

1 Background to the Primary Care Resource Centre

Dunfermline and West Fife Community Health Partnership (CHP), in line with *Right for Fife*¹ and direction from the Scottish Government around reshaping care for older people, are to develop a Primary Care Resource Centre (PCRC) at Queen Margaret Hospital (QMH) in Dunfermline. The PCRC will include Primary Care services relocated from Carnegie Clinic and other community clinics, providing an integrated and co-located service, facilitating many anticipated benefits for the local community.

The scope of the equality impact assessment was to explore the impacts and opportunities for the local population in the relocation of various services from various locations into QMH.

2 Why impact assess the proposals to develop the Primary Care Resource Centre?

It was considered to be an appropriate time to embed an equality impact assessment into planning the development of the Centre, given it:

- proposed to relocate a number of services so affected a wide range of patients and staff
- provided opportunities to ensure the impact of the relocation on patients and staff was given due regard.

The proposal involves closing Carnegie Clinic, a well-known local facility. Therefore, the potential for community concern about the shift from central community-based services to a hospital site outside the town centre was recognised by the CHP.

NHS Health Scotland and the Scottish Health Council recognised the potential to join up NHS Board requirements; to consult and involve the public in service changes with requirements to impact assess the change and the involvement process itself (CEL 4 (2010)).²

NHS Health Scotland agreed to support this CHP through the impact assessment process, drawing on the health inequalities impact assessment (HIIA) approach advocated by NHS Health Scotland, whilst using NHS Fife impact assessment paperwork. Practically this meant following the HIIA steps while ensuring that all local governance arrangements were met concurrently.

3 Process

The impact assessment was led by the Head of Clinical Governance in the CHP, with support from the CHP Chair and Deputy General Manager.

Identifying the participants

The Head of Clinical Governance identified who should attend the scoping workshop. As the proposals were at an early stage, consultation had taken place recently on the plans and there were future opportunities to consult with the local community. Participants at the scoping workshop did not, therefore, include community organisations. However, it was anticipated that the impact assessment findings would point to areas where further consultation was necessary.

At the scoping workshop

After a brief overview of the format of the session, NHS Health Scotland guided participants through a checklist. This provided a systematic consideration of the potential positive and negative impacts for a range of population groups (including those protected by the Equality Act 2010). It also provided a forum to discuss potential health impacts from the proposal e.g. health improvement opportunities.

Prioritising areas of impact

The scoping workshop produced a number of potential impacts from the proposal, both positive and negative. Following circulation of a write-up of the discussion, the group was reconvened to prioritise the most significant impacts that would require further work in the next stage of assessment. Prioritisation was led by NHS Health Scotland and involved asking:

- Is the potential area of impact within the scope of the proposal?
- How high a priority is this area of impact based on the number of people affected locally and how significant the impact is on their health?

4 Examples of areas of impacts

The following areas of impact were identified at the meeting as priorities for next steps:

- Potential negative impact on those reliant on public transport, particularly older people, people with mobility difficulties and people with prams.
- Potential negative impact from lack of clear signage in the proposed new location of services. For example, it was suggested that people with low literacy and disabled and older people may have difficulty locating their service in a bigger hospital setting.
- Potential negative impact on younger people because of the change in location from the town centre which is closer to schools/colleges than QMH. This may be of particular relevance to sexual health drop-in services, for example.
- Potential negative impact on learning disabled people and mental health service users from a shift in service to a hospital setting. There may be stress related to a change in treatment environment, but also a perception of increased severity of condition when invited to a hospital setting. The latter point may be experienced across the population.

5 Research questions and evidence

Research questions for each area of impact prioritised were developed in order to:

- guide the evidence gathering process
- inform any recommendations from the impact assessment
- ensure that impacts and recommendations identified by the group were evidence informed.

The following table provides some examples of the research questions identified by the group, organised under the three types of evidence that should inform impact assessment. In some cases more than one type was required to ensure a robust response was developed. Some questions were led by NHS Health Scotland, drawing upon national literature, but pointed to local engagement being necessary for a clearer understanding of how the issues played out for the community in Dunfermline and West Fife. For further information of these three types of evidence please refer to the HIIA guidance.³

Types of Evidence	Demographic data	Consultation findings	Evidence of effective interventions
Research question examples	What impact will the relocation and development of the resource centre have on the local transgender community?	What are the current public transport arrangements for service users to QMH?	What evidence is there to suggest that people with a mental health problem experience stress as a result of a change in treatment environment?

This impact assessment process was successful in determining where further involvement and engagement with the local community was required in order to fill gaps in knowledge. With reference to examples provided already:

- Survey work with paediatric-physiotherapy, occupational therapy and podiatry patients indicated that most service users travelled by car to appointments.
- Engagement with the Scottish Pensioner Forum also suggested that issues relating to transport could be addressed through supplying additional information in appointment letters.
- A non-clinical user group (to include members of the public) is being established to look at improvement in signage.
- Discussions with Stonewall Scotland provided intelligence in relation to appropriate timing and location of sexual health clinics. The move was deemed positive in terms of potential for increased anonymity, parking and flexibility in appointment times.

- Further discussion with learning disabled patients will take place through the Patient Focus Public Involvement (PFPI) lead in order to address any concerns about the move to a hospital environment.

6 Recommendations

The following are recommendations based on the evidence gathering process. The overall aim is to improve access for patients and how this is achieved needs to be agreed within the programme. These have been presented to the QMH project team for consideration in appropriate work programmes:

- capitalise on the health improvement/promotion information opportunities in foyer of hospital
- make all transport options known to patients through effective display of timetables, times of buses on a rolling banner and information display board, extended bus shelter
- increase accessibility for people arriving by own transport e.g. disabled parking bays, provision of parent and child car parking spaces
- electronic number plate reader for staff parking in spaces allocated for patients and visitors is to be used as a deterrent
- increase staff parking facilities
- maintain dialogue with LGBT groups
- consider introducing sexual health evening clinics.

7 Reflections from the project lead

Benefits

- increase awareness of benefits of impact assessment with staff
- using real example as training opportunity on impact assessment
- impact assessment maintained focus on project

Challenges

- maintaining momentum of the assessment and keeping on track was challenging – delivering it within the set timeframe ahead of local decisions
- the service change was complex – many services relocating involving different population groups
- bringing staff with you, sharing the value of the process
- making sense of the bureaucracy – not just doing something for the sake of it

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References

¹<http://admin.1fife.org.uk/nhs/index.cfm?fuseaction=nhs.servicedisplay&p2sid=BCA032DD-E62D-92CA-384F67F95B1A8540&themeid=03D6F039-5056-8C6F-C054E6DC6CF2E399>

² www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf

³ NHS Health Scotland, Health Inequalities Impact Assessment – An approach to fair and effective policy making: Guidance, tools and templates
www.healthscotland.com/documents/5563.aspx