



EQUALITY IMPACT ASSESSMENT

BACKGROUND

Date of Assessment:	4 October 2022
Title of document being assessed:	Redesign of the Dundee and Angus Stroke Rehabilitation Pathway
<p>1. This is a new policy, procedure, strategy or practice being assessed. (If Yes please check box) <input type="checkbox"/></p> <p>This is a new budget saving proposal (If Yes please check box) <input type="checkbox"/></p>	<p>This is an existing policy, procedure, strategy or practice being assessed? (If Yes please check box) <input checked="" type="checkbox"/> X</p> <p>This is an existing budget saving proposal being reviewed (If Yes please check box) <input type="checkbox"/></p>
2. Please give details of the Lead Officer and the group responsible for considering the Equality Impact Assessment (EQIA)	Eunice McLennan, Head of Community Health and Care Services
3. Please give a brief description of the policy, procedure, strategy or practice being assessed, including its aims and objectives, actions and processes.	<p>In August 2021, Angus IJB supported and approved the proposal for Angus residents to receive home based stroke rehabilitation for all Angus and Dundee residents where appropriate. People who require stroke specific in-patient rehabilitation will receive this within Royal Victoria Hospital, Dundee</p> <p>It is recommended that there is now permanent relocation of these beds and closure of the Stroke Rehabilitation Unit at Stracathro hospital.</p> <p>Dundee and Angus Health and Social Care Partnerships are working together to redesign the stroke rehabilitation pathways to ensure they deliver modern, evidence based, high quality rehabilitation and support to everyone with a new stroke and those living with stroke in order to maximise their chance of making the best recovery and living their best life possible.</p> <p>The service redesign aims to deliver person-centred specialist stroke rehabilitation and ongoing support, provided by skilled and experienced health and social</p>

	<p>care staff supported by third sector partners, balancing our resources between hospital and community settings to best meet the needs of our patient and carer populations. This must be sustainable for the future. Within the new pathway we propose that this care will be delivered in the community setting as soon as safe and clinically possible.</p>
<p>4. What are the intended outcomes of this policy, procedure, strategy or practice and who are the intended beneficiaries?</p>	<p>The proposed service redesign focuses on modernising and improving rehabilitation standards to people who have had a stroke or are in caring roles.</p> <p>Stroke is a leading cause of long-term disability with over a quarter of stroke survivors remaining disabled in basic activities of daily living and half being left with reduced mobility and function ¹. Aphasia and depression are other frequent causes of long-term disability ¹. An increase in younger strokes (age 20 to 64 years) is also reported and expected to continue to rise²</p> <p>Specialised stroke rehabilitation reduces long term disability with those with moderate disability benefiting more than those with mild or severe stroke severity ^{3,4,5}</p> <p>The number of patients who will require specialist stroke rehabilitation by clinicians with expertise in neurological conditions will continue to grow in the coming decades. This pathway redesign aims to benefit those diagnosed with stroke in the future as well as those who are currently living with stroke as a stroke survivor or as a carer.</p> <p>Redesigning inpatient stroke rehabilitation from the current three stroke rehabilitation units into to a single Dundee and Angus Stroke rehabilitation unit will result in a more efficient model of care which will overcome workforce recruitment challenges currently compromising safe and effective care on the Angus site.</p> <p>The pathway redesign will also enable the release of resources to reinvest in a community-based model of care which will facilitate earlier supported discharge from hospital for those with mild to moderate stroke as well as increasing the intensity and frequency of community-based rehabilitation starting soon after hospital discharge.</p> <p>Patients and their carers will therefore have improved access to high quality community-based rehabilitation in place on discharge from hospital, supported by specialist and experienced health and social care staff working in partnership with third sector services to enable people to achieve their rehabilitation goal and live their best life possible after stoke. Carers and families will also have better access to specialist</p>

	<p>support and information as we invest further in meeting their needs.</p> <p>Staff working in the combined unit will also benefit from working in a large specialist team with improved access to specialist training and education as well as support from the acute stroke team who are situated in close proximity to the unit. Staff will have options to work flexibly across acute and rehabilitation services to further improve their knowledge and skills in stroke care across the pathways.</p>
<p>5. Has any local consultation, improvement or research with protected characteristic communities informed the policy, procedure, strategy or practice being EQIA assessed here?</p> <p>If Yes, please give details.</p>	<p>Engagement work has taken place with stroke survivors and carers across Dundee and Angus to identify their priorities in the future redesign of stroke services.</p> <ul style="list-style-type: none"> • Engagement sessions • Focus groups • Email and telephone feedback opportunities • Patient and carer interviews <p>A Tayside stroke voices group continues to meet which enables partnership working with people with lived experience of stroke. This is an active group who have shared their experiences and suggested care delivery improvements as well as provided feedback on suggested pathway changes.</p> <p>A small group of patients with aphasia have given feedback on the proposed redesign. Further work with this client group is planned as we move on to the implementation stage of the redesign.</p> <p>Staff engagement events and a staff survey completed by over 120 staff also identified their priorities and suggestions for improvements to the pathway.</p> <p>Public engagement sessions were also held which allowed members of the public to hear our suggested service redesign proposal.</p> <p>There is also a process to gain feedback from families and carers who have experience of being within the rehabilitation unit in RVH. The opportunity to capture this feedback is useful whilst considering development of services taking into account the Progressive Stroke Pathway. We will continue to obtain this feedback.</p>
<p>6. Fairer Scotland duties:</p> <p>1) Does this report have an impact for Angus citizens under Fairer Scotland? No</p> <p>2) If Yes, what are these implications and how will they be addressed?</p>	<p>Yes</p> <p>People with low income and financial constraints might be disadvantaged having to travel to visit loved ones in hospital or may have to travel to receive their treatment in a hospital setting.</p> <p>Staff within Royal Victoria Hospital (RVH) try hard to</p>

	ensure a compassionate person centred approach to visiting; always with agreement from the patient. Staff are proactive in discussing with visitors about where they stay and if there are any problems with them travelling to RVH.
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EQUALITY IMPACT ASSESSMENT (EQIA) - RELEVANCE SCREENING

1. Has the proposal already been assessed via an EQIA process for its impact on ALL of the protected characteristics of: age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation?

No

1 a. Does the proposal have a potential to impact in ANY way on the public and/or service users holding any of the protected characteristics of age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation?

Yes Proceed to the Full Equality Impact Assessment (EQIA).

1 b. Does the proposal have a potential to impact in ANY way on employees holding any of the protected characteristics of age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation? This applies to employees of not only NHS Tayside and Angus Council, but also the 3rd sector.

Yes

2. Name: Eunice McLennan

Position: Head of Health and Community Care Services



FULL EQUALITY IMPACT ASSESSMENT (EQIA)

Step 1.

Is there any reason to believe the proposal could affect people differently due to their protected characteristic? Using evidence (e.g. statistics, literature, consultation results, etc.), justify whether yes or no. If yes, specify whether impact is likely to be positive or negative and what actions will be taken to mitigate against the undesired impact of a negative discrimination. When considering impact, please consider impact on: health related behaviour; social environment; physical environment; and access to & quality of services of NHS Tayside, Angus Council or 3rd sector social justice.

1a. The public and/or service users holding the Protected Characteristics:

	POSITIVE IMPACT	NEGATIVE IMPACT	Intended mitigating actions against the b) Negative Discrimination
	a)Positive Action	b)Negative discrimination	
AGE	<p>Yes</p> <p>Many people with stroke are elderly with multiple co-morbidities and are at risk of acute deterioration in their health status following their initial stroke and during their rehabilitation phase. The location of the proposed inpatient rehabilitation unit is in close proximity to Ninewells Hospital meaning faster transfer time and access to emergency care when required.</p>	<p>YES</p> <p>Stroke affects all ages but the number of younger strokes is increasing</p> <p>Younger patients previously received their rehabilitation in the Centre of Brain Injury Rehabilitation which exclusively admitted those around 65 years and under.</p> <p>Changes to the pathway will mean all age groups are admitted to a single unit.</p>	<p>Where possible we will consider the profile of people who are users of stroke rehabilitation services, or likely of be stroke service users, against the profile of the general population. This should give a picture of where there are social groups that are likely to be disproportionately affected by the changes proposed.</p> <p>Specialist skills and knowledge of younger strokes e.g. risk factors, treatments, rehabilitation interventions, evidence-based care, vocational rehabilitation, psychological support, social and digital interventions which meet the needs of the younger age groups will be developed across the pathway to ensure everyone receives the high-quality specialist care appropriate for their needs and wishes. Younger people will have access to peer and social support according to their wishes across the inpatient and community pathway.</p> <p>Care will continue to be organised in a person-centred way to ensure that age is not a limiting factor for any groups and peer support is available to patients and carers.</p> <p>Ongoing engagement with younger</p>

			people affected by stroke to identify their feedback and ideas for the future pathway
GENDER			
DISABILITY		<p>Yes</p> <p>The Scottish Governments Better together Inpatient Survey ⁶ presents qualitative data of the experience of 10,000 inpatients which reports that disabled people, people with translation, interpreting and communication support had a poorer experience of inpatient services.</p> <p>People receiving inpatient stroke rehabilitation care will have a range of physical, mental and psychological health disabilities which may present increased challenges to this group in the redesigned pathway.</p>	<p>Inpatient rehabilitation: Patients and their carers will be involved in decisions affecting their care Communication aids and support will be offered to those with communication difficulties to ensure their views and wishes are understood.</p> <p>Community Rehabilitation: We will work with local communities to identify local rehabilitation service needs, support services, transport options and buildings requirements to ensure rehabilitation is accessible and suitable for this client group.</p>
ETHNICITY/ RACE		<p>Yes</p> <p>It is well recognised that minority ethnic groups experience higher rates of disease and poorer health related outcomes than the White British population. Often these poorer outcomes are attributed to genetic influences, socioeconomic deprivation, migration status, cultural practices and lifestyle differences.</p>	<p>We will work with local communities to identify any minority ethnic groups and other cultural groups and engage with them to identify any impact by the proposed pathway changes</p> <p>Ongoing engagement with local communities will be vital to ensure that minority ethnic populations and cultural groups are not disadvantaged by the pathway changes.</p>
SEXUAL ORIENTATION			

RELIGION/ BELIEF			
GENDER REASSIGNMENT			
PREGNANCY/ MATERNITY	Yes Angus residents who are diagnosed with stroke during pregnancy will receive their inpatient rehabilitation in close proximity to specialist obstetric services who can oversee their care when required		
<p>OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from "discrimination by association" with the PCs of age and disability)</p> <p>OTHER: Socioeconomic deprived groups</p> <p>OTHER: Rural dwelling</p>		<p>Yes, most patients receiving stroke rehabilitation are elderly often with elderly family members and caregivers. This may impact the ability of their elderly family members to travel to the rehabilitation unit for visiting and involvement in care or discharge planning.</p> <p>Earlier discharge home may impact upon the unpaid carer role.</p> <p>Yes People with low income and financial constraints might be disadvantaged having to travel to visit loved ones in hospital or may have to travel to receive their treatment in a hospital setting Yes People living in remote rural areas in Angus will have</p>	<p>The needs of families and carers will be identified and incorporated into the person-centred care model for each individual patient. Communication strategies will be identified e.g. virtual, telephone, volunteer drivers to assist with contact and visiting.</p> <p>Work with local communities to identify transport options for patients, carers and families to visit hospital settings or access outpatient rehabilitation services / support services.</p> <p>Invest in unpaid carer support services Work with third sector partners to identify support needs and services Specialist stroke care support throughout pathway to identify carer needs and timely access to support.</p> <p>Ongoing engagement with patients and carers to identify support needs across the pathway.</p> <p>Work with local communities to identify transport options for patients, carers and families to visit hospital settings or access outpatient rehabilitation services / support services.</p> <p>Work with communities to deliver outpatient services locally and where appropriate in the persons own home.</p> <p>Work to ensure rehabilitation services must be affordable to all.</p> <p>Work with rural communities to identify their local needs and wishes. Ensure equity of high-quality care and access to appropriate support services</p>

populations		further to travel to visit loved ones in hospital. They may be disadvantaged financially or in equity of access to rehabilitation services within their local area	within safe physical reach of all sections of the population regardless of where they live.
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1b. The employees holding the Protected Characteristics:

	POSITIVE IMPACT	NEGATIVE IMPACT	Intended actions against the b) mitigating Negative Discrimination
	a)Positive Action	b)Negative discrimination	
AGE			
GENDER			
DISABILITY		Yes Staff living with a disability who previously worked in Stracathro stroke unit may have further to travel to work if they choose to work in inpatient stroke rehabilitation in Dundee May have difficulties accessing appropriate transport	Continue to review individual needs and adjustments to support staff groups affected. Ongoing staff engagement.
ETHNICITY/ RACE			
SEXUAL ORIENTATION			
RELIGION/ BELIEF			
GENDER REASSIGNMENT			
MARRIAGE/CIVIL PARTNERSHIP			
PREGNANCY/ MATERNITY		Yes Staff on maternity leave may not receive ongoing engagement on the pathway work Pregnant Staff choosing to work in inpatient rehabilitation care in Dundee may have longer journeys and suffer pregnancy related fatigue due to travel time increases	Write to staff on maternity leave to ensure they are aware of the pathway developments and have the opportunity to give feedback / attend engagement events if they wish to. Offer information and engagement on returning from maternity leave. Review individual needs

			<p>and adjustments required to fulfil their role.</p> <p>Incorporate travel time and fatigue risks into any changes in work duties.</p> <p>Consideration of staff preference and assurances that no staff will be disadvantaged in the quality of care environment they work in, access to training and development and access to work.</p>
<p>OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from “discrimination by association” with the PCs of age and disability)</p> <p>OTHER: Angus staff (Stroke unit)</p>		<p>Yes Staff currently working in Angus may have increased distances to travel and experience increased difficulty fulfilling carer duties or responding timely to emergency situations</p> <p>Yes Staff who did work within Stracathro Stroke Unit will be significantly impacted by the proposed services redesign</p>	<p>Engage with staff to identify those with carer roles to ensure they are not disadvantaged by any changes to their role / workplace.</p> <p>Engage and work in partnership with staff groups affected to identify their individual wishes and needs.</p> <p>Follow policy and work closely with trade unions and Staffside colleagues to ensure that all staff affected are treated fairly and are not disadvantaged by the changes.</p>

1c. Does the proposal promote good relations between any of the Protected Characteristics?

YES

NO

NOT SURE

Specify further (e.g. between which of the PCs, and in what way, or why not or not sure)

1d. What steps will you take to collect the Equality Monitoring information needed to monitor impact of this proposal on PCs, and when will you do this?

- Offer engagement and feedback opportunities to involve all PC groups affected and delivered in a range of ways in which people can share their thoughts and ideas
- Design appropriate data collection methods to inform and measure impact

Where will the Equality Impact Assessment (EQIA) be published?

Angus Health and Social Care Partnership page on Angus Council website
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CONTACT INFORMATION

Name of Department or Partnership:	Angus Health and Social Care Partnership
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Type of Document	
Human Resource Policy	<input type="checkbox"/>
General Policy	<input type="checkbox"/>
Strategy/Service	<input type="checkbox"/>
Change Papers/Local Procedure	<input type="checkbox"/>
Guidelines and Protocols	<input type="checkbox"/>
Other (please specify):	<input checked="" type="checkbox"/> Re- instatement/changes to services

Manager Responsible	Author Responsible
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Signature of author of the policy:	Date: 04.10.22
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Morag Hambleton	
Signature of Director/Head of Service: Eunice McLennan	Date: 04.10.22
Name of Director/Head of Service: Eunice McLennan	
Date of Next Plan Review: N/A	

For additional information and advice please contact:
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References

- 1 Kelly-Hayes M, Beiser A, Kase CS, Scaramucci A, D'Agostino RB, Wolf PA. [The influence of gender and age on disability following ischemic stroke: the Framingham study.](#) J Stroke Cerebrovasc Dis 2003; 12 (03) 119-126
- 2 Krishnamurthi RV, Moran AE, Feigin VL. , et al; GBD 2013 Stroke Panel Experts Group. [Stroke prevalence, mortality and disability-adjusted life years in adults aged 20–64 years in 1990–2013: data from the global burden of disease 2013 study.](#) Neuroepidemiology 2015; 45 (03) 190-202
- 3 O'Connor RJ, Beden R, Pilling A, Chamberlain MA. [What reductions in dependency costs result from treatment in an inpatient neurological rehabilitation unit for people with stroke?](#) Clin Med (Lond) 2011; 11 (01) 40-43
- 4 Turner-Stokes L, Williams H, Bill A, Bassett P, Sephton K. [Cost-efficiency of specialist inpatient rehabilitation for working-aged adults with complex neurological disabilities: a multicentre cohort analysis of a national clinical data set.](#) BMJ Open 2016; 6 (02) e010238
- 5 Murata K, Hinotsu S, Sadamasa N. , et al. [Healthcare resource utilization and clinical outcomes associated with acute care and inpatient rehabilitation of stroke patients in Japan.](#) Int J Qual Health Care 2017; 29 (01) 26-31
6. <https://www.gov.scot/collections/inpatient-experience-survey/>