

EQUALITY IMPACT ASSESSMENT

This is a legal document stating you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission

If you require advice on the completion of this EQIA, contact elaine.savory@aapct.scot.nhs.uk

'Policy' is used as a generic term covering policies, strategies, functions, service changes, guidance documents, other

Name of Policy	NHS Ayrshire & Arran redesign of Systemic Anti-Cancer Therapy (SACT) delivery.		
Names and role of Review Team:	Peter MacLean, Clinical Director - Cancer Services / Consultant Haematologist Caroline Rennie, Macmillan Nurse Consultant Nicky Batty, MacMillan Practice Development Facilitator - Acute Cancer Elaine Savory, Equality and Diversity Adviser	Date(s) of assessment:	Initial assessment - 21/10/21 To be updated on an ongoing basis. Reviewed January 2023 Reviewed March 2023 Reviewed August 2023

SECTION ONE AIMS OF THE POLICY

1.1. Is this a new or existing Policy : New

Please state which: Policy ☐ Strategy ☐ Function ☐ Service Change ☒ Guidance ☐ Other ☐

1.2. What is the scope of this EQIA?

NHS A&A wide ☐ Service specific ☒ Discipline specific ☐ Other (please detail)

1.3a. What is the aim?

The temporary changes to the service were made to safeguard patients receiving Systemic Anti-Cancer Therapy treatment and oncology staff during the COVID-19 pandemic.

The aim of the proposed service change is to provide a safe, sustainable, accessible and equitable SACT service for the population of Ayrshire and Arran.

1.3b. What is the objective?

During the initial pandemic response it was necessary to adapt very quickly and develop a pathway of care for managing patients with COVID-19 alongside maintaining a level of service for other patients. At this time the Lead Cancer Team were asked to review the delivery of Systemic Anti-Cancer Therapy (SACT) and consider whether there were any alternative options that would ensure a high quality, risk stratified and safe service - and additionally to release in-patient bed space to be used for dedicated COVID-19 wards.

Following this review a series of environmental moves were implemented across Oncology services to both protect the vulnerable patient group and to support wider site / divisional COVID-19 plans. As a result, in a series of steps over several months, all inpatient activity and high risk (Tier 2) outpatient chemotherapy (*for the first 2 cycles, if no reactions they can continue at the patients local oncology unit i.e. Kyle Unit or ward 5E*) was moved from University Hospital Ayr (UHA) to University Hospital Crosshouse (UHC). Within UHC outpatient chemotherapy moved from ward 3C to ward 5E. With regard to UHA low risk (Tier 3) outpatient chemotherapy relocated from Station 15 (UHA) to Kyle Unit, Ailsa Hospital campus Ayr, while high risk outpatient chemotherapy (Tier2) was initially hosted within the Medical Day Unit (UHA) prior to transfer to ward 5E (UHC). (*Appendix one - relocations summary table*)

Within cancer services there are 3 tiers of treatment, as well as provision of inpatient service:

Tier 1: Highly specialised treatments for rare/less common cancers that are provided on West of Scotland basis at the Beatson West of Scotland Cancer Centre

Tier 2: Higher risk of patient having adverse reaction, and in some cases longer duration of treatment. A typical regime is often Tier 2 for the first 2 cycles when the risk of reaction is highest. Tier 2 treatments are delivered on an acute hospital site with access to the full range or resuscitation and medical support services.

Tier 3: Lower risk treatments, with patients less likely to have adverse reaction. A patient is usually moved to Tier 3 if the first 2 treatments with a specific drug or regime have been uneventful at Tier 2. Tier 3 treatments can be delivered on a site where a more limited clinical support is available as they have been deemed low risk of adverse reaction.

The West of Scotland Cancer Network (WoSCAN) SACT future service delivery plan was endorsed by Boards within the network, including NHS Ayrshire and Arran. Our local strategy is to implement this plan within Ayrshire and Arran to support safe and effective care delivery for patients and staff, as close to home as possible, where this can be done safely. The plan is based upon a tiered model of care with one Tier 1 centre for the whole of West of Scotland region, Beatson West of Scotland Cancer Centre, one Tier 2 site within Ayrshire and Arran and as many Tier 3 sites as needed.

Although the Chemotherapy Service Review for future service delivery had been undertaken in 2019, the urgent temporary changes to SACT services took place as a direct result of COVID-19 and as such are categorised as: "Changes that were introduced on a temporary basis and are now being considered as a longer term or permanent model for service delivery" <https://www.hisengage.scot/service-change/service->

[change-during-covid-19/](#). Any further developments or recommendations that had emerged from the review were paused due to the onset of the pandemic.

1.3c. What are the intended outcomes?

The intended outcome is to deliver the most appropriate, safe, sustainable, accessible and equitable service model for SACT delivery in Ayrshire and Arran.

- To develop a pathway of care for managing patients with COVID-19 alongside maintaining a level of service for other patients.
- To assess the impact and benefits of the service changes that have had to be implemented due to the COVID-19 pandemic.
- To continue to treat as many patients as possible as close to home as possible, where this can be done safely.
- A single dedicated inpatient ward delivering all inpatient chemotherapy - specialist oncology/haematology medical, nursing and pharmacy support.
- To consider making these temporary service changes, brought about by the pandemic, our permanent model for service delivery.
 - This should be applied in a proportionate and realistic way, recognising that temporary models may not always reflect the previous 'status quo' for the service and therefore there is a 'new starting position'.

During Covid-19 Phase 1, cancer services were reviewed based on the evidence around clinical risk within each area. Telephone consultations were introduced and are now the new norm, with face to face appointments in selected cases. Enhanced senior referral vetting was introduced to establish which patients required face to face review, with telephone consultations being the norm. Pre SACT clinical assessments were mostly transferred to telephone assessment, but where face to face review was needed this is still delivered on the Hospital site closest for the patient. Most chemotherapy and radiotherapy continued with enhanced precautions for vulnerable, shielding patients.

Current context

- Pre SACT assessment by phone or at closest Hospital site except where the pre-existing service was delivered from a single site.
- All Inpatient SACT delivered at UHC - Ward 3A.
- First 2 cycles of most SACT regimens delivered from one dedicated Tier 2 site at Ward 5E, UHC. If no reactions the patients can then be treated at their local oncology unit i.e. Kyle Unit or Ward 5E.
- Tier 3 outpatient SACT delivered from an upgraded unit (Kyle) at Ailsa Hospital campus, Ayr.
- Continue to deliver some Tier 3 in ward 5E (UHC) - for those for whom travel to Kyle Ward may be more difficult or impractical, for example:
 - patients from Arran who travel by ferry to and from treatment in the same day
 - those living closer to UHC who would need to travel further to go to Kyle Ward, Ayr
- Patients who are equidistant between Ailsa Hospital and University Hospital Crosshouse will be offered the opportunity to attend Kyle Chemotherapy Day Case Unit.
- Telephone assessment and online electronic assessment ([My Clinical Outcomes](#)) are currently being used where appropriate to minimise travel for assessment - from the period May 2018 - June 2021, 116 haematology patients have completed 1,384 electronic assessments.
- Patient pathways, including the use of [Near Me / Attend Anywhere](#), have been redesigned to minimise clinical risk (*Near Me / Attend Anywhere is a safe and secure video calling platform that helps us to offer patients video call access to our services from wherever they are,*

without the need for travel). From the period May 2020 to May 2021, 163 Oncology Services Near Me appointments were undertaken with patients.

- Information sharing has been improved for SACT patients with the introduction of 'paper lite' working. This has removed the need for case notes to be transported between sites, reducing potential delays. It supports communication between multi-disciplinary teams to improve treatment assessment and delivery.
- Prescribing staff can perform clinics from anywhere due to remote access to clinical systems which have increased service efficiency.

1.4. Who is this policy intended to benefit or affect? In what way? Who are the stakeholders?

Patients and their carers/families

Staff (Medical, Nursing, Pharmacy)

Laboratory Services

Supporting clinical services (Radiology, Cardiology, Renal, etc.)

Third Sector / Voluntary Organisations, for example Ayrshire Cancer Support

Supporting clinical services

The following information illustrates the number of patients impacted by these changes.

SACT data 01 January - 30 September 2021

- In the first 9 months of 2021 a total of **817** patients received at least one cycle of parenteral chemotherapy – that is either intravenous or subcutaneous – within a day unit in NHS Ayrshire and Arran. Collectively, these patients received 5978 episodes of treatment - an average of 7.3 each.
- Of the **276** patients from the catchment of Ayr Hospital, **81 (30%)** had at least one treatment at UHC over this period. Of the 1788 treatment episodes provided to these Ayr catchment patients however only **172 (10%)** were delivered at UHC. **This equates to just over 2 treatments at UHC for each Ayr catchment patient for whom this applies.**
- At the same time **132** patients from the UHC catchment area, had at least one treatment delivered at Ayr, with an average of 14% of treatment episodes for UHC catchment patients delivered at Ayr.
- For those **33** patients living equidistant between the 2 hospital sites, 80% of treatment episodes were delivered on the UHA site.

The above data confirms that prior to the transfer of Tier 2 chemo from UHA to UHC in October 2021, there was a significant pre-existing cross site transfer of SACT activity.

Over this period **39** patients received Tier 2 treatment within the Medical Day Unit at UHA, this would swell the number of patients potentially having treatment diverted to UHC from **81 to 120**, roughly a 50% increase.

From this data we would anticipate approximately **150 - 160** patients from the Ayr catchment will require to travel to UHC for SACT per year, with each patient requiring on average 2 such trips over the course of their treatment. This would account for approximately 15% of the total treatments delivered to this patient group.

There are on average **3 - 4** patients per day within the Haematology/Oncology in-patient ward at University Hospital Crosshouse who would previously have been treated within the Haematology/Oncology in-patient ward at University Hospital Ayr.

Of the total activity in 2021 58% of the overall treatment episodes are delivered in UHC and 41% in UHA. This is in keeping with the overall NHS Ayrshire and Arran population split.

Tier 2 and Tier 3 Risk Stratification

The Christie Model of SACT delivery (<https://www.christie.nhs.uk/about-us/our-future/innovative-models-of-care>) is a tried and tested way of delivering Tier 3 Chemotherapy in a local setting that does not require Acute support. It can be delivered in many settings with examples ranging from outreach community hubs, to Chemotherapy buses. The review group used the guidelines from the Christie model and expanded on these to include haematology regimens following the risk stratification principles when considering what might be possible for Tier 3 SACT delivery within Ayrshire and Arran context and available sites. It was agreed that Kyle ward, Ailsa campus Ayr would be a suitable Tier 3 site and that the Christie Model of SACT would be used initially with new SACT regimens added following risk assessment. Currently 37% of Oncology and 20% of Haematology SACT regimes are delivered from Tier 3 from the first cycle and 40% of Haematology SACT regimens are delivered from Tier 3 from the second cycle. Clinical teams can request review of risk stratification of regimens so that they can be delivered at Tier 3 from the first or second cycle, where it is considered safe to do so.

Key benefits of the Tier 2 relocation to Ward 5E (UHC)

- High risk chemotherapy regimens administered on an acute site with easy access to the oncology in-patient ward (ward 5E) where appropriate.
- Patients easily transferred to oncology in-patient ward or appropriate other ward where medical care required.
- Ward 5E separated from haematology out-patient area resulting in reduced footfall compared to the previous 3C location.
- Provides a spacious environment with access to multi-disciplinary team members.

Key benefits of the Tier 3 relocation to Kyle Unit

- Kyle unit provides a spacious environment with areas for multi-disciplinary team members and adjacent out-patient appointment facilities.
- Haematology and Oncology out-patients operating throughout the week.
- Bright, homely environment – less clinical.
- Situated out with the acute hospital environment - safer for patients and staff during the pandemic by not having to enter an acute hospital.

- Good parking and accessibility - e.g. easier for those patients for whom walking across a carpark or through a large hospital building is a challenge.
- Patients easily transferred to UHA if they react to treatment or require medical care.
- Patients who are equidistant between Ailsa Hospital and University Hospital Crosshouse will be offered the opportunity to attend Kyle Unit in Ailsa Hospital.

1.5. How have the stakeholders been involved in the development of this policy?

As part of the engagement process in 2018 a Patient / Public Reference Group (PPRG) was established with patients and carers who were receiving cancer treatment or had in the past. This was further refreshed in 2019 with additional members going the group. Some members of this group were also core members of the Chemotherapy Programme Board, together with Ayrshire Cancer Support and Scottish Health Council (SHC). These key stakeholders were active in working with NHS Ayrshire and Arran to undertake the previous Service Review EQIA which has helped inform service developments to date.

Following the Chemotherapy Service Review in 2019 an extensive public engagement exercise was undertaken from January to March 2020, which included focus groups, public information, discussions with patients and carers in clinical settings, local media coverage and a public survey. This exercise provided a meaningful opportunity for people to be involved and provide feedback and lived experience on the proposal to locate our single Tier 2 site at UHC, given the adjacency to other essential services, and an additional recommendation that development of further Tier 3 delivery sites should be considered. However, any further development in the implementation of this model was paused in March 2020 due to the pandemic. Stakeholder feedback gathered during this review has been used to help inform ongoing service developments.

- Internal engagement steering group has been established to co-ordinate engagement activity - to seek views and feedback on the changes and impact
- Patient and staff engagement took place during the temporary changes to gather feedback on how this has impacted on patients and staff and seek views on the new service model. This has enabled us to gather valuable service user experience and evidence that supports the case for change.
- A further engagement exercise with patients and staff took place (*Oct 2021*) to gather views and seek feedback to help inform NHS Ayrshire and Arran Board when considering the proposed service model.
- Engagement has taken place with third sector organisations who provide patient support and transport, to ensure that they are informed and involved in service planning and engagement.
- Extensive engagement with staff, patients, service users and the population of NHS Ayrshire & Arran took place January - March 2020 as part of the Chemotherapy Service Review for future service delivery - the outputs from this engagement exercise have been used to inform service planning and further engagement activity.

In February 2022, following interim arrangements put in place in response to the COVID pandemic, Healthcare Improvement Scotland – Community Engagement (HIS-CE) advised NHS Ayrshire and Arran that the proposed changes represented major service change. There is a specific requirement for NHS Boards to formally consult on issues which are considered major service change, as set out in [Planning with](#)

[People guidance](#). The NHS Ayrshire and Arran Board agreed to proceed to public consultation on its proposals. Planning with People was used as the framework to plan our consultation process. The purpose of the public consultation was to explain the changes that have taken place within NHS Ayrshire and Arran Systemic Anti-Cancer Therapy during the pandemic and seek views and feedback from people on the proposal to maintain this service model, in line with the regional West of Scotland service delivery plan. In October 2022, a Stakeholder Reference Group (SRG) was established to support, inform and guide the SACT consultation process. This group is made up of patients, carers, public and representatives from cancer related organisations who have lived experience and an interest in this area. The SRG has been pivotal in planning the consultation process.

- The consultation ran from 13 Feb 2023 – 19 May 2023.
- 410 feedback surveys were completed – 190 patient surveys, 166 public survey and 54 staff surveys.
- In person and online engagement opportunities took place.
- The feedback gathered will be used to help NHS Ayrshire and Arran Board Members to understand if there are any negative impacts that would still need to be addressed and consider the impact of the changes for people.

1.6 Examination of Available Data and Consultation - *Data could include: consultations, surveys, databases, focus groups, in-depth interviews, pilot projects, reviews of complaints made, user feedback, academic or professional publications, reports etc.)*

The decision to implement this service change has been driven by the need to provide a safe, high quality and risk stratified service for SACT delivery in Ayrshire and Arran in line with the impact of the COVID-19 pandemic. Consideration has also had to be given to ensuring appropriate accommodation provision for patients who are immune-compromised and therefore at a higher risk of implications of COVID-19.

What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?

Extensive engagement has taken place prior to the changes, throughout the temporary changes and during the three month public consultation. This engagement has enabled us to gather a range of feedback from patients, public, service users, staff and other stakeholders. There has been much support for the new Kyle unit at Ailsa Hospital campus Ayr, with recognition of improved accessibility, better parking, good environment and much more space. Feedback was gathered in relation to the introduction of telephone consultations – much of this feedback was positive and evidences the positive impact it has had on reducing travel and freeing up parking space. Although there has been feedback on the negative impact of travelling further to University Crosshouse (from some areas within South Ayrshire) for some people, for first two higher risk treatments, overall the positive feedback reflects acknowledgement of receiving treatment in the safest environment with access to the necessary support services that may be required. Information on engagement activity to date can be found on NHS Ayrshire and Arran's digital engagement platform via this link: <https://jointheconversation-nhsaaa.co.uk/sact-public-consultation-2>

What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?

- The West of Scotland Cancer Network (WoSCAN) SACT future service delivery plan was endorsed by the four Boards within the network, including NHS Ayrshire and Arran. The key aim was to provide safe and sustainable SACT service delivery, closer to home where possible

and to meet increasing demand within the associated four health boards. Engagement was undertaken on a West of Scotland basis to support this and a link to the report of this work can be found at <https://www.woscan.scot.nhs.uk/wp-content/uploads/SACT-Future-Service-Delivery-ENGAGEMENT-REPORT-FOR-WEBSITE-v1.0-200418.pdf>

- [The National Clinical Strategy for Scotland](#), published in 2016 sets out the evidence that some services should be planned at a national, regional or local level on a population rather than geographical boundary basis. This would mean that, for some services, there would be fewer specialist inpatient units within a region. However, in order to ensure that services are provided as locally as possible (where clinically appropriate) the strategy proposes that most services would continue to deliver outpatient, diagnostic and day-case.
- The [Christie Model](#) of SACT delivery is a tried and tested way of delivering Tier 3 Chemotherapy in a local setting that does not require acute support. It can be delivered in many settings with examples ranging from outreach community hubs, to Chemotherapy buses. The Ayrshire and Arran review team used the Christie principles when considering what might be possible for Tier 3 SACT delivery within Ayrshire and Arran during the pandemic.
- Recovery and Redesign; An action Plan for Cancer Services (2020). The link is: [Recovery and redesign: cancer services - action plan - gov.scot \(www.gov.scot\)](#)

1.7. What resource implications are linked to this policy?

A service delivery and workforce resource paper is in the process of being finalised for discussion at the Health Board level' with 'New investment of £530,000 recurring was made in 2023/24 into additional Haematology staffing. No further resource implications have been identified.

SECTION TWO

IMPACT ASSESSMENT

Complete the following table, giving reasons or comments where:

The Programme could have a positive impact by contributing to the general duty by –

- Eliminating unlawful discrimination
- Promoting equal opportunities
- Promoting relations within the equality group

The Programme could have an adverse impact by disadvantaging any of the equality groups. Particular attention should be given to unlawful direct and indirect discrimination.

If any potential impact on any of these groups has been identified, please give details - including if impact is anticipated to be positive or negative. **If negative impacts are identified, the action plan template in Appendix C must be completed.**

Equality Target Groups – please note, this could also refer to staff

	Positive impact	Adverse impact	Neutral impact	Reason or comment for impact rating
2.0 All patients during Covid-19	X	X		<p>As a result of the pandemic, changes had to be made to the existing delivery of Chemotherapy services to ensure safe, person-centred care. All inpatient chemotherapy has been transferred to Ward 3A at University Hospital Crosshouse.</p> <p>The first 2 cycles of chemotherapy regimens are generally delivered in ward 5E (Tier 2) at UHC. Following this if there have been no reactions the rest of the treatment can be delivered at the patient's local oncology unit i.e. Kyle Unit or Ward 5E.</p> <p>Whilst this may require extra travel for some families or carers, for others it does not.</p>

2.2. Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment, mental health)		X		<p>Patients with a physical disability who require travel support would need to use the Patient Transport service (provided by Scottish Ambulance Service). The service provided by Third Sector Cancer Support organisations cannot accommodate patients who require assistance to get in and out of the car, as this service is provided by volunteers. This could potentially increase the impact on the patient transport service in terms of travel time and capacity.</p> <p>Additionally due to the pandemic volunteer drivers are only allowed to transport one person in the vehicle per journey - so carers and family members would not be able to travel together with the patient.</p> <p>Telephone assessment and online electronic assessment (<i>My Clinical Outcomes</i>) and the use of Near Me / Attend Anywhere are currently being used where appropriate to minimise travel for assessment. However, it is recognised that patients with sensory or cognitive needs may not be able to utilise these services. Additionally this is also relies on patients having access to digital methods and appropriate Wi-Fi connection.</p> <p>Existing service provision for patients requiring communication support remains the same.</p>
2.3. Gender Reassignment			X	The impact on gender reassignment patients is neutral.
2.4. Marriage and Civil partnership			X	The impact on marriage and civil partnership patients is neutral.
2.5. Pregnancy and Maternity	X		X	For patients who are pregnant / have very young babies there may be positive impact, as all Tier 2 is now delivered at UHC, where the Ayrshire Maternity Unit (AMU) and Inpatient Paediatric Unit (IPU) are also based. As described above (2.1) there is some choice of attending either acute site for Tier 3 treatment, so the impact would remain neutral.
2.6 Race/Ethnicity			X	The change to this service provision will have no differential impact on someone's race or ethnicity. Existing processes for supporting patients whose first language is not English would still be followed.

2.7 Religion/Faith			X	The change to this service provision will have no differential impact on someone's religious or faith beliefs. Chaplaincy services are available at both sites should any patients require access or support.
2.8 Sex (male/female)		X		<p>A person's sex would have no specific impact due to the proposed service model however the impact on sex for the chemotherapy service provision falls in line with travel and transport implications.</p> <p>According to the 2019 Scottish Transport Statistics, 71% of households had a car or other motor vehicle. Car ownership is more common in:</p> <ul style="list-style-type: none"> • Higher income households • Remote and rural areas (regardless of income) • Households with more people (e.g. families with children) <p>However, driving is gendered. Simply having a car in a household does not mean that men and women use the car equally, even if both have a driving license. Only 64% of women (compared to 76% of men) have a full driving license.</p> <p>This means that women are more reliant on other modes of transport, particularly public transport. Therefore, there is the potential for travel to be more challenging for women.</p> <p>Mitigating actions are outlined in the provision of transport at section 5?</p>
2.9 Sexual Orientation <ul style="list-style-type: none"> • Lesbians • Gay men • Bisexuals 			X	The change to this service provision will have no differential impact on someone's sexual orientation.
2.10 Carers		X		<p>Staff as carers could potentially be impacted upon in terms of caring responsibilities however this is not specifically due to the service changes.</p> <p>Carers could be adversely impacted if the patient needs to use volunteer transport, as they can only be provided with transport when the patient is attending for treatment/scan discussions.</p>
2.10 Homeless			X	The impact of someone being homeless would be neutral.

2.12 Involved in criminal justice system	X			The local HMP is based on the outskirts of Kilmarnock and therefore, Crosshouse is closer should anyone within the prison require to undergo any treatment. If the individual is still undergoing treatment when they are liberated, travel to the relevant site may be required. However, this will depend on the need for Tier 2 or Tier 3 treatment.
2.13 Literacy			X	The impact of someone's literacy ability would be considered to ensure their understanding of the changes. Existing processes for supporting individuals would be followed.
2.14 Rural Areas	X	X	X	<p>Rurality as a whole will have an impact on patient transport and travel time, as some parts of Ayrshire are remote and rural.</p> <p>Rurality affects all parts of Ayrshire with the proportion of the population defined as remote greatest in East Ayrshire and the only significant 'very remote' population being on Arran - therefore the proposal to deliver the first 2 cycles of tier 2 chemotherapy from UHC will have a positive impact for patients living within these locations. Following the first 2 cycles of treatment if there have been no reactions the rest of the treatment can be delivered at the patient's local oncology unit i.e. Kyle Unit or Ward 5E.</p> <p>For patients living in the south of South Ayrshire there will be additional travel required to access Tier 2 treatment at Crosshouse - (Ballantrae to Crosshouse is 48.8 miles which is an additional 15 miles from Ayr). However for other geographical areas, Crosshouse is a closer to home option - for example, patients travelling from the Isle of Arran.</p> <p>For Tier 3 treatment, equidistant patients have an opportunity to select the location closest to home.</p> <p>Emergency care continues to be provided at the closest hospital for the patient.</p>

2.16. What is the socio-economic impact of this policy / service change? (The [Fairer Scotland Duty](#) places responsibility on Health Boards to actively consider how they can reduce inequalities of outcomes caused by socio-economic disadvantage when making strategic decisions)

	Positive	Adverse	Neutral	Rationale/Evidence
Low Income Poverty		X		<p>We know that women and disabled people are particularly likely to experience poverty (Scottish Government, 2019), and that women and disabled people are less likely to drive and more likely to use buses (Transport Scotland, 2018). Approximately 10% of patients attending chemotherapy services travel by public transport and these patients could be disproportionately disadvantaged in terms of increased travel to either site depending on where they live. To assist with chemotherapy patient access for chemotherapy in-patient care or Tier 2 day case and to help mitigate against additional patient travel, NHS Ayrshire & Arran is committed to:</p> <ul style="list-style-type: none"> • Ensuring patients are given information about access to Ayrshire Cancer charities that are committed to providing transport locally for people to attend appointments and treatment at both hospitals. • Clinical teams can request review of risk stratification of regimens so that they can be delivered at Tier 3 from cycle 1 or 2, where it is safe to do so. <p>Patients can claim for reasonable travel expenses for attendance at hospital through the Non - Discretionary Statutory Scheme. This is a means tested scheme. Patients will in most cases be able to reclaim travel costs direct from the hospital attended. To be eligible, patients must be in receipt of certain benefits and be able to provide supporting documentary evidence to the hospital cashier. More information can be found on this scheme on the NHS Ayrshire and Arran website - Financial Information - NHS Ayrshire & Arran (nhsaaa.net)</p>
Living in deprived areas		X		
Living in deprived communities of interest		X		
Employment (paid or unpaid)		X		

SECTION THREE CROSSCUTTING ISSUES				
What impact will the proposal have on lifestyles? For example, will the changes affect:				
	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
3.1 Diet and nutrition?			X	The change to this service provision will have no differential impact on exercise and physical activity.
3.2 Exercise and physical activity?			X	The change to this service provision will have no differential impact on substance use.
3.3 Substance use: tobacco, alcohol or drugs?			X	The change to this service provision will have no differential impact on risk taking behaviour.
3.4 Risk taking behaviour?			X	The change to this service provision will have no differential impact on risk taking behaviour.

SECTION FOUR CROSSCUTTING ISSUES				
Will the proposal have an impact on the physical environment? For example, will there be impacts on:				
	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
4.1 Living conditions?			X	The change to this service provision will have no differential impact on an individual's living conditions.
4.2 Working conditions?	X			It is anticipated that working conditions will improve for staff as the aim is to provide specialist oncology/haematology medical, nursing and pharmacy support in the right place at the right time, and thus providing safe and effective care for patients.

4.3 Pollution or climate change?	X		X	<p>There is limited impact on pollution or climate change for this proposal. For some people the travel distance will be reduced, whilst for others there may be additional travel.</p> <p>However, increased telephone assessment, online electronic assessment (My Clinical Outcomes) and Attend Anywhere helps mitigate against this for some patients.</p>
Will the proposal affect access to and experience of services? For example:				
	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
Health care	X	X		<p>Having a single in-patient chemotherapy unit at UHC and the first two cycles of Tier 2 chemotherapy, has demonstrable advantages, such as:</p> <ul style="list-style-type: none"> Confidence and familiarity with new therapies <p>Co-located services and adjacencies may have an adverse or positive impact:</p> <ul style="list-style-type: none"> Inpatient renal services available only on Crosshouse site. 24 hour laboratory services including blood transfusion only available. on Crosshouse site. Ayr has reduced hours to access this service. Interventional radiology is currently only provided on Ayr site.
Social Services		X	X	<p>The current support provided by social services has the potential to affect some patients care packages should they require to travel additional distances for care. However, telephone assessment and online electronic assessment (My Clinical Outcomes) can mitigate against this for some patients. We are also mindful that across Ayrshire Wi-Fi connection is variable and therefore, this service may not be available for all. Also see narrative at section 1.2 in relation to ongoing improvement works across Ayrshire.</p>
Education			X	<p>There is no differential impact on education services for this service change.</p>

Transport				<p>This proposal may have an impact on transport needs dependent on the level of care and treatment required by individuals.</p> <p>It is anticipated that some of the impacts of transport will be mitigated through:</p> <ul style="list-style-type: none"> • better education of the public of what support services are available • use of Tier 3 sites providing closer to home treatment • remote technology <p>To assist with chemotherapy patient access to chemotherapy services and to help mitigate against additional patient travel, NHS Ayrshire & Arran is committed to:</p> <ul style="list-style-type: none"> • Ensuring patients are given information about access to Ayrshire cancer charities that are committed to providing transport locally for people to attend appointments and treatment at both hospitals. • Ensuring that public transport information is available from chemotherapy service reception areas. <p>The adverse impact of using public transport was a key aspect of the previous Chemotherapy Service Review feedback in 2020. However the feedback gathered during the 2023 public consultation on how people travel to and from hospital appointments highlights that only 3 patients, out of the 187 who responded to the transport question, said that they used public transport.</p> <p>Although there will be increased parking at UHC for treatment delivery, there will be reduced parking requirements overall due to the number of pre-treatment telephone consultations performed.</p> <p>Improved service organisation allows people to plan their time better which may have an impact on travel arrangements locally for family/friends.</p> <p>Through the engagement work, transport and travel for families and carers is a recurring theme and if we move forward with this new model of care, we will consider what solutions can be put in place to minimise this impact.</p>
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				Patient transport is provided by local community organisations. Their volunteer drivers can take patients to and from hospital for treatment and other cancer related appointments. Hospital patient transport can also be provided by Scottish Ambulance Service. Patients are given this information before treatment. Previous feedback indicates that the majority of patients are driven by friends or family or drive themselves.
Housing			X	There is no differential impact on housing services for this service change.

SECTION FIVE	MONITORING
How will the outcomes be monitored? The outcomes will be monitored by the Chemotherapy Oversight Forum and the EQIA Review Team.	
What monitoring arrangements are in place? Ongoing throughout the temporary service changes and consultation period.	
Who will monitor? SACT Service Leads and EQIA review Team	
PUBLICATION	
Public bodies covered by equalities legislation must be able to show that they have paid due regard to meeting the Public Sector Equality Duty (PSED). This should be set out clearly and accessibly, and signed off by an appropriate member of the organisation.	
Once completed, send this completed EQIA to the Equality & Diversity Adviser	

Authorised by

Title

Signature

Date

Changes to Chemotherapy Services on University Hospital Ayr site due to COVID-19**January 2020** – status quo

Intensive Inpatient Chemotherapy	Non-Intensive Inpatient Chemotherapy	Tier 2 (High Risk) Day case Chemotherapy	Tier 3 (Low risk) Day case Chemotherapy	Chemotherapy Prescribing Clinics (Haematology)	Chemotherapy Prescribing Clinics (Oncology)
Station 15(IP)	Station 15(IP)	Station 15(DC)	Station 15(DC)	Station 15	Suites/ Ballochmyle

March 2020 – initial Covid contingency required Station 15 as Covid HDU ward

- Decision to transfer Intensive Chemotherapy to UHC

Intensive Inpatient Chemotherapy	Non-Intensive Inpatient Chemotherapy	Tier 2 (High Risk) Day case Chemotherapy	Tier 3 (Low risk) Day case Chemotherapy	Chemotherapy Prescribing Clinics (Haematology)	Chemotherapy Prescribing Clinics (Oncology)
Ward 3A UHC	Station 11	Medical Day Unit	Medical Day Unit	Ballochmyle	Suites/ Ballochmyle

July 2020 – recovery in Day case activity such that MDU no longer had capacity

- Ballochmyle Suite needed again for usual clinical activity
- Over this period a process of review examined alternative delivery sites including Kyle Unit, but at this point the cost of such a move was prohibitive

Intensive Inpatient Chemotherapy	Non-Intensive Inpatient Chemotherapy	Tier 2 (High Risk) Day case Chemotherapy	Tier 3 (Low risk) Day case Chemotherapy	Chemotherapy Prescribing Clinics (Haematology)	Chemotherapy Prescribing Clinics (Oncology)
Ward 3A UHC	Station 2 *	Station 11	Station 11	Station 11	Suites/ Ballochmyle

* Note - Station 2 accommodated non-intensive patients but was not a chemotherapy delivery area.

October 2020 – further inpatient pressures required the return of Station 11

- Station 2 also became an unsafe site for Haematology/Oncology inpatients in face of rising inpatient Covid burden. Decision made to transfer all inpatient Haem/Chemotherapy to UHC
- Kyle Unit quickly refurbished to a standard suitable for chemotherapy delivery
- Over a period of 6 weeks between mid Oct and early Dec 2020 low risk chemotherapy delivery was introduced to Kyle Unit under careful clinical guidance
- Haematology and Oncology teams able to relocate clinic activity to Kyle Unit

Intensive Inpatient Chemotherapy	Non-Intensive Inpatient Chemotherapy	Tier 2 (High Risk) Day case Chemotherapy	Tier 3 (Low risk) Day case Chemotherapy	Chemotherapy Prescribing Clinics (Haematology)	Chemotherapy Prescribing Clinics (Oncology)
Ward 3A UHC	Ward 3A UHC	Medical Day Unit	Kyle Unit	Kyle Unit	Kyle Unit

January 2021 – Tier 3 migration complete and decision made to plan for Tier 2 transfer to UHC.**September 2021** – Moved Tier 2 activity from MDU in UHA to 5E UHC.

