NHS
Rotherham
Clinical Commissioning Group

Proposal to Relocate Ophthalmology Outpatients to the Rotherham Community Health Centre

Document Control

Document Title	Proposal to relocate Ophthalmology outpatients to the Rotherham Community Centre
Version /Date	V1/ 28th March 2019 V2/ 8th April 2019 V3/ 9th April 2019
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Contents

1.0 Introduction

1.1 Purpose of Document

This proposal seeks approval to reconfigure the Ophthalmology outpatient department from The Rotherham Foundation Trust to the Rotherham Community Health Centre. This relocation is essential for the following reasons:

- Amalgamate the service into one bringing together the existing work force
- Meet CQC requirements, splitting children and adults
- Ensuring the estate is fit for purpose to meet future capacity

The proposed move is part of a wider strategy to align TRFT services across the acute footprint, with the potential to create of a cohesive intermediate care service located on-site at TRFT.

1.2 Background

Rotherham Community Health Centre (RCHC) is a purpose built medical facility in the heart of Rotherham town centre and was originally built to house the walk-in centre, GP practice, dental services and community/outpatient facilities. Since November 2015 to the present day, a number of services have closed or merged into existing provision and relocated to The Rotherham Hospital main site, leaving the building approximately two thirds empty.

The list below provides further clarification on services vacating RCHC over the last 5 years.

- November 2015 - Chantry Bridge, GP Practice ceased due to Care UK
- April 2017 - Sexual Health Service merged back into TRFT
- July 2017 - Walk –in –Centre closed
- March 2019 - Diagnostic Service merged back into TRFT after Care UK gave notice

If we are to have success in the delivery our place ambition, we need to ensure that our available housing and estates support and acts as an enabler to our strategic transformation work streams. Partners across Rotherham recognise the value of working together and taking a strategic approach to asset management and getting the most from our collective assets.

In November 2018, a small team of estates advisors from across the Rotherham place, considered how the building can be utilised more effectively, given its prime location in the centre of Rotherham. As part of this process five options were considered as part of optional appraisal (Appendix 1), with the recommendation to further explore the relocation of the ophthalmology department.

This proposal provides a worked up proposal, based on this recommendation.

2.0 Strategic Context

2.1 National Context

It is recognised that there may need to be trade-offs between land/capital sales with a current financial benefit and the potential need for additional facilities in the future. Where surplus land/empty estate currently exists, but there is a potential for future need, local systems can benefit from working with partners in the wider economy, to make best use of such sites in the short to medium term while maintaining the ability to return to health care provision use in the future.

Health care systems, commissioners, in partnership with providers and the public, have to consider the most appropriate configuration of their hospitals so that local clinical services are adequately supported, fit for purpose, sustainable, accessible and deliver the highest possible quality of care.

2.2 Local Context

The South Yorkshire and Bassetlaw ICS identifies movement of services out of acute settings and the cross-sector estate financial savings delivered through 'place-based plans' with the local Strategic Estates Forum (SEG) as being key to where the estates strategies of local partners are shared.

The Rotherham place plan, wants to ensure, through its estates strategy, that people with the right skills and experience work in an environment that makes it easier for them to do their jobs, and buildings and infrastructure are seen as essential 'enablers' to the delivery of the better care for patients to which Rotherham aspires to.

Working within a 'One Public Estate' model, system leaders within the Rotherham place have agreed four key principles for how we will approach our place discussions regarding housing and estates. These are:

1) We collectively value our best assets and will engage in constructive dialogue to maximise the optimisation of these

2) When making decisions we will take into account the impact on partners and not just our own organisations

3) We will work together to produce a Rotherham Estates Strategy

4) Our estate decisions will support the wider Rotherham Economic and Regeneration Strategy, Housing Strategy and the wider Rotherham Together Partnership

2.3 Alignment with commissioner objectives/priorities

The population continues to age and pressures on the health services to support individuals is increasing. Therefore it is important that we plan for care in settings which are accessible and provided in environments which can meet service need now and for the future.

Partners recognise the value of working together and taking a strategic approach to asset management and getting the most from our collective assets and working with a 'One Public Estate model" sees the efficient use of Rotherham's combined estate and other infrastructure, such as IT, as a significant enabler to health and care staff working in partnership. With organisations working in partnership in systems is to improve the experience of and outcomes for patients.

Our established Strategic Estates Group continues to work constructively, identifying available estate across the system, ensuring it is fit for purpose and identifying disposals where possible, in line with the 4 key principles of 'one estate.

For these reasons the estates advisors from across the Rotherham place, considered how Rotherham Community Health Centre can be utilised more effectively, given its prime location in the centre of Rotherham, recommending the relocation of the ophthalmology service.

3.0 The Proposal

The proposal is to relocate the Adult and Paediatric Outpatient Ophthalmology service, including the administration team currently housed at the Rotherham Hospital Site, to the Rotherham Community Centre, to ensure that the service is fit for purpose now and in the future.

The service would be located on both the ground and first floors of RCHC and would ensure that children and adults are delivered from separate areas in line with CQC requirements and bring the service into one centralised team.

The administration team would be located in one area of the building together with the clinicians. Presently the team is spread into 5 areas across the hospital. The location of the team in one place will bring greater efficiencies, not only in time spent locating team members, but by creating a better culture for team work, in particular cross cover arrangements.

The relocation of the service will see better access arrangements for patients, given the sites central location across from the bus station and also parking directly outside the building. In addition, the move has the potential to free up to 43,000 spaces a year at the hospital site, given the transfer of patients to the new site.

The relocation of the service to the community health centre, also provides the potential for further development of ophthalmology services at an ICS level, providing the flexibility to deliver services across the footprint from this location.

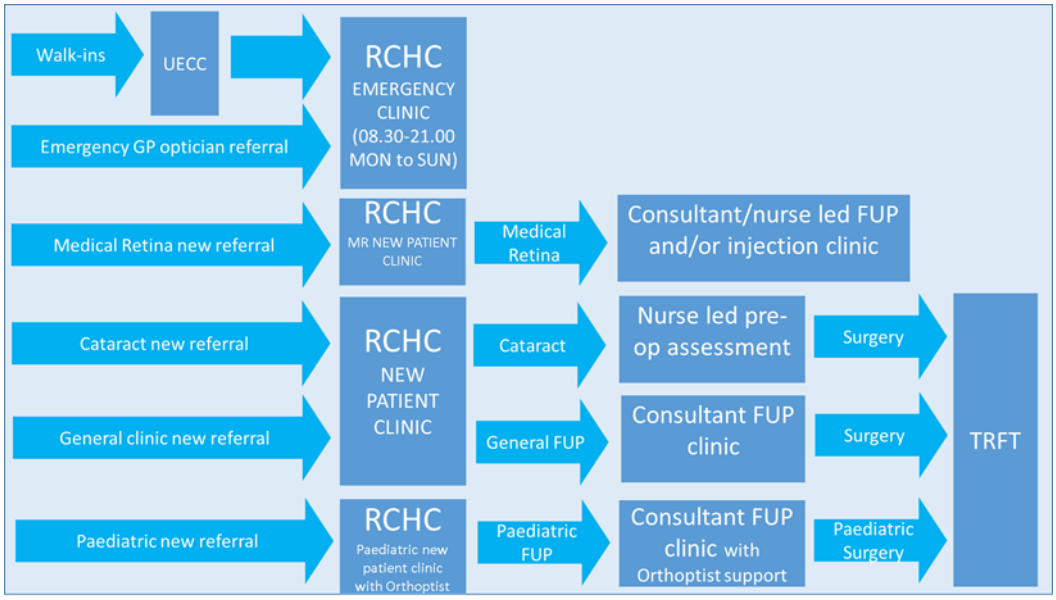
The service model to be delivered from RCHC is outlined below:

3.1 Service Model

3.1.1 Overview

Clinics run from the Rotherham Hospital, including Saturdays, with minor surgery being carried out in the clinic and 11 theatre sessions available per week in the main hospital theatres.

Many patients are referred by their GP, but some are referred by their optician. TRFT operates a one-stop clinic where patients will be seen and assessed and if surgery is required patients are given at their first clinic visit. More than 90% of our surgery is carried out under local anaesthetic as day surgery cases.



3.1.2 Service Description

EMERGENCY PATIENTS

- Daily emergency clinics MON-FRI seen by middle grade
- Patients referred from GP, opticians and through UECC.
- TRFT on call cover 08.30 – 21.00 MON-SUN
- External HUB cover 21.00 – 08.30 MON-SUN provided by Sheffield or Doncaster.
- Emergency surgery undertaken by on-call consultant (above on-call hours apply)

GENERAL REFERRALS

- New and follow up patients seen by consultant or middle grade

GLAUCOMA PATIENTS

- New referrals seen by consultant or middle grade
- Complex follow up seen by consultant or middle grade
- Stable follow up seen by CNS or Orthoptist (under clinical supervision)
- Surgery undertaken by consultant or (middle grade with consultant obs if training list)

CATARACTS

- New referrals seen by consultant
- Pre-op seen by CNS
- Surgery undertaken by consultant or (middle grade with consultant obs if training list)
- Post-op seen by CNS

PAEDIATRICS

- New referrals seen by paediatric specialist consultant with orthoptic support
- Followups seen by consultant or middle grade with orthoptic support
- ROP screening undertaken by consultant
- Surgery (squints etc) undertaken by consultant

MEDICAL RETINA

- New referrals seen my MR specialist consultant
- Follow ups seen by MR specialist consultant, middle grade or CNS
- Injections undertaken by MR specialist consultant, middle grade or CNS
- Imaging review clinics undertaken by MR specialist consultant
- Treat and extend patients seen by MR specialist consultant, middle grade or CNS

DES (DIABETIC EYE SCREENING)

- New referrals seen my MR specialist consultant
- Follow ups seen by MR specialist consultant, middle grade or CNS
- Moved onto MR pathway if appropriate

MINOR OPS

- Operated on by consultant or middle grade

LASER

- Follow up patients for YAG and ARGON laser seen by consultant or middle grade

ORTHOPTISTS

- Undertake vision screening peripatetically in all Rotherham CCG schools
- Perform Visual field tests
- Perform Goldmann Visual tests
- Perform Low Visual Aid tests
- Provide General and paediatric Orthoptist clinics
- Provide stable glaucoma follow up clinics
- Provide adult motality tests

ECLO (EYE CLINIC LIAISON OFFICER) SERVICE

- Advise, help and guidance for patients attending hospital appointments

MEDICAL PHOTOGRAPHY

- Provide OCT tetst
- Provide Autofluorescene tests
- Provide FFA (fluoroangeography) tests
- Provide ad-hoc medical photography requests

3.2 Delivering the long term plan ambitions for Ophthalmology

In July 2019 a new minor eye care service (MECs) will commence in Rotherham enabling patients to have care closer to home for minor eye care problems. Work is also on-going to review the follow-up arrangements and improve community diagnostics to enable more appropriate community care of patients. The current pathways will be reviewed as part of this work to ensure patients are only seen face to face where physically required.

3.3 Floor plans

The proposal is to relocate the service on 2 floors within RCHC, utilising the vacant space left by the relation of the walk-in centre, GP practice, diagnostic service and the cash clinic.

Initial plans can are provided in appendices A and B and are explained in high level below.

3.3.1 Ground Floor

The ground floor will provide new, pre-op and post-op cataract appointments, new and follow up general, emergency, glaucoma, Goldmann, Low visual aid, Adult Motality and Orthoptist clinics all serviced by VA, VF and OCT rooms with corresponding sub waiting areas in improve patient flow and experience.

There is a separate designated paediatric area for new and follow-up patients with access to segregated VA, VF and Orthoptist rooms required for their appointments.

3.3.2 First Floor

The first floor will provide new, follow up and injection clinics for Medical Retia patients in conjunction with the diagnostic imaging of OCT and FFA in addition to VA (visual acuity) rooms and sub-wait areas to ensure the best patient experience and flow.

There will be a temperature controlled dedicated laser room and Minor Operations surgical area which will both utilise the OCT and VA rooms in close proximity

4.0 The Case for Change

The case for change is clear, the service demand has outgrown its current location and there is not space within the existing footprint at TRFT to extend the service. Further details on the chase for change are outlined in 4.1 below.

4.1 Facilities

Current State

The Ophthalmology outpatient clinical space has been unchanged for the past 27 years. In February 2017, the Royal College of Ophthalmologists undertook a service review of the present Ophthalmology Service, presently housed on C level of the Rotherham Hospital. The review highlighted the following:

- With the expansion of services in response to increasing demand, more space and infrastructure will be required to deliver optimal services.

- A dedicated children's clinic area in the eye outpatients' clinic is needed to meet CQC requirements. Preferably this should be close to/adjacent to the orthoptic clinic.

- Elective patients situated in the same area as the outpatient clinics.

The current estate within the hospital does not enable the flexibility required to deliver the present service or of the future.

4.2 Staffing

Clinical Staff

Presently the clinical staff for the ophthalmology service are fragmented, based across several floors and departments of the hospital. The result is that the nursing team are managed by different divisions, providing little chance for joined up working across the service or for cross cover if required.

Administration Staff

The administration staff are located across five sites of the hospital which means there is little ability for the service to quickly flex to demand when the reception desk becomes busy, causing constraints in the physical reception area around the desk as patients queue.

With the team separated it means that the secretaries and consultants are not able to be co-located, which can lead to communication issues and much time can be wasted trying to locate team members.

With the whole team dispersed across the site the team is not able to create a culture for problem-solving, and learning, which often develop from having team members at hand for coordination.

4.3 Service Delivery

The current clinical and admin footprint is used to full capacity with no room for flexibility in service delivery. The lack of space and facilities means that the current service delivery is disjointed with poor patient flow, causing bottle necks and long waits for patients and clinical staff alike.

4.4 Patient Experience

Whilst feedback of the clinical service is positive, feedback on the facilities of the service are poor. Below outlines the case for change in relation to patient experience.

4.5 Waiting areas

The service frequently receives negative comments surrounding the waiting area, which is very cramped as every area of space is used to house patients waiting to be seen, or in the process of treatment who are forced to wait in the same area, due to lack of space for an appropriate number of sub waits.

Due to the overcrowded waiting area, the summer months can become especially unpleasant, given there is not air conditioning and the ability to place fans is limited.

4.6 Patients with mobility issues

Complaints are frequently received from patients with mobility problems, due restricted space in the department. Patients are often forced to wait in corridors within the department, due to lack of space to house patients in wheelchairs. Unfortunately this then results in bottlenecks creating further issues regarding patient flow within the service.

4.7 Relatives/Carers

Often patients using the service require a relative or carer to support them to attend their appointment, or to be picked up following treatment. Due to the areas being overcrowded, it is very difficult to house relative/carers. The restrictive size of the consultation rooms also limits relatives from attending the clinical discussion. For some patients this can be quite distressing.

4.8 Lighting and furnishings/ General Environment

There is a lack of natural light the department, which means that the facility has poor lighting and is rather gloomy with furnishings which require investment, from a patient experience perspective, it does not great a welcoming environment.

4.9 Access to the service

Patients using the ophthalmology service frequently complain about patient parking at the hospital from difficulty in finding spaces to the distance from the car park to the ophthalmology service.

5.0 Improvement of current service delivery if relocated to RCHC

5.1 Estate fit for purpose

The proposal to relocate the service to the community health centre will ensure that the service will meet the requirements set out in the review, separating children and adults and elective and outpatient clinics.

RCHC also provides much needed space to provide a better, more responsive service, with room to grow/expand.

The floor plan for the service will be tailored to the service needs, which means that current bottle necks created by overspill sub wait areas will be removed, as sub wait areas will be built into the design plans adjacent to treatment areas, creating a much better patient flow across the department.

5.2 Co-location of Staff

The relocation of the service to RCHC will bring the ophthalmology team together, creating a team culture.

Housing the nursing team together in one place, means that cross cover working will be more easily managed and supports the national direction of travel for multi-disciplinary and joined up working and the team will be managed by the division.

While the site will be delivered on two floors, the clinics will be situated in a logical order, unlike the present service which places clinics where space allows. By designing the space around the service model, staff on shift will not regularly be required to travel between the floors. Where staff may have to move between clinics, the time taken to do this is minimal.

Initial indications with the team have shown that they are excited by the change and feel that the new layout and facility will greatly enhance their working environment not only as the service will be less cramped and fit for purpose, but that from an aesthetic perspective, as the environment will be new, airy and more spacious.

5.3 Patient benefits

There are many benefits to patients by relocating the service to RCHC. In particular access to the service is improved, with the bus stations directly opposite the building, and car parking immediately outside.

The Ophthalmology service is currently contracted to see 43,000 patients per year, many of whom access the service by car. The unintended benefit of relocating the service to RCHC is that the utilisation of the car park at TRFT will be substantially reduced.

Better flow of the department will result in improving the time patients are waiting. Often the service has to juggle rooms to be able to meet the patient activity, which

can mean that patients may have to wait slightly longer until a clinical room is available for the patient to be seen in. RCHC provides capacity and expansion space for the future for clinical space. This in turn drives improvements in waiting times for patients.

One of the issues with the present estate is that the consultation rooms are small and often relatives are asked to wait outside in the waiting area. The clinical rooms in the community health centre are built on a larger footprint, which means that as well as the rooms being more airy and light, there is space for relatives, should the patient request them to sit in on the consultation. Not only is this better for service users, but it also frees up the waiting area.

5.4 Digital opportunities

The NHS is increasing looking at how digital technology can be utilised to make improvement in service delivery. The relocation of ophthalmology to the community health centre creates an opportunity:

- A paperless outpatient department in Rotherham
- Digital self check in desks
- Virtual clinics /video consultation as appropriate
- Faster digital transfer of diagnostics
- Video guidance/electronic leaflets for using eye/drops
- Electronic prescriptions
- Links to the Rotherham Health APP

As the scheme progresses from design to implementation, further opportunities for digital options will be explored.

5.5 Pharmacy arrangements

TRFT will need to consider how prescribing and dispensing will work within RCHC as there is no longer a pharmacy located within RCHC. Options include the use of vending, provision of a small ophthalmic pharmacy within the centre of use of FP10s. These options will be worked through by the ophthalmology, pharmacy and estates teams.

6.0 Finance

6.1 Indicative costs

6.1.1 Capital costs

To facilitate the relocation of services to the RCHC, building work will be required to adapt layout to meet the ophthalmology department's needs.

The estimated costs for full service relocation are £750,000. Full costs for the service will be known following the design phase which will be 10% of the capital scheme. TRFT recognise these costs and have them covered in their 2019-20 capital programme.

6.1.2 Recurrent Cost

It is expected that on-going recurrent costs with RCHC (Property Services) and TRFT will be cost neutral.

Indicative costs are as follows:-

RCHC market rent	£219,855
RCHC service charge	£162,918
Total cost	£382,773
Current CCG void cost for RCHC	-£263,000
Current FM costs for ophthalmology & Greenoaks	-£45,000
Current capital charges released	-£51,000
Total additional cost to current	£23,773

This does not include the current cost of the diagnostic area at RCHC (£108,000) and assumes the current cost is unchanged. It is suggested that the proposed service charge costs are negotiated with Property Services to facilitate this move financially. If Property services are not willing to support this, there is a financial risk of £23,773 for TRFT.

6.2. Non-financial benefits

As outlined in section 5, there are a great number of non-financial benefits to relating the service to RCHC. The table below provides a comparison of the present service against the non-financial benefits to be realised:

	TRFT	RCHC
Staffing	Staff fragmented across several floors and departments of the hospital offering little chance for joined up working and cross cover if required	Co-location of staff of staff to defined easily accessible areas over two floors. Easier management, more joined up working and cross cover opportunities
Expansion	Current clinical and admin	Can accommodate all current

	footprint used to capacity and beyond with no room for expansion of services	services, including recommendations from RCR relating to waiting areas with sufficient scope to expand clinical and admin services to future proof department
Service Delivery	Disjointed delivery due to lack of space and facilities meaning patient flow causes bottlenecks and long waits for patients and clinical staff alike.	Redesign of service delivery to enable patients to flow more easily through departments, reduce bottle necks and improve patient and clinical experience and reduce appointment time and therefore time in department
Patient experience	B6 and OP in similar states of disrepair with poor lighting and furnishings, OP offers little designated waiting area and limited paediatric waiting area with no sub-waits. Limited car parking away from main hospital, when available	New building in light, airy setting. Designated waiting areas and sub waits. Car parking straight outside building

7.0 Approach to project management

To ensure a smooth delivery of the capital scheme is recommended that NHS Property Services are appointed to design and project manage the building works, given their relationship with the Superior landlord and negating the need to have legal documents in the form of licences to undertake alterations which would likely incur legal fees.

Initial discussions have highlighted that the fee proposed by NHS Property services is in line with industry standard practice of circa 10% of the works cost to take the scheme through all the relevant stages of the process from design brief to handover.

7.1 Delivery Team

To ensure successful delivery of the scheme the following project team will be delivering the scheme.

Senior Responsible Officer	Suzanne Stubbs
Capital Scheme Lead	John Cartwright
Clinical Lead	Mr Georgios Mariatos
Operational Lead	James Hichman
Nurse Lead	Debbie Timms
Finance Lead	TBC
HR Lead	TBC
Communication Lead	Gordon Laidlaw
Project Management Lead	TBC

7.2 High Level Programme Plan

The table below sets out the high level programme of works. Initial discussions with property services suggest that if the scheme is approved in April, the service should be able to relocate by November 2019.

Should there be any delays in the scheme then the service will not be able to move until spring 2020, due to seasonal winter pressures.

	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Approve Outline Proposal									
Appoint Contractor									
Design /Tender									
Patient Engagement									
Full Proposal									
Agree contract									
Building works									
Communications									
Move Department									

8.0 Risks

8.1 Initial Risks associated with the scheme

The service has identified the following risks, detailed in the table 1 below

Issues/Risks	Description	Mitigating action
Timeframe/Deliverability	It is recognised that the timeframe of delivering the scheme by November is tight. The risk lies with TRFT and property services to ensure the relevant project team are freed up to deliver the scheme.	Establishing weekly meetings/calls with the project team to progress the work, escalating any risks and actioning as appropriate.
Theatres	Not viable to move the service Cost to make the building fit for purpose for theatres	Patients will follow the day surgery pathway at the main hospital site
Staffing considerations	Relocation costs Consultation period	Travel time impact assessment
Links to other service in TRFT e.g – A&E	Emergency demand, further work needed to take place on the location as to where the demand will be seen. Transfer of case notes for emergency patients.	Use ASU area to review emergency ophthalmology patients

Table 1 - Risks

8.2 Approach to risk management

The delivery team will identify and quantify the key risks associated with the scheme resulting in a project contingency. Risks will be apportioned to either the Trust, contractor or shared and mitigating strategies identified in the Risk Register. This will be monitored on a regular basis by the Project Team for the life of the project. It is the Trust Project Manager's responsibility to manage the risk register.

9.0 Communications

9.1 Communications Plan

Communicating effectively with patients, the public, stakeholders and staff will be fundamental to the move of the Ophthalmology outpatients service to Rotherham Community Health Centre and it is essential that the communication activity is clear, concise and easy-to-understand.

Our communications activity will focus on informing, sharing and listening. An action plan (appendix C), has been developed to help key target audiences understand the changes to the service, when the change will take place and what it means to them.

Our plan shows how we will:

- **Proactively** and **effectively** communicate the change to the service and what it means to individuals and staff.
- Develop effective **two-way** opportunities where we share information, we listen and respond, and are visible.
- Identify **relevant** and **timely** tactics with key audiences and stakeholders.

9.2 Public Engagement

NHS CCGs have a duty to involve patients and the public (By means of providing information, consultation or in other ways). Section 14 Z2 of the Health Service act as amended by the Health & Care Act 2012

In terms of service change, CCGs are legally required to have regard to the guidance produced by NHS England 'Planning assuring and delivering service change for patients (NHSE 2012)

To meet the national guidance requirements it is proposed that the activity undertaken is appropriate for and proportionate to the size and level of change. Any change of location is seen as a variation of service.

It is therefore proposed that we engage the current service users in the following ways:

- Undertake surveys with patients in the department
- Have a stand in the main reception of TRFT outlining the plans and asking for comments
- Utilising social media to undertake surveys

9.3 Equality Impact Assessment

An equality impact assessment has been undertaken (appendix X) and demonstrates that the benefits of relocating the ophthalmology service to the community health are substantial. It is felt that the approach to engagement with service users in the manner set out above is approach to the service change taking place.

10.0 Conclusions and salient issues for further consideration

10.1 Conclusions

The case for relocating the Ophthalmology outpatient department to the Rotherham Community Health Centre is clear. The existing premise is no longer fit for purpose. Relocation to the Rotherham Community Health Centre will:

- Amalgamate the service into one bringing together the existing work force
- Meet CQC requirements, splitting children and adults
- Ensuring the estate is fit for purpose to meet future service requirements

The proposed move is in line with Rotherham's 'One Estate' approach increasing the footprint of residents into the town centre and supporting the local economy.

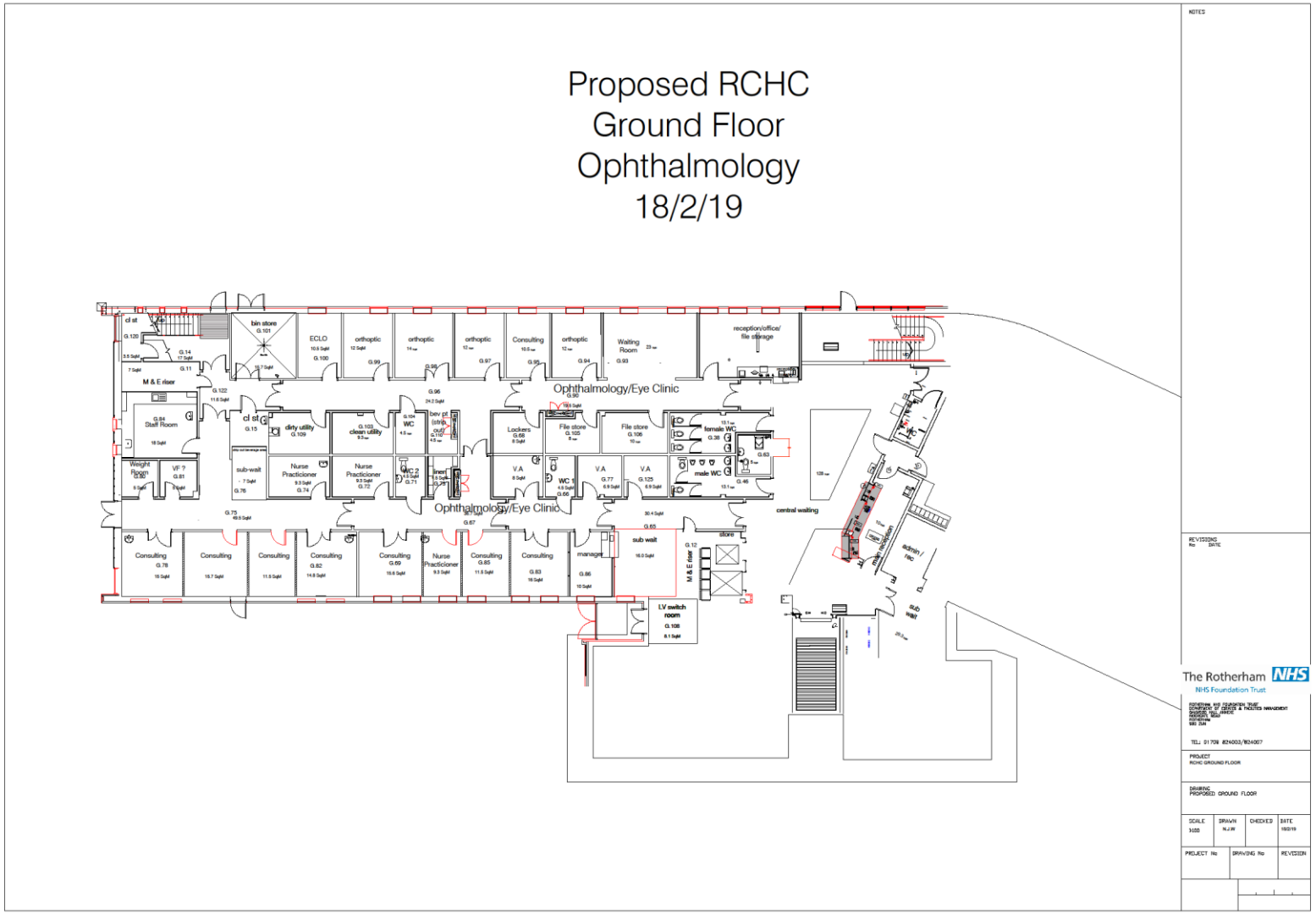
10.2 Salient issues for consideration

The key issues to consider for this proposal are:

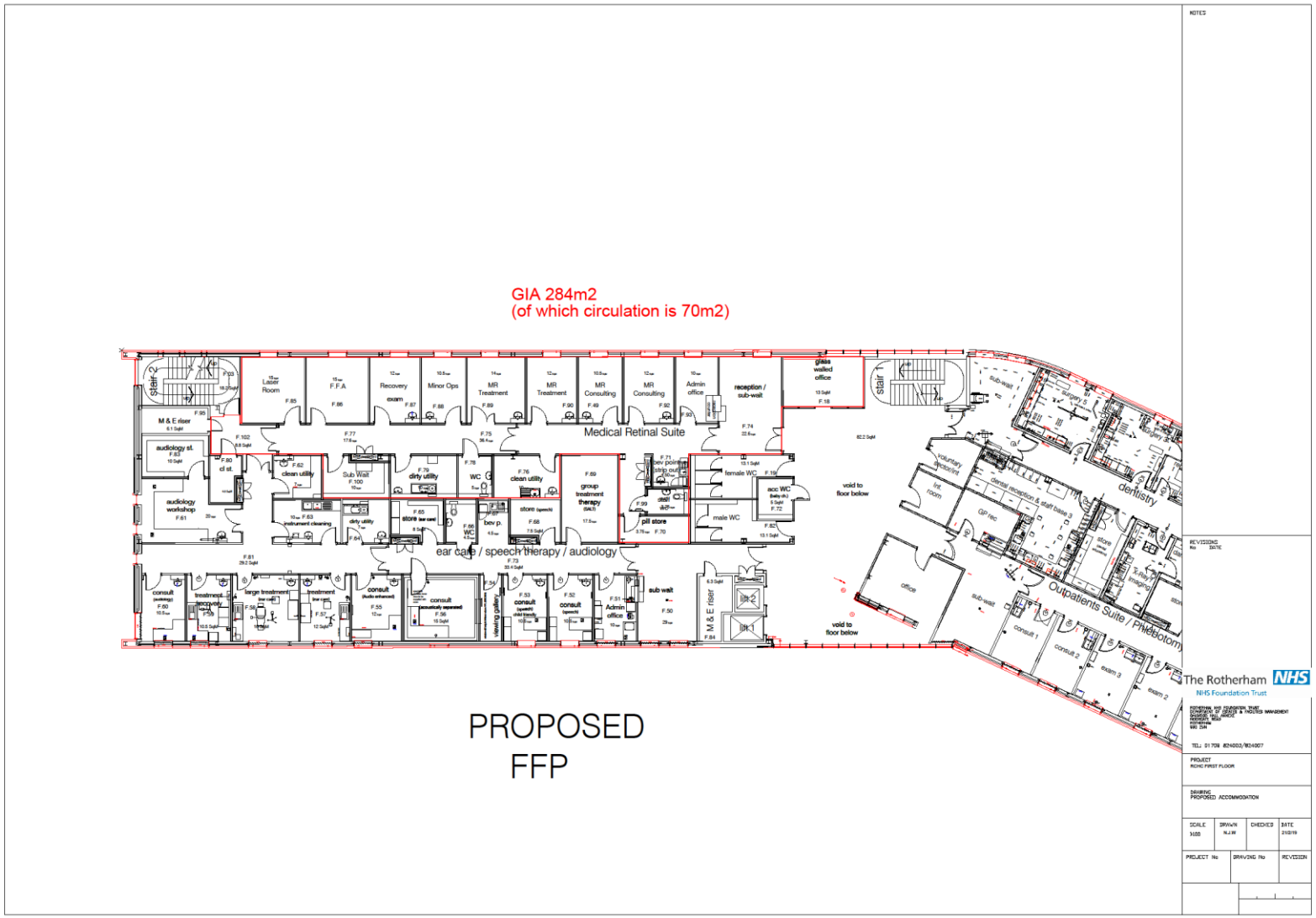
- **Timeframe/Delivery** - if the proposal is approved work needs to take place quickly , establishing weekly meetings with the project team to progress the work
- **Patient engagement** – the CCG has a duty to consult with patients

11. Appendices

Appendix A Ground Floor Plan



Appendix B First Floor Plan



Appendix C – High level Communications Plan

Activity	Lead	Audience	Timescale	Progress (RAG)
External (patients, public and key stakeholders)				
Information sheet/letter to existing patients	Jo Martin/Gordon Laidlaw	Patients, family/carers	2nd September 2019	
Frequently Asked Questions – Available for frontline staff to use with patients. Also available on the website.	Jo Martin/Gordon Laidlaw		Available by end of August 2019	
Online information – Social media posts via CCG and TRFT and website update to RCHC pages	GL/TRFT Comms	Patients, family/carers	Live – 6th September	
Information shared with Patient Participation Groups/Network	Gordon Laidlaw/Helen Wyatt	Patients, family/carers	August/September 2019	
Media Relations • Press release to communicate the changes – bringing outpatient appointments closer to patients to make them easier to access.	Gordon Laidlaw	Media, patients and the public	Week commencing 16th September 2019	
Posters in current outpatient area and RCHC prior to move and in weeks following the move.	TRFT Comms/Gordon Laidlaw	Patients, family/carers	Week commencing 2nd September 2019	
Partner/stakeholder briefing – information the change for key stakeholders including councillors and MPs	Jo Martin/Gordon Laidlaw		Week commencing 2nd September 2019	
Staff/Clinicians (TRFT acute/ community and primary care)				
Online information – intranet information with links to public site	Gordon Laidlaw/TRFT Comms	GP Practices and frontline TRFT clinicians	Live – 6th September	
GP bulletin – before and after move of the service to RCHC	Gordon Laidlaw	GP Practices staff	20th September and 11th October	
TRFT internal communications weekly briefing	TRFT Comms team	Acute and community frontline staff	Throughout September 2019	
Face-to-face briefings – information for staff and opportunity to ask questions	Service managers with TRFT Comms	Acute and community	Throughout August/September	

	team	frontline staff	2019	
PLTC and CCG staff meeting	Gordon Laidlaw and Jo Martin	Practice staff and commissioners	Autumn 2019	

Appendix D Equality Impact assessment

Equality Impact and Engagement Assessment Form					
Complete this section **Please retain one copy, and pass one copy to both the Equalities and Engagement leads**					
Section one – Project or plan details					
1.1	**Project Title:**				
	Relocation of the Ophthalmology Service to Rotherham Community Health Centre				
1.2	**Project Lead:**		**Contact Details:**		
	Joanne Martin		joanne.martin19@nhs.net		
1.3	**This activity /project is:**				
	Service relocation to another site				
1.4	**Describe the activity/project**				
	To relocate the Ophthalmology outpatient department from The Rotherham Foundation Trust to the Rotherham Community Health Centre. This relocation is essential for the following reasons: ▪ Amalgamate the service into one bringing together the existing work force ▪ Meet CQC requirements, splitting children and adults ▪ Ensuring the estate is fit for purpose to meet future capacity The proposed move is part of a wider strategy to align TRFT services across the acute footprint, with the potential to create of a cohesive intermediate care service located on-site at TRFT.				
1.5	**Timescales**				
	The move is planned to take place in October/November 2019.				
2	**Equality Impact Assessment**				
2.1	**Gathering of Information:** This is the core of the analysis; how might the project or work impact on protected groups, with consideration of the General Equality Duty. Please add any general information here.				
2.2	**Screening**				
	Please complete each area)	**What key impact have you identified?**			**Information Source**
		Positive Impact - will actively promote or improve equality of opportunity.	**Neutral Impact -** where there are no notable consequences for any group.	**Negative Impact** negative or adverse impact causes disadvantage or exclusion. **If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures.**	What action, if any, is needed to address these issues and what difference will this make? For example: *At this point no action is required. Further EIA screenings will be developed in future once there are recommendations to assess.*
	Human Rights		**Y**		
	Age		**Y**		
	Carers		**Y**		
	Disability	**Y**			Disabled access would improve as RCHC has better access for patients in terms of parking, and is a smaller site to negotiate.

	Sex		**Y**		
	Race		**Y**		
	Religion or belief		**Y**		
	Sexual Orientation		**Y**		
	Gender reassignment		**Y**		
	Pregnancy and maternity		**Y**		
	Marriage/civil partnership (only eliminating discrimination)		**Y**		
	Other relevant groups		**Y**		
	NEXT ACTIONS See 3.4 below				

3 Engagement Assessment

3.1 **What is the level of service change**? – see diagram 3 above

If your project is classed as a 'significant variation' (level 3) or 'major change' (level 4) please contact england.yhclinicalstrategy@nhs.net for a preliminary discussion to support planning and agree whether the service change needs to follow the NHS England Service Change Assurance process.

The assurance process generally looks at the 'case for change' The key players in the process include overview and scrutiny teams, and the clinical senates. You can also refer to the DH guidance: (please note that level 4 changes will require considerable long term planning and this DH guidance is mandatory for all level 4 changes)
http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/nhs_public_involvement_-hempsons_stp.pdf DH 2013

Circle or highlight the appropriate level of service change

Level 1 (Level 2) Level 3 Level 4

Add additional information and rationale for this scoring below

Level 2 has been indicated at this stage the following reasons:

- Not all the population will be impacted
- No changes to the service will be made
- The location is 2 miles from the current location and offers better public transport links and parking

3.2 **Who are your stakeholders?**
Consider using a mapping tool to identify stakeholders - who is the change going to affect and how? Complete below or attach or link to a mapping document

- Patients of the Ophthalmology Service at TRFT
- The Ophthalmology Service at TRFT

3.3 **What do we already know?**
What do you already know about peoples' access, experience, health inequalities and health outcomes? Use intelligence from existing local, regional or national research, data, deliberative events or engagements.

Where activity has been found key points of the work are highlighted below:

	• Respondents valued local services closer to home • Respondents viewed that more locations would improve waiting times • Respondents felt the service would ensure access to right professional/ service in the right place, first time • Respondents felt the service would avoids hold ups in the system and alleviates pressure in other services e.g. GP's • Local services were seen to be easier to get access than an acute setting • The importance of parking and access to facilities was highlighted
	Describe any existing arrangements to involve patients and the public which are relevant to this plan/activity and/or provide relevant sources of patient and public insight? How will the insight available to you help to inform your decision?
	NHS CCGs have a duty to involve patients and the public where there will be a change to services https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf Therefore It is proposed we carry out a programme of engagement work proportionate to and appropriate for the level of change: • Provide the opportunity to seek information and to comment on our website, and other means as appropriate; for example, paper surveys and presentations • Provide the opportunity to comment in clinics and relevant venues (display; comments sheets, survey) • Send information out to and give the opportunity to comment, to relevant stakeholders as identified in the stakeholder analysis • A drop in session at the CCG Annual General Meeting • Should any unexpected issues, concerns, opposition, barriers and access issues be raised during this period of engagement, we would then reflect on the plans further • Share our plans and the outcomes of the engagement work with Scrutiny Committee, and ensure they are in agreement with the service change
	Briefly describe how the existing or proposed engagement will be 'fair and proportionate', in relation to the activity?
	Based on the change to the service location and the number of patients impacted it is recommended that engagement is required as outlined above as this is considered to be proportionate to the service change.
3.4	**Reaching out to overlooked communities** Are additional arrangements for patient and public involvement required for this activity and in particular how will you ensure that 'seldom-heard' groups, those with 'protected characteristics' under the Equality Act, and those experiencing health inequalities are involved • Seldom-heard groups No • Nine Protected Characteristics Yes • Health inequalities No If yes, please provide a brief outline of your approach and objectives for any additional patient participation targeted at these groups
	As this change does affect one of the protected characteristics, the guidance of Rotherham Sight and Sound will be sought to ensure engagement is effective and appropriate and Health Watch will also be consulted.

	Do you need to make any of your resources accessible (i.e. for people with learning disabilities, sight impairments, or alternative languages?)
	Yes, potentially for people with sight impairment. Rotherham Sight and Sound will be used to seek guidance.
3.5	**What resources do you need for this?** Consider the sections above • The timescales • The need to reach overlooked communities • Accessible materials • Gaps in knowledge
	Guidance will be sought from Rotherham Sight and Sound.
4	**Feedback and Evaluation**
4.1	How will you use the feedback – who does it need to be shared with?
	Patient feedback will be used to inform the plan for relocation, and will be shared with all stakeholders.
4.2	Provide a brief outline of how the information collected through patient and public participation will be used to influence the plan/activity.
	To ensure the public voice is heard, Health Watch and Rotherham Sight and Sound will be asked to participate in the engagement process.
4.3	How will the outcomes of participation be reported back to those involved?
	To be confirmed, depending on the specifics of the patient engagement exercise once guidance has been sought.
4.4	How will you assess the ongoing impact of the change on patients and the public after it has been completed?
	Feedback collected by the service will be discussed as part of contract monitoring, with changes and appropriate action requested if appropriate.

5	**Engagement and Equality Impact Plan**				
	Action	**Approx. Timescale**	**Lead**	**Deadline**	**Comments/ progress**
	Information on the proposed move on the CCG website and partners ie TRFT	May 19	HW/JM/ GL		
	Initial plans and proposals shared with HOSC/Health select committee; any suggestions and additional activity acknowledged and added to plan	May 19	HW/JM		
	Electronic and paper survey available	May 19	HW/JM		
	Information on the proposed move disseminated through information networks (VAR Newsletter; Healthwatch, parent carer forum etc, providers etc) and to all relevant stakeholder groups and organisations	June 19	HW/JM		
	Survey promoted	May/Jun e 19	HW/JM		

	Surveys carried out in clinics		June 19	HW/JM		
	Outreach to groups communities etc as identified – these are likely to include Sight and sight, age UK etc. capacity permitting		June 19	HW/JM		
	A drop in session at the CCG Annual General Meeting; this will be promoted as an alternative		3rd July 19	HW/JM		
	Share the outcomes of the engagement work with Scrutiny Committee, and ensure they are in agreement with the service change		End July 19	HW/JM		
6	Form details					
	Completed by:	Joanne Martin				
	Job title:	Senior Service Improvement Manager				
	Date	1st April 2019				
	Reported to	Operational Executive				