: none"> • Ensure staff can support and are aware that trans people may use the facilities related to their own identity. • Ensure staff are trained to provide good quality non-judgemental services.

PREGNANCY & MATERNITY	
<p>ISSUES / POTENTIAL BARRIERS</p> <p>It was not possible to discern a difference in the consultation findings across women during pregnancy and maternity.</p>	<p>MITIGATION</p> <p>Based on assessment, no mitigations are required.</p>
RACE	
<p>ISSUES / POTENTIAL BARRIERS</p> <p>Consultation findings revealed Arabic respondents were more likely to be undecided regarding whether the proposed reconfiguration of services were the best plans.</p> <p>This topic also surfaced in focus group discussions and a number of potential reasons expressed. These respondents, who were mainly women, felt they could not make an informed decision because they have to rely on somebody else to take them to hospital. This meant they were not aware either where the hospitals are now, or how the changes would affect them. For these women to travel further, they would be reliant on others to support their transport.</p> <p>However, Arabic and Asian respondents were the least likely to have any problem with travelling further and Chinese respondents were much more likely to find travelling further 'very difficult' (42% compared with 16% average across all respondents).</p>	<p>MITIGATION</p> <p>Monitoring orthopaedic and ENT service DNA data by protected characteristic group and CCG area to ensure equity of service.</p> <p>Promote access to interpreting policy to staff and the public and the availability/use of telephone interpreting for emergency situations.</p> <p>Ensure information is available in different language leaflets when contacting new patients (so the invite letter must have within it the sentence 'information is available in different languages' and say how they can obtain information in a different language' and this sentence must be in the 5 most common languages used in the area). Linked to this the service will consider the new community language standard and monitor and makes corrective actions to mitigate issues as appropriate http://raceequalityfoundation.org.uk/node/1652</p> <p>Contact local faith and cultural groups notifying them of changes to service provision.</p> <p>Consider public transport provision and safety of patients – linked to longer term mitigations as above.</p>
RELIGION AND BELIEF	
<p>ISSUE</p> <p>It was not possible to discern a difference in the consultation findings across religion and belief.</p>	<p>MITIGATION</p> <p>While no specific issue has been identified across religion and belief, both trusts recognise the requirement to make reasonable adjustments based on religion and belief and will: -</p>

	<p>Consider religious observance days when booking/rebooking appointments, e.g. Friday for Jewish and Islamic patients. Ask the patient if they would prefer another day.</p> <p>Ensure staff are trained to provide good quality non-judgemental services and that issues of privacy in treatment are understood and followed.</p>
SEX	
<p>ISSUE Transport: safety</p>	<p>MITIGATION Women use public transport more than men, ensure that bus routes are available and convenient (reaching in to the community and straight to the hospital where possible). Linked to longer term mitigations as above.</p>
SEXUAL ORIENTATION	
<p>ISSUE No discernible difference identified across sexual orientation.</p>	<p>MITIGATION While no specific issue has been identified across sexual orientation, both trusts recognise LGBT communities have comparatively low patient experience compared to the overall population and will monitor Orthopaedic and ENT service DNA data by protected characteristic group to ensure equity of service.</p>

6. Does this service go the heart of enabling a protected characteristic to access health and wellbeing services?

No, this is a generic service to be accessed by all patients and is not designed for any one protected characteristic group.

7. Consultation:

How have the groups and individuals been consulted with? What level of engagement took place? (If you have a consultation plan insert link or cut/paste highlights)

This proposal was subject to a full formal consultation process. The full consultation report, which details engagement mechanisms, reach and findings can be found at www.healthyliverpool.nhs.uk

Post consultation analysis:

What was the outcome of the consultation? How did different groups respond? Where any barriers potential discrimination highlighted by participants?

As described above

8. Have you identified any key gaps in service or potential risks that need to be mitigated

Ensure you have action for who will monitor progress.

Ensure smart action plan embeds recommendations and actions in Consultation, review, specification, inform provider, procurement activity, future consultation activity, inform other relevant organisations(NHS England, Local Authority

The proposed reconfiguration of Orthopaedic and ENT relate to threshold changes, i.e. patients going to different places, they do not propose to change criteria for accessing services. The main issues identified within the consultation process relate to disruption for patients. These present in two ways – transport and the ability of the services to accommodate different people's needs. The mitigations in section 5 are in response to the issues raised/potential risks.

9. Is there evidence that the Public Sector Equality Duties will be met (give details)

(a) Eliminate discrimination. –

Every effort will be made to notify and inform all service users to the changes in venue and facilities, this will take various forms and include adjustments for disability and language

New patients will be informed as a matter of course.

The waiting areas and service provisions can accommodate different needs.

(b) Advance equality of opportunity

In considering the changes to services and the impact this will have, links to travel facilities, parking facilities and reception/ treatment facilities have been made. All protected characteristics have been considered in the table above and the indicated mitigation will be put in place. This ensures continued access to this service for all patients.

Training for staff to ensure that there will be no harassment or bullying will take place.

(C) Foster good relations between different protected characteristics-

This duty is not engaged as the service is not specific to fighting prejudice or promoting understanding between different groups.

10. Recommendation to Board:

PSED is met on the relocation of these services and where services will be placed.

Actions that need to be taken:

Ensure mitigations are discussed and actions are implemented accordingly re section 5.