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NLP Planned Orthopaedic Surgery for Adults

Stage 3

Post-consultation Updated Integrated Health Inequalities and Equalities Impact Assessment

Author: Sue Clegg and Clive Caseley

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The Fold Space,
20 Clyde Terrace
London SE23 3BA

REG VAT GB 858230025
Registered in England Company Number 05358457
Registered office:
24 Old Bond Street, London W1S 4AP

+44 207 017 2011

hello@vervecommunications.co.uk
www.vervecommunications.co.uk

1. EXECUTIVE SUMMARY

North London Partners in health and care (NLP) is proposing changes to the way in which planned orthopaedic surgery for adults is delivered. This document reports the final stage of a three-stage assessment process to develop an Integrated Health Inequalities and Equality Impact Assessment (IHIEIA) process.

There were two main aims for this stage of the IHIEIA:

- To evaluate whether suggestions made in Stages 1 and 2 for identifying, including and considering the needs of protected characteristic groups had been taken forward
- To compile a shortlist of mitigations for validation by stakeholders

Recommendations from Stages 1 and 2 are tabulated and outcomes and actions taken are appended.

All recommendations from earlier stages have been addressed by the programme.

A shortlist of mitigations for consideration and validation are presented, relating to:

- Travel and transport
- Communications
- Transgender
- Carers
- Disability

The original plans for the third stage of the IHIEIA included a stakeholder workshop to validate and consider action plans for the shortlist of mitigations. Due to the Covid-19 crisis the workshop was held online in July 2020, and a supplementary report summarises the findings of the stakeholders and provides a schedule of mitigation plans to be further developed during implementation.

Please note:
The NLP Planned Orthopaedic Surgery Review Stage 3 (Post-consultation) Equalities Impact Assessment and Supplementary Mitigations Workshop reports are both based on information, insight and analysis gathered before the COVID-19 pandemic lockdown in March 2020.

Both were completed in July 2020 and take reports take account of changes due to the pandemic where these relate directly to the model of care for elective surgery and/or configuration of services.

However, the scope for the Impact assessment is limited to proposals on which NLP consulted the public during Spring 2020 and not wider system changes proposed for orthopaedic surgery or the MSK pathway.

2. BACKGROUND

North London Partners in health and care (NLP) is proposing changes to the way in which planned orthopaedic surgery for adults is delivered. The changes will affect residents of Barnet, Camden, Enfield, Haringey and Islington, as well as small numbers of patients from other areas who travel to north central London (NCL) for orthopaedic surgery.

A full overview of the need for change, the proposed changes and the process of consultation can be found on the NLP website[1].

When major changes to NHS services are proposed there are statutory requirements derived from the Equality Act 2010 to consider equalities and health inequalities.

For those commissioning or providing public services there are two principle duties:

1. To meet the Public Sector Equality Duty (PSED)
2. To take account of the likely implications for changes to services or the location or access arrangements for groups or individuals protected under the Act.

An Equality Impact Assessment (EIA) is part of a structured process to meet these duties and taking equality of opportunity into consideration when proposing changes to services.

To fulfil these requirements North London Partners in health and care (NLP) commissioned a three-part Integrated Health Inequalities and Equality Impact Assessment (IHIEIA) from Verve Communications (see below), as well as a transport analysis from Mott MacDonald[2].

2.1 THE INTEGRATED HEALTH INEQUALITIES AND EQUALITY IMPACT ASSESSMENT PROCESS

This document reports the final stage of this three-part assessment process to develop an Integrated Health Inequalities and Equality Impact Assessment (IHIEIA) to ensure any decisions made will advance equality and ensure fairness by removing barriers and engaging patients and the community.

Stage 1 was a desktop review, the output of which was a rapid scoping report[3] which identified potentially impacted groups. It was used to inform pre-consultation engagement activities in the summer and autumn of 2018.

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[1] https://www.northlondonpartners.org.uk/orthconsultation

[2] https://conversation.northlondonpartners.org.uk/wp-content/uploads/2020/01/NCL-Travel-Analysis-Report-Final.pdf

[3] https://www.northlondonpartners.org.uk/downloads/plans/Adult-elective-orthopaedic-review/End%20of%20engagement%20papers/North%20London%20Partners%20EIA%20scoping%20for%20engagement%20Final.pdf

Stage 2 built on Stage 1; it was an initial IHIEIA the output of which was a report[4] which looked explicitly at the impact of the proposed model of care and the proposed locations of services.

Stage 3, which this document reports, is a revised final IHIEIA, building on the previous two stages and reflecting the results of the public consultation which took place between 13 January and 06 April 2020. The report looks at the gaps identified during the entire process, comments on the steps taken to fill the gaps, and discusses mitigations which could improve the services for people in the protected characteristic groups considered in the Stage 2 report. Next steps are recommended to verify and develop plans for the proposed mitigations.

2.2 SUMMARY OF THE 3 STAGES

The following diagram summarises the three stages of the process:

COMPLETED Stage 1 August 2018	COMPLETED Stage 2 November 2019	THIS REPORT Stage 3 Post-consultation
• **Desktop review** • Examined the groups likely to be affected by any proposed changes to planned orthopaedic care for adults • Used to guide the development of proposals and related engagment	• **Initial Integrated Health Inequality and Equality Impact Assessment** • Identified any positive or negative impacts for NCL residents within protected characteristic groups resulting from proposed changes • Made recommendations for the consultation period • Offered initial thoughts on mitigations	• **Revised Integrated Health Inequalities and Equalities Impact Assessment** • Revisits the earlier stages and takes account of the consultation to produce a final IHIEIA • Makes recommendations for mitigation • Suggests next steps

Figure 1 The scope of each stage

2.3 THE AIMS OF STAGE 3

Stage 3 had two aims. The first aim was to revisit the earlier stages and consider whether the process successfully incorporated the suggestions made in Stages 1 and 2; to consider whether the consultation has identified any additional impacts on people sharing protected characteristics which had not previously been considered; and to identify any gaps which might still need filled in terms of identifying, including and considering the needs of the protected characteristic groups[5].

The second aim was to compile a 'long list' of mitigations put forward throughout the entire process, including the consultation, from which a 'short list' of mitigations would be considered for validation to a stakeholder group which NLP would consider in the final stages of planning to

[4] https://conversation.northlondonpartners.org.uk/wp-content/uploads/2020/01/Verve-NLP-POSA-HIEIA-REPORT-DEC19-1.pdf

[5] See appendix for a list of protected characteristic groups

ensure the needs of people in protected characteristic groups are taken into account as much as possible. The 'short-list' is set out in s6.2.
During the consultation period (January to April 2020) Covid-19 put the UK into lockdown, one result of which was that some consultation and engagement events were cancelled and replaced with alternative activities which facilitated the required social distancing measures. As the lockdown continued the NHS and system partners refocused their work on the emergency response to the Covid-19 pandemic.

The disruption caused by Covid-19 meant that plans for a stakeholder workshop to validate and produce action plans for our proposed mitigations changed. Rather than a face-to-face workshop to be held before this report was written, an on-line workshop took place in July 2020, after drafts of this report were first circulated. The output of the workshop will, therefore, be presented in a separate, supplementary, document to be published alongside this report.

3. PUBLIC CONSULTATION

Between Stages 2 and 3, NLP delivered a public consultation on the proposed changes to planned orthopaedic surgery in north central London. The methodology for this consultation is described in the report from Participate Ltd, who carried out the independent analysis of the consultation and reported on the views heard.

NLP organised several ways for members of the public to engage with the consultation:

- A structured questionnaire, which could be completed online or on paper (which could be returned by Freepost)
- Meetings with:
    - Stakeholder groups
    - Specific equalities groups
- Deliberative events with round-table discussions
- Outreach sessions in the community, such as information stands in public buildings
- Individual telephone interviews
- Via a dedicated telephone line for feedback
- Enabling written responses by email and Freepost.

Social media responses were also monitored.

The outcomes of the consultation process informed this stage of the IHIEIA, including informing the list of mitigations discussed in section 6 of this report.

4. ABOUT VERVE COMMUNICATIONS

Verve Communications (Verve) is an independent full-service agency which supports NHS organisations in delivering transformation and change. Over the past several years Verve has supported NHS service configurations, institutional and major programmes of clinical change.

This document has been produced independently by Verve and represents our own analysis and advice.

We are grateful for the assistance and support provided by NLP colleagues, and the Participate Ltd. team who provided input to this report from the consultation phase of the work.

5. REVISITING EARLIER STAGES

5.1 REFERENCE DOCUMENTS

One of the aims of this element of the work was to revisit the first two stages of the IHIEIA to examine recommendations made and assess whether they had been met. This section of the report gives a brief outline of each of the two previous stages and tabulates the recommendations made in each report and demonstrates how the recommendations were met.

The following reports are therefore relevant, and are referenced by letter in the following sections:

From Stage 1

A. Engagement evaluation report, North Central London Adult Elective Orthopaedic Surgery Review, November 2018
https://www.northlondonpartners.org.uk/downloads/plans/Adult-elective-orthopaedic-review/End%20of%20engagement%20papers/North%20London%20Partners%20Review%20Group_Summary%20of%20Engagement%20Evaluation.pdf

B. Initial Equalities Analysis Desk Research, August 2018
https://www.northlondonpartners.org.uk/downloads/plans/Adult-elective-orthopaedic-review/End%20of%20engagement%20papers/North%20London%20Partners%20EIA%20scoping%20for%20engagement%20Final.pdf

From Stage 2 and later

C. NLP Planned Orthopaedic Surgery for Adults Health Inequalities and Equalities Impact Assessment, December 2019
https://conversation.northlondonpartners.org.uk/wp-content/uploads/2020/01/Verve-NLP-POSA-HIEIA-REPORT-DEC19-1.pdf

D. The independent evaluation report of the consultation response (Participate, July 2020).
https://conversation.northlondonpartners.org.uk/orthopaedics-evaluation-reports/

5.2 STAGE 1

This stage of the IHIEIA was designed to support and inform the Pre-Consultation Business Case for the proposed changes. A desktop review was undertaken looking at:

- Existing data from other programmes looking at elective orthopaedic services in different parts of the country
- Strategic Health Asset Planning and Evaluation (SHAPE)
- Joint Strategic Needs Assessments
- London Observatory
- Local insight work

- London Data
- Where available, EDS2 documents for each of the five boroughs
- Earlier EIAs from Our Healthier South East London, which drew on relevant national research from NHS England and the British Orthopaedic Association.

The aims of stage 1 were to:

- Identify positive and negative impacts for the population, to inform the discussion about service reconfiguration
- Identify which (if any) of the protected characteristics groups are more likely to be affected by the proposals due to their propensity to require different types of health services
- Set out how the core constituent public sector health organisation can fulfil the Public Sector Equality Duty through working to: eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited under the Equality Act 2010; advance equality of opportunity between people who share a protected characteristic and those who do not; and foster good relations between people who share a relevant protected characteristic and those who do not share it
- Provide recommendations on ways in which positive impacts can be maximised and ways in which to mitigate or minimise any adverse effects.

The objectives, discussed in the report were to:

- Look at demand for elective orthopaedic services by each protected characteristic group, and identify groups for engagement throughout the review process
- Identify existing health inequalities, access barriers and equality issues to be considered
- Identify groups who share one or more protected characteristics and might have a higher need for orthopaedic services and who might be more impacted by changes in the delivery of services
- Provide recommendations about key groups which could be targeted during a consultation phase
- Provide advice on equalities questions for inclusion in a consultation phase.

The report concludes that the following groups should be included in future engagement processes:

- Older people
- Disabled people
- Females
- Transgender people
- People from white ethnic backgrounds
- People from black ethnic backgrounds
- People in economic and social deprivation
- Carers.

However, the report suggested that as the plans and the process progressed further equalities work should look again, to ensure that all groups were considered at each stage.

The recommendations in the report are tabulated below, together with comment on whether they were achieved:

Recommendations for the engagement process occurring at the time and during any subsequent consultation process

Recommendation	Outcome
A continuing programme of engagement – possibly in the form of face-to-face meetings, one-to-one telephone interviews with stakeholders, focus groups and presentation	There has been a continuous programme of engagement with groups, individuals and stakeholders, beginning at the pre-consultation stage and culminating in a consultation process in early 2020. This is detailed in **A** (see App. C pp.36-40)
Stakeholders had highlighted some potential overarching equality impacts	Equality impacts were examined in detail in Stage 2 and stakeholders were involved in the process of verifying groups most likely to be affected This is detailed in **C** (see s.10.3 pp.27-28)
Some potentially vulnerable groups might find it more challenging to understand and accommodate changes in service provision – perhaps due to challenges in terms of comprehension, anxiety around unfamiliar journeys or venues and/or a lack of independence; these could affect patient experience before and during their use of services	As a result of early engagement, the service delivery plan introduced the role of care coordinator to help potentially vulnerable people to navigate the system. Engagement with different groups and stakeholders has looked for potential problems and has sought mitigations to alleviate problems for potentially vulnerable groups as much as possible
The service changes are likely to mean that some patients would have longer journeys. Understanding the extent to which these longer journey times affect the protected characteristic groups will be critical, particularly because several of the protected characteristic groups have a high reliance on public transport. It is recommended that NLP might want to consider the issue quantitatively by commissioning a travel and	The service design specification and options appraisal process included specific criteria which had to be met by potential providers of the service, to address these issues.

Recommendation	Outcome
access analysis based on different service options	NLP commissioned a travel analysis from Mott MacDonald[6] which was undertaken at the same time as the Stage 2 IHIEIA. This sets out the approach to assessing travel impacts both for the overall population and identified groups sharing protected characteristics using journey time modelling linked to population datasets (see p.17,20 and Appendices)
Take expert advice during any public consultation phase	NLP commissioned Participate Ltd to independently analyse and report upon data generated by the consultation exercise. The Consultation Institute were also engaged to provide independent advice and quality assurance of the consultation approach and process.
Undertake staff engagement through one-to-one interviews	Staff from NHS providers and commissioners were central to the development of the service model and delivery of the consultation. Staff contributed through participation in workshops, formal engagement meetings on each site and by responding to the consultation itself.
Deliver an equalities training workshop to NHS staff on the data required to fulfil Public Sector Equality Duty (PSED)	The development of key performance indicators for the new service, includes the need to capture the necessary data. The consultation exercise was designed and delivered by a team of communications and engagement professionals working across the NHS in NCL. As part of this planning process, the requirement to gather data was embedded in the process. The Consultation Institute were used to quality assure the process, and to ensure that PSED requirements were met.

[6] Independent Travel and Access Assessment, Mott MacDonald, January 2020 https://conversation.northlondonpartners.org.uk/wp-content/uploads/2020/01/NCL-Travel-Analysis-Report-Final.pdf

Recommendations for service design

Recommendation	Outcome
Equalities recommendations should be considered at every stage of the service design	Work continued on equalities throughout the process, including gathering thoughts on mitigations to ameliorate possible equalities issues
Equalities monitoring, whether through PSED2 or other mechanisms, should be built into contract monitoring	The development of key performance indicators for the new service, includes the need to capture the data necessary to monitor the new service contract.
Commissioning of insight work to address gaps in equality data and information about vulnerable and isolated groups	Throughout the process work on equalities was undertaken, including engagement with individuals and groups, the Stage 2 EIA which examined equalities in light of the formulated plan for proposed service changes and in the consultation process
Collaboration with partner agencies to share information about particular groups to strengthen and consolidate data capture and analysis	Throughout the process NLP worked closely with statutory and non-statutory partners to share information and intelligence that could strengthened the quality and depth of the engagement undertaken. In relation to equalities, this is detailed in **A** (see App. A pp.17-20), and this report was considered in full by the NCL Joint Commissioning Committee, 06 December 2018.
Introduction of key equality questions at each stage of any procurement process to ensure a stronger emphasis on provider requirement to enable specific reposes tailored to population	As the review progressed, a decision was made not to implement a formal procurement process but to work in partnership with clinicians, commissioners, patients, and residents to develop a model of care that met the needs of the local NCL population. The NCL Joint Commissioning Committee considered development of the model and arrangements for patient and public engagement at its meeting on 02 May (Minute 2.1.1. refers).

Recommendation	Outcome
	A series of workshops took place as part of early engagement to define a high-level model of care. During the workshops and following an initial equalities impact analysis, a number of specific patient groups were identified that would require additional support and consideration. Mitigations to address these issues were built into the proposed model of care and included care coordinator roles to support patients with vulnerabilities and a review of the transport requirements. Existing NCL providers of elective of orthopaedics were invited to submit potential operating plans to an options appraisal panel comprising residents, patients, and commissioners for evaluation in July 2019. The approach to Options Appraisal is set out in the Adult Elective Orthopaedic Services: Clinical Delivery Model and Options Appraisal Process[7], North London Partners, May 2019 (see 3.3. p.36, and Appendices 1 and 2 which provide detail of patient and public representation. Part of the evaluation considered how organisations had addressed the requirements of residents identified as part of the equalities impact assessment.
Collaboration with system partners to agree more specific equality outcome measures are supported by co-ordinated action by other partner organisations which address the wider determinants of impact on health outcomes	The clinical delivery model includes performance metrics against which partners delivering the service model will be assessed. The emergent metrics are detailed on page 69 of the PCBC and these will be further developed with the outcome of this the third stage of the health equality and health inequality impact assessment during the implementation phase, to form a combined

[7] Adult Elective Orthopaedic Services: Clinical Delivery Model and Options Appraisal Process https://www.northlondonpartners.org.uk/downloads/plans/Adult-elective-orthopaedic-review/190520-Joint-CDM-OA-Elective-Orthopaedic-v-1-2.pdf

Recommendation	Outcome
	set of metrics against which the final service model would be evaluated.
More comprehensive equality analysis and recommendations for best practice to be written into equality analyses and provided as an important addendum for providers to drive service change	The final list of agreed mitigations will form a key component of the implementation plans against which the two partnerships will be monitored.
Building in a more explicit requirement for potential providers to evidence their ability to flex and sustain required changes in services in light of new and existing changes to equality data and population needs	This will be built into the final implementation plans against which the partnerships will be evaluated.

The table above demonstrates that the recommendations from Stage 1 were addressed or there are plans to address them in the next phase of the programme and therefore no gaps have been identified.

5.3 STAGE 2

Stage 2 was an IHIEA designed to consider whether there were any health or other inequalities which are likely to arrive from changes to the provision of planned orthopaedic care for adults in NCL.

The aims of Stage 2 were to:

- Identify any positive or negative impacts for NCL residents within protected characteristic groups resulting from proposed changes
- Make recommendations for the consultation period
- Offer initial thoughts on mitigations.

To achieve these aims a structured approach was taken to enable an understanding of which groups might be impacted as a direct consequence of the proposed service changes by defining a number of 'change points' and testing each against a long list of protected characteristic groups, carers and the economically disadvantaged.

Fifteen service model changes and six pathway changes were identified in the proposed model for adult elective orthopaedic surgery. Thirty categories and sub-categories, derived from adding detail to the nine protected characteristic groups, carers and the economically disadvantaged (for example, the category 'disability' was subdivided into thirteen categories.) Each of the 'change points' was considered in terms of whether a service change was likely to affect a category or sub-category differentially or disproportionally when compared with the general population.

These are set out in C (see s.9 pp.20-22)

A list of scoped in groups for consideration in the report was produced. The scoped in groups were:

- Adults over 65
- People with disabilities, including:
  - Mobility issues
  - Long-term conditions
  - Sensory impairments
  - Developmental and learning disabilities
  - Mental health conditions and mental illnesses
- Transgender people
- Race
- Carers
- People who are economically disadvantaged.

A stakeholder workshop was held to validate the scoped in/scoped out groups, and to discuss potential mitigations to help people for whom the proposed changes might present challenges.

Sixteen positive impacts and one negative impact were identified. The negative impact related to potentially more complex or longer journeys for people having to travel to a hospital further from their home. The groups most likely to be affected were thought to be: people with disabilities; carers; the economically disadvantaged; and some ethnic groups, depending on their location.

The report concluded that overall, for all patients, there were likely to be positive impacts on patients' health by reductions to waiting times, having fewer cancellations, reducing infection rates and reducing revision rates and readmissions. Location change, whilst having some positive impacts, was also seen to have potentially negative impacts for some patients because of longer or more complex journeys.

Stage 2 of the work was designed to feed into the consultation phase, which aimed to involve engagement with residents across NCL. A number of recommendations were made in the Stage 2 report which are tabulated below, together with comment on whether they were achieved:

Recommendations from the IHIEIA for the consultation phase

Recommendation	Actions taken
Focus on positive steps to tackle inequality - stakeholders should be invited to consider, critique and co-design current and planned mitigations.	There have been good relationships between NLP and stakeholders throughout the process, and dialogue around suggestions has been ongoing. An online workshop with stakeholders to discuss mitigations was held in July 2020 after the drafts of this report were circulated – a

Recommendation	Actions taken
	delay caused by the Covid-19 pandemic. The workshop is reported in a separate, supplementary, report to be published alongside this report.
Prioritise people (in the consultation) for whom equalities impacts are likely to be highest	Special care was taken during the consultation process to include the groups identified in the Stage 2 report. A comprehensive programme of over 100 stakeholder meetings and events was planned, which gave special attention to reaching those groups identified in the stage 2 IHIEIA. Many local groups were visited, and public meetings were held, including in areas where there were high levels of economic disadvantage and areas where different ethnic minorities lived. The independent evaluation report **D** (Participate) contains a summary of engagement with local groups and communities, including those bringing perspectives relevant to this Equalities Assessment[8]. Additionally, targeted activity took place to include some groups who were more challenging to engage. The aim of this was to provide in-depth insight and intelligence. Telephone interviews were carried out with carers, black and ethnic minority communities in targeted geographical areas, and transgender people. The comments from these meetings and written comments comprise the base data from which this analysis has been updated and mitigations identified.

[8] North London Partners in Health and Care Changes to Planned Orthopaedic Care for Adults Consultation Findings Report, Participate Limited, July 2020 (in the latest draft available at time of writing, this is contained in s7. p.62)

Recommendation	Actions taken
Targeted approaches to engagement should be taken where necessary	As described above, telephone interviews were undertaken for people who were under-represented in face-to-face engagement, and/or for whom attending engagement sessions would be difficult.
Ensure follow-through by having discrete summaries in the consultation report on scoped in groups and communities, AND Explore the feasibility and practical implementation of potential mitigations with providers	Participate Ltd. analysed data from, and reported on, the consultation exercise. They summarised findings relating to: • Age • Deprivation • Disability (physical and mental health) • Ethnicity • LGBT+ • Carers. An online workshop with stakeholders to discuss mitigations was held in July 2020 after the drafts of this report were circulated – a delay caused by the Covid-19 pandemic. The workshop is reported in a separate, supplementary, report to be published alongside this report.

The table above demonstrates that the recommendations from Stage 2 were addressed and no gaps have been identified.

5.4 HARRASSMENT, DISCRIMINATION, VICTIMISATION OR PREJUDICE

Throughout Stages 2 and 3 we addressed the requirement to understand whether the proposed changes might have positive or negative impacts on harassment, discrimination, victimisation or prejudice. We could find nothing to suggest there would be either negative or positive impacts in these areas.

As part of the consultation exercise NLP positively sought the views of participants in face-to-face and telephone meetings by asking:

- Do you think there is anything about what we are proposing that will have a worsening effect on you or any other party with regards to harassment, discrimination, victimisation or prejudice?
- Can you think about any ways we could address this?
- Do you think there is anything about the proposals that will improve the current situation – and reduce harassment, discrimination, victimisation or prejudice?

This question was considered carefully by a number of groups that took part in the consultation, however the majority of those engaged in conversations were unable to identify any concerns.

In telephone interviews targeted specifically at the transgender community, the re-location of services was raised as one consideration. One participant felt that that transgender people would feel unsafe travelling to less central locations. Transgender people also felt that the NHS should offer more trans-awareness training and development opportunities to staff.

6. POTENTIAL MITIGATIONS

Throughout the whole process of thinking about service change for adult elective orthopaedic surgery, working with stakeholders on what a new service could look like and how it might work, NLP has engaged with the public, with groups and with stakeholders to take into account views from all interested parties. From the very earliest stages, lists of potential mitigations have been compiled, and, where possible, mitigations were built into the proposed service model – for example, early engagement suggested that having someone on hand who understood the system would be very valuable for some potentially vulnerable people, and the role of care coordinator became part of the proposed service model.

The key requirement of this phase, Stage 3 of the IHIEIA, was to produce a proportionate, manageable, high impact and practical plan for mitigations. We show our methodology for achieving this, and our recommendations, below.

6.1 METHODOLOGY

6.1.1 SOURCES OF MITIGATIONS

For this final element of the IHIEIA we have revisited all suggestions for mitigations from all sources, including:

- Pre-consultation engagement
- Stages 1 and 2 of the IHIEIA
- A stakeholder workshop during Stage 2 of the IHIEIA
- The transport analysis
- The consultation process - including
    - interviews with carers, transgender people and BAME people
    - telephone interviews with stakeholders and the public
    - engagement and meetings with local residents, including those specifically targeted at groups identified in Stage 2 of the IHIEIA
    - direct responses to the consultation process
    - survey questions on whether people thought the proposed changes would particularly affect any groups of people.

A longlist of one hundred and eighty eight (188) suggestions was compiled from all of the above mentioned sources. The list was reduced by removing comments which did not contain suggestions (for example, the answers to the survey question very often contained a comment which was not a mitigation, such as 'I have elderly parents'), or expressed a concern but did not present a potential mitigation (for example, travel to Chase Farm Hospital was often cited as being difficult from some areas of NCL, but often people did not say what would help to make it easier) – it should be noted, that where people had identified problems but not mitigations other groups or individuals had in some cases offered suggestions for mitigations on the same points.

The longlist was reduced to seventy seven (77) problems and mitigations, which contained some duplication, particularly around transport issues, and which were incorporated together to produce the list presented in the next section.

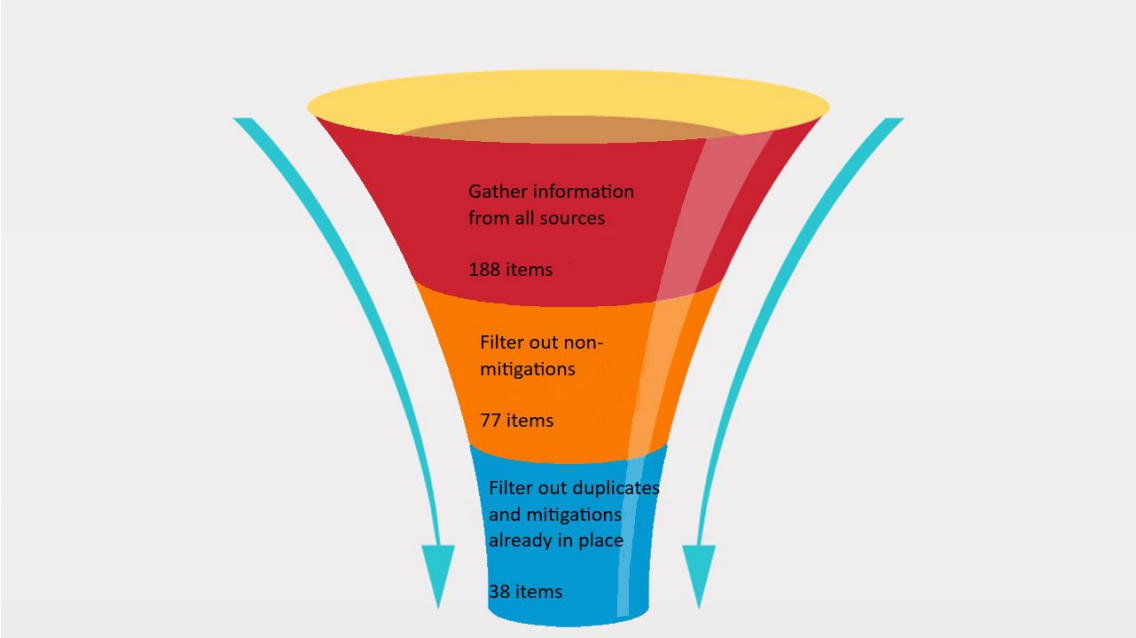

Diagram of process for filtering from full longlist to mitigations for consideration

6.2 MITIGATIONS FOR CONSIDERATION AND VERIFICATION

The shortlist of seventy seven potential mitigations has been refined to a list of thirty eight mitigations for stakeholders to consider and verify. The potential mitigations are clustered under the themes of: travel and transport; communications; transgender; carers, and disability.

We are aware that some of these mitigations might already have been thought about or even implemented. Our original plan to hold a stakeholder workshop to discuss, refine and verify the potential mitigations before the publication of this report, to provide a chapter on agreed mitigations and how they could be taken forward. The Covid-19 pandemic interrupted these plans, and this report was drafted before a workshop could take place. An online mitigations workshop with stakeholders was held in July 2020, which is reported in a separate, supplementary report which will be published alongside this report.

6.2.1 TRAVEL AND TRANSPORT

Travel and transport was a predominant theme, particularly travel by public transport from some areas of NCL to Chase Farm Hospital.

- Work with TfL to provide better, step free, transport links, or provide a minibus, from Oakwood Underground Station, where there is a lift, to Chase Farm Hospital
- Have a minibus between sites, especially the Royal Free Hospital and Chase Farm Hospital
- Ensure patients who might need help with transport are identified at the referral/assessment stage, and discuss their needs and any help which might be available to them (for example, whether taxi fares can be reimbursed)
- Ensure each hospital has specific transport and travel plans available, including public transport routes, step free access availability, and car parking.

6.2.2 COMMUNICATIONS

Suggestions were made about how information about orthopaedic care should be given to people.

- Use large print for all paperwork, including letters to patients
- Any requirements for help with communications should be identified at the referral stage and made clear to the receiving team so that adequate help will be available at the first appointment
- A range of communications options should be offered, including a range of community languages (although not derived from Google Translate which one respondent deemed inadequate) and plain English. Formats other than written information should be available
- Easy read versions of all information should be available
- Have a reminder system in place for appointments, to ensure that patients know which hospital their appointment is at and where in the building they are going

There were also mitigations presented for how to address problems in consultations.

- Always ensure that people have really understood what is being said to them
- Have staff in hospital who are trained in basic British Sign Language and ensure that there are adequate ways of communicating information to deaf people
- Ensure adequate interpreting services are provided, including utilising already existing language skills amongst staff
- Use pictures, diagrams, and easy read symbols in consultations, for those who need them.

6.2.3 TRANSGENDER

Some suggestions directly relating to transgender patients were made.

- Medical teams should be trained in transgender awareness, and understand the key elements of care for transgender people, and these needs should be discussed before surgery takes place
- Care coordinators could act as advocates for individual transgender people, liaising with staff about a patient's needs and requirements
- Transgender people should be offered private rooms as an alternative to male or female wards, if this is their preference

6.2.4 CARERS

For carers who might need elective orthopaedic care themselves there were often concerns about leaving the people they cared for, whether that was waiting in outpatients' departments or having to be away for one or more nights for a procedure. Carers needed time to plan, and for some, help would be needed to find alternative care if they required an overnight stay in hospital.

- Ensure caring responsibilities are picked up during the referral/assessment process
- Work with carers to make sure that their appointment is at a time which is most appropriate for them, for example, first appointment of the day
- Ensure that enough notice of appointments is given to carers for them to arrange alternative care arrangements
- Offer some 'fixed time' appointments, whereby the patient is guaranteed that they will be seen as near to their appointment time as possible. This would be welcomed by carers, and for people who struggle with long waits, busy environments etc.

- Care coordinators should advise carers on any help which might be available to them, and should actively assist them to access such help
- North Middlesex University Hospital has introduced a Carers' Passport – this should be rolled out across all hospital sites in NCL.

6.2.5 DISABILITY

The needs of people with disabilities were far ranging, including finding their way around unfamiliar hospitals, ensuring the right help was available to them and carers being able to stay overnight with patients.

- Have people at hospital sites who can help with physical navigation around hospitals
- Arrange visits to unfamiliar sites ahead of appointments to allow people to become familiar with the environment
- Have provision for carers to stay overnight with the people they care for, if the cared for person requires in-patient treatment
- Ensure co-ordination between referring GPs and learning disability nurses at hospitals so that patients with learning disabilities are identified and assisted
- Put in place policies and protocols for ensuring that people with long term conditions such as diabetes are placed first on operating lists to minimise disruption to medicine regimes
- Have clear protocols for identifying patients who would benefit from the support of a care coordinator, including training staff at assessments to ask the correct questions to enable such identification
- When assessing patients ensure that the families and carers of people with conditions such as dementia, mental ill health and learning disabilities are listened to and included in plans
- Ensure 'My Health Matters' passports are incorporated into plans for patients with learning disabilities
- Where possible people with severe mental ill health should be fast tracked through the system
- Have specialist dementia nurses available to help and advise on treatment for people with dementia
- An assessment of capacity should be completed at the point of referral; if a patient lacks capacity a best interest decision should be completed and should generate recommendations regarding reasonable adjustments, which should be forwarded with the referral to ensure that the receiving department is aware of the patient's needs
- Vulnerable patients, for example, those with dementia, should be offered planned surgery at a hospital they are familiar with
- Ensure staff, particularly care coordinators, are trained to know what help is available to meet people's needs or ensure that they know how to find out quickly what help there is.

Suggestions were made for making navigation within hospitals easier for people with sight problems, however, the suggestions would aid many patients and visitors:

- Make sure that signage is good, easily visible and well lit
- Have lines on floors so people can follow a line to a department
- Have letter coded areas in hospitals.

7. CONCLUSIONS

Stage 3 of the IHIEIA had two purposes: to revisit the earlier stages of the process to see whether and how recommendations made in the Stage 1 and Stage 2 reports had been addressed, and whether any gaps existed which still needed to be worked on; the second purpose was to produce a definitive short list of mitigations suggested throughout the IHIEIA and Consultation process which could be taken forward to ensure the needs of potentially vulnerable groups are met.

7.1 RECOMMENDATIONS FROM EARLIER STAGES

This report shows that all recommendations made by earlier stages of the IHIEIA were acted upon as the work progressed.

7.2 MITIGATIONS

As discussed in other parts of this report, the Covid-19 crisis interrupted the work being done for to produce a definitive short list of mitigations. However, since this report was drafted an online stakeholder workshop was held in July 2020 which discussed mitigations and suggested how they might be taken forward. The workshop is written as a separate, supplementary, report and will be published alongside this report.

8. APPENDIX

8.1 PROTECTED CHARACTERISTIC GROUPS

The nine protected characteristics listed in the 2010 Act have been considered, plus two additional categories not specified in the Act:

From the 2010 Act:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex (gender)
- Sexual orientation

The two other groups considered were:

- Carers (generally those caring for one or more members of their family who had extra needs)
- People affected by social deprivation