West, North & East Cumbria

Equality Impact Analysis Report Addendum

Hyper Acute Stroke Services and Emergency Surgery, Trauma & Orthopaedics

November 2016

Contents:

1) Introduction

The Equality Impact Analysis (EIA) undertaken in July 16[1] assessed the potential impact of the significant changes proposed within the Pre Consultation Business Case (PCBC).

'The Future of Healthcare in West, North and East Cumbria Public Consultation Document'[2] published in September 2016 contained two further areas for consultation. This addendum is provided to reflect the ongoing developments within the West, North and East Cumbria consultation process and is a desk top exercise, focusing on Hyper Acute Stroke Services and Emergency Surgery, Trauma & Orthopaedic Services.

As part of the consultation process demographic information is being collected for analysis and a workshop is planned for early December to ensure those with a protected characteristic, with support from agencies who work specifically with protected characteristic groups have an opportunity to be involved in the equality analysis.

To ensure the independence of the workshop it is being set up and facilitated by the Action for Health Network (a network of 3rd Sector Organisations with an interest in health and social care) which is hosted by Cumbria Council for Voluntary Service.

Using their networks they will ensure that all protected characteristic groups are represented and supported to take part in the process. Facilitators will be provided by them and workers from the agencies who support those with a protected characteristic with additional support from CCG staff.

Information will be available before the workshop to enable agencies to gather feedback from those who can't attend to be submitted as part of the process.

The aim of the workshop is to develop a more comprehensive EIA informed by feedback from those with a protected characteristic. Once feedback from the consultation process has been considered including demographic data, and the final preferred options identified, it is recommended that further EIA is undertaken as required.

2) Impact Analysis Methodology

Our considerations in undertaking this EIA addendum are concurrent with those used in the EIA from July 2016, as a result they have not been reproduced here. For the detailed information relating to Equality Legislation, Local Demographics & Protected Characteristics and Engagement, please refer to pages 2 – 13 of EIA July 2016.

As before a desk top screening exercise was undertaken for the proposals of Hyper Acute Stroke Services and Emergency Surgery, Trauma & Orthopaedic Services[3] to give an initial indication of the equality impacts that could occur, however the actual impact will be dependent on the model *implemented* – it will be vital

[1] http://www.wnecumbria.nhs.uk/wp-content/uploads/2016/11/West-North-and-East-Cumbria-Equality-Impact-Analysis-Report-Jul-2016.pdf
[2] http://www.wnecumbria.nhs.uk/consultation-document/
[3] Documents reviewed are in the public domain http://www.wnecumbria.nhs.uk.

to make sure that the diverse needs of patients and the families and carers are at the very heart of this process.

The options were scored using the following matrix and were broken down to West – Allerdale & Copeland, North – Carlisle Area, East – Eden, as it was recognised that for the protected groups in these areas the impact may be different. The reason for impact assessment rating is outlined as are suggested mitigations.

High Impact	Medium Impact	Neutral	Medium Impact	High Impact
++	+	N	-	- -
Significant positive impact on a large proportion of protected characteristic groups	Medium positive impact on a large proportion of protected characteristic groups. Significant positive impact on a small proportion of protected characteristic groups.	no change / no assessed significant impact of protected characteristic groups	Medium adverse impact on a large proportion of protected characteristic groups. Significant adverse impact on a small proportion of protected characteristic groups.	Significant adverse impact on a large proportion of people with protected characteristics

3) Hyper Acute Stroke Services

Stroke services are measured against a set of national quality standards. Whilst WNE Cumbria has been successful in making some improvements, they report not able to meet a number of the highest standards for stroke care due to limited access to stroke specialist staff and facilities and an inability to provide full services seven days a week on two sites.

Nationally, the NHS is centralising immediate acute stroke care in well resourced, specialist hyper-acute stroke units as research suggests a centralised model of acute stroke care, in which hyperacute care is provided to all patients with stroke, can reduce mortality and length of hospital stay. In addition there is a national shortage in stroke consultants as well as workforce challenges in a number of other key areas.

Despite great strides in improving stroke services in WNE Cumbria the view is that they are still not as good as they should be. The care of stroke inpatients in both Whitehaven and Carlisle is provided in clinical areas not dedicated to stroke, services operate for five days a week and it has proved very difficult to recruit more stroke specialists to extend the available service.

Current Position

Currently patients with suspected stroke are assessed, treated for a blood clot if necessary, and admitted for acute care both at West Cumberland Hospital in Whitehaven and at Cumberland Infirmary Carlisle. Patients also receive early rehabilitation on both sites. Patients in the Carlisle can also receive early,

intensive rehabilitation services that helps them to leave hospital more quickly and return to their own homes in order to maximise independence as quickly as possible after their stroke.

Outside of normal working hours CT scan images for patients with suspected stroke on both sites are reviewed remotely as part of our 'telestroke' arrangements with other hospitals.

Acute stroke admissions in west, north and east Cumbria total approximately 700 per year, with 410 in Cumberland Infirmary Carlisle (CIC) and 290 in West Cumberland Hospital. Current services are reported as extremely 'fragile': if one element were to disappear (such as an individual consultant leaving), the service is at risk of collapsing.

Potential models for Hyper Acute Stroke services in WNE Cumbria:

As a result of the work to date, two possible service models are being considered and tested in terms of deliverability and sustainability, outlined below. Further information is contained in 'Acute Stroke Services Briefing Note' available from *Healthcare for the Future* consultation website [4]

The short-listed options for hyper acute services are as follows:

Hyper-Acute Stroke - Option 1	**Hyper-Acute Stroke - Option 2**
Option 1 would largely maintain services as they are now but the service would be enhanced by ensuring improved, early supported discharge in both Carlisle and Whitehaven	Option 2 would see all acute stroke cases managed in a single hyper-acute stroke unit based at Cumberland Infirmary Carlisle. Ambulances would take possible stroke patients direct to Carlisle. Patients arriving at West Cumberland Hospital by other means would be transferred by ambulance to Carlisle. On leaving the hyper acute stroke unit patients resident in West Cumbria would be transferred to acute stroke and rehabilitation facilities at West Cumberland Hospital if further hospital care was needed. As with option 1 this service would be complemented by ensuring improved, early supported discharge in both Carlisle and Whitehaven.

[4] http://www.wnecumbria.nhs.uk/publications-documents/

3.1) Equality Impact Analysis – Hyper Acute Stroke Services

Protected Characteristic	Option 1			Option 2		
Option / area	west	north	east	west	north	east
Race	N	N	N	N	N	N
Religion & Belief	N	N	N	N	N	N
Gender	N	N	N	N	N	N
Disability	N	N	N	-	N	N
Sexual Orientation	N	N	N	N	N	N
Age	N	N	N	-	+	+
Pregnancy & Maternity	N	N	N	N	N	N
Gender Reassignment	N	N	N	N	N	N
Rural Isolation & Deprivation	N	N	N	-	+	+

Impact Assessment & Mitigation

Protected Characteristic	Reason for impact assessment rating	Mitigation
Race	Compared to England & Wales, Cumbria has lower proportions of residents from all broad ethnic groups, therefore the proposed options for to Hyper Acute Stroke Services are not likely to impact on health and wellbeing linked to ethnicity. However despite low representation it should be noted that Stroke rates are highest in people of African Caribbean descent and diabetes in the African Caribbean and South Asian population is much higher than in the white population. Between 2001 and 2011, Cumbria experienced a greater proportional increase in numbers of residents from BME groups than the national average; with the greatest increases seen in Carlisle (+143.4%) and Eden (+104.1%); particularly in relation to migration from the eastern Europe Gypsies and Travellers have significantly poorer health status and more self-reported symptoms of ill-health, particularly in relation to high levels of anxiety and stress, smoking, alcohol and drug use. (source:http://www.cumbriaobservatory.org.uk/elibrary/Content/Internet/536/671/4674/5359/5360/40723111743.pdf) This suggests that Gypsies and Travellers may be more likely	• Regarding broad ethnic groups - No current mitigation is assessed as required, although further advice from AWAZ Cumbria and the Stroke Association West & North Cumbria is recommended and wherever possible, the ethnicity of patients using Stroke Services in Cumbria is reviewed annually. This would allow any changes in ethnicity profiles to be identified, and service provision and cultural training for staff to be reviewed and amended if required. • CCG to work with the Allerdale, Carlisle, Copeland and Eden District Councils and CPFT to: - identify current Gypsy and Traveller sites/resident numbers across the WNE Cumbria area - Assess possible health need in relation to Stroke Services

	to require Emergency & Acute Services than other ethnic groups, however there is not enough data available to identify geographical areas where need may be greater.	- If health need is identified, carry out specific consultation with Gypsies and Travellers who may be affected by the proposed options
Religion & Belief	In Cumbria, the reported religion held by residents in each district (as reported in the 2011 census) is not statistically different from the England averages, this indicates that population health and wellbeing linked to religion will not be significantly impacted upon by the proposed changes to Hyper Acute Stroke Services.	• Based on the assessment carried out, no mitigation required, although further advice from AWAZ Cumbria is recommended
Gender	The proportion of male and female residents across West, North and East Cumbria are equally split (no significant difference between population %). There is no evidence to suggest that the changes proposed will disproportionately affect males or females.	• Based on the assessment carried out, no mitigation required.
Disability	The percentage of residents in Allerdale and Copeland who describe their day-to-day activities as 'limited a lot' is greater than the Cumbria average (10.1% and 10.7% versus 9.7%). Eden has a lower percentage (7.8%). 3 neighbourhoods in West, North and East Cumbria rank within the 1% most deprived in the country for health and disability: these neighbourhoods are in Harbour (Copeland), Moss Bay (Allerdale), and Sandwith (Copeland) wards. As disabled people find it easier to access services closer to home, options that reduce or exclude provision could significantly impact on disabled groups. However there is strong evidence that there are improved outcomes for stroke patients if they have access to timely specialist stroke care	• Through the development of integrated care communities, provision should be made to support to residents with disabilities in their own homes and communities, in order to reduce the requirement for Emergency & Acute Services admissions. • Work with Cumbria CVS and Stroke Association West & North Cumbria to carry out specific consultation with disability groups who may be affected by the proposed options.
Sexual Orientation	There is no robust data available for groups with this protected characteristic. Hyper Acute Stroke Services are accessible to all groups regardless of sexual orientation, therefore the impact of the proposed options have been assessed as 'neutral' with relation to sexual orientation.	• Based on the assessment carried out, no mitigation required – although it is important that organisations commissioning and providing health and social care be aware of the existence LGB groups and 'hidden' LGB people who may be older, from BME or working class backgrounds.
Age	Between 2012 and 2017, the 65+ years population is likely to increase by the following in each district: Allerdale (2,600), Carlisle (2,200), Copeland (1,700), Eden (1,700). The number of people affected by age related conditions is predicted to increase significantly and this cohort of patients are also more likely to utilise Hyper Acute Stroke Services. A reduction in locally available Stroke Services could have a	• It is important that any proposed changes to Stroke Services ensure that ongoing care is provided as close to home as possible. • This is particularly important for people living in West Cumbria.

	significant impact on access to services from those in west Cumbria, however there is strong evidence that there are improved outcomes for stroke patients if they have access to timely specialist stroke care. Ongoing care is then provided locally. Consolidation of service into a single base could improve outcomes for those living in East & North Cumbria.	• It is important that consideration is given to ambulance capacity for the transfer of patients between sites and transport solutions for Carer/family members to aid visiting. • Early discharge planning that proactively takes into consideration transport issues and support to get people home.
Pregnancy & Maternity	The impact of the proposed options have been assessed as 'neutral' however it should be noted that there is a higher incidence of stroke during pregnancy , 25–34 cases per 100,000 deliveries, whereas the incidence of stroke in non-pregnant woman aged 15–44 is 11 per 100,000 women[5]	• Based on the assessment carried out, no mitigation required. Although consideration should be given to the interdependencies with Maternity options outlined within the consultation.
Gender Reassignment	There is no robust data available for groups with this protected characteristic in Cumbria. However, Stroke Services are fully accessible to anyone who proposes to, starts or has completed a process to change his or her gender. Therefore the impact of the proposed options has been assessed as 'neutral'	• Based on the assessment carried out, no mitigation required.
Rural Isolation & Deprivation	54% of Cumbria's residents live in rural areas compared to 18% nationally. There is a potentially negative impact that transfer times from rural west may be effected due to adverse weather conditions and road closures. Consolidation of service into a single base could improve accessibility and outcomes for those living in East & North Cumbria.	• It is important that any proposed changes to Hyper Stroke services are mitigated against through the provision of Early Supported Discharge in both West Cumberland Hospital and Cumberland Infirmary. • Consideration needs to given to transport solutions for Carer/family members to aid visiting.

Travel Analysis for Hyper Acute Stroke Services

There were 628 admissions for stroke in 2015/16. 260 of these people started treatment at West Cumberland Hospital.

Hyper-Acute Stroke Option 1

Option 1 would largely maintain services as they are now but the service would be enhanced by ensuring improved, early supported discharge in both Carlisle and Whitehaven. This option has no travel impact.

Hyper-Acute Stroke Option 2

[5] James AH, Bushnell CD, Jamison MG, et al. Incidence and risk factors for stroke in pregnancy and the puerperium. Obstetrics & Gynecology. 2005;106:509–516. [PubMed]

Option 2 would see all acute stroke cases managed in a single hyper-acute stroke unit based at Cumberland Infirmary, prior to moves into a stroke unit for further treatment and rehabilitation (both sites).
260 patients from West Cumbria would move their care from West Cumberland Hospital to Carlisle under this option (0.7 patients per day). This is based this on actual strokes and does not include those patients who show symptoms like stroke but turn out not to have had a stroke. It also excludes the impact of those who later on in their care were identified as having had a stroke. These people lived 8.1 miles from West Cumberland Hospital on average. Receiving first treatment at Cumberland Infirmary involves a further 26 miles' journey on average, taking just under 45 minutes additional time travelling at 35 mph. In total, this option leads to 6,815 additional miles travelled per year, taking approximately 195 hours at a speed of 35mph.

Ave. miles to WCH	Ave. miles to CIC	Sum of Miles to WCH	Sum of Miles to CIC	Extra Miles to CIC	No of people affected (move to CIC)	Total additional miles travelled to CIC (Ave.)	Est Additional travel time per journey @ 35 mph	Est total additional travel time to CIC @ 35 mph in hours
8.1	34.3	2101.4	9945.1	26.2	260	6815	00:44:56	194.7

4) Emergency Surgery, Trauma & Orthopaedics

In late 2012 a public consultation approved the transfer of high risk surgery & major trauma / hip fractures from West Cumberland Hospital to Cumberland Infirmary Carlisle and this was implemented in June 2013.

In February 2014 the NCUH Trust Board took the decision to cease the on call service, inpatient admissions and minor trauma operating at West Cumberland Hospital on the grounds of safety, noting also issues of, sustainability and cost efficiency. Since putting in place these changes, monitoring of the service has shown an improvement in patient outcomes. Deaths as a result of all trauma have decreased – even for those communities living furthest from the Cumberland Infirmary Carlisle.

Current Position

The current service provision for Trauma and Orthopaedics is that out-patients and elective care is delivered at both hospital sites. Fracture clinics are provided seven days per week at the Cumberland Infirmary Carlisle and five days a week at West Cumberland Hospital (by trauma consultants), advice is available to A&E in hours. Out of hours cover is provided by Orthopaedic on-call team. All non-elective (trauma) is delivered at Cumberland Infirmary Carlisle.

For general surgery, all high risk non elective operating is delivered at Cumberland Infirmary Carlisle. Since the centralisation of emergency general surgery there has been a gradual increase in non-elective surgery being transferred to CIC.

There is now the opportunity to review providing minor trauma surgery and some non-complex day case general surgery at West Cumberland Hospital.

Proposals for Emergency Surgery, Trauma and Orthopaedics in WNE Cumbria:

As a result of the work to date, the proposal for consultation is to make the changes of February 2014, ensuring that wherever it is safe to do so some minor trauma surgery and some non-complex day case

take place at West Cumberland Hospital. Further information is contained in 'Trauma & Emergency General Surgery Briefing Note' available from *Healthcare for the Future* consultation website [6]

The proposals for Emergency Surgery, Trauma & Orthopaedics are as follows:

Emergency Surgery, Trauma & Orthopaedics
The proposal is that the arrangements previously made on safety grounds are now made permanent with some further changes which allow additional emergency surgery and trauma care to take place at West Cumberland Hospital. • Additional minor trauma surgery will take place on some days each week at West Cumberland Hospital with any displaced planned surgery being managed in an additional weekly list at West Cumberland Hospital. • Some non-complex day case general surgery is returned to West Cumberland Hospital including key-hole gall bladder operations, surgical treatment of abscesses, and investigation of abdominal pain (with key hole procedure if necessary). • Single 'Professional Point of Access' communication arrangements are used to allow the referrer (often the patient's GP) to discuss directly with the hospital based surgeon the best place to see and assess individual patients.

4.1) Equality Impact Analysis – Emergency Surgery, Trauma & Orthopaedics

The table below shows a retrospective impact analysis of the changes made on safety grounds in 2014 and the proposal being consulted upon.

Protected Characteristic	Changes made on safety grounds February 2014			Consultation Proposal		
Option / area	west	north	east	west	north	east
Race	N	N	N	N	N	N
Religion & Belief	N	N	N	N	N	N
Gender	N	N	N	N	N	N
Disability	-/N	N	N	N	N	N
Sexual Orientation	N	N	N	N	N	N
Age	- / N	N	N	+/N	- / N	- / N
Pregnancy & Maternity	- / N	N	N	N	N	N
Gender Reassignment	N	N	N	N	N	N
Rural Isolation & Deprivation	- / N	N	N	+/N	- / N	- / N

[6] http://www.wnecumbria.nhs.uk/publications-documents/

Impact Assessment & Mitigation

Protected Characteristic	Reason for impact assessment rating	Mitigation
Race	Compared to England & Wales, Cumbria has lower proportions of residents from all broad ethnic groups, therefore the changes proposed to Emergency Surgery, Trauma & Orthopaedic services are not likely to impact on health and wellbeing linked to ethnicity. Yet we noted in the EIA July 2016 that people from BME groups living in predominately white British areas can face particular challenges in terms of accessing culturally appropriate services and being 'invisible' to providers. It should be noted that between 2001 and 2011, Cumbria experienced a greater proportional increase in numbers of residents from BME groups than the national average; with the greatest increases seen in Carlisle (+143.4%) and Eden (+104.1%); particularly in relation to migration from the eastern Europe Gypsies and Travellers have significantly poorer health status and more self-reported symptoms of ill-health, particularly in relation to high levels of anxiety and stress, smoking, alcohol and drug use. (source:http://www.cumbriaobservatory.org.uk/elibrary/Content/Internet/536/671/4674/5359/5360/40723111743.pdf) This suggests that Gypsies and Travellers may be more likely to require Emergency & Acute Services than other ethnic groups, however there is not enough data available to identify geographical areas where need may be greater.	• Regarding broad ethnic groups - No current mitigation is assessed as required, although further advice from AWAZ Cumbria is recommended and wherever possible, the ethnicity of patients using Emergency Surgery, Trauma & Orthopaedics in Cumbria is reviewed annually. This would allow any changes in ethnicity profiles to be identified, and service provision and cultural training for staff to be reviewed and amended if required. • CCG to work with the Allerdale, Carlisle, Copeland and Eden District Councils and CPFT to: - identify current Gypsy and Traveller sites/resident numbers across the WNE Cumbria area - Assess possible health need in relation to Emergency Surgery, Trauma & Orthopaedics - If health need is identified, carry out specific consultation with Gypsies and Travellers who may be affected by the proposed options
Religion & Belief	In Cumbria, the reported religion held by residents in each district (as reported in the 2011 census) is not statistically different from the England averages, therefore this indicates that population health and wellbeing linked to religion will not be significantly impacted upon by the proposed changes to Emergency Surgery, Trauma & Orthopaedics.	• Based on the assessment carried out, no mitigation required, although further advice from AWAZ Cumbria is recommended
Gender	The proportion of male and female residents across West, North and East Cumbria are equally split (no significant difference between population %). There is no evidence to suggest that the changes proposed will disproportionately affect males or females.	• Based on the assessment carried out, no mitigation required.
Disability	The percentage of residents in Allerdale and Copeland who describe their day-to-day activities as 'limited a lot' is greater than the Cumbria average (10.1% and 10.7% versus 9.7%).	• Through the development of integrated care communities, provide support to residents

	Eden has a lower percentage (7.8%). 3 neighbourhoods in West, North and East Cumbria rank within the 1% most deprived in the country for health and disability: these neighbourhoods are in Harbour (Copeland), Moss Bay (Allerdale), and Sandwith (Copeland) wards. It is difficult to assess the impact of a Minor Trauma Surgery and non complex day case general surgery changes to individuals or groups with disabilities due to the wide range of conditions these services cover. However it is important to consider any additional distance to assess services which is more likely to impact on people with disability e.g challenges with public transport and the additional stress this causes.	with disabilities in their own homes and communities. • Ensure adequate suitable transport options are available for patients or carers or family members with disabilities who need to travel further.
Sexual Orientation	There is no robust data available for groups with this protected characteristic. Emergency Surgery, Trauma & Orthopaedics are accessible to all groups regardless of sexual orientation, therefore the impact of the proposed options have been assessed as 'neutral' with relation to sexual orientation.	• Based on the assessment carried out, no mitigation required although it is important that organisations commissioning and providing health and social care be aware of the existence LGB groups and 'hidden' LGB people who may be older, from BME or working class backgrounds.
Age	Between 2012 and 2017, the 65+ years population is likely to increase by the following in each district: Allerdale (2,600), Carlisle (2,200), Copeland (1,700), Eden (1,700). The number of people affected by age related conditions is predicted to increase significantly and this cohort of patients are also more likely to utilise Emergency Surgery, Trauma & Orthopaedic Services. For example hip fractures generally occur in elderly patients who are often frail and have other health problems. It is difficult to assess the impact of a Minor Trauma Surgery and non complex day case general surgery changes to individuals or groups due to the wide range of conditions these services cover. However it is important to consider any additional distance to assess services which is more likely to impact on older people e.g challenges with public transport and the additional stress this causes	• It is important that any proposed changes to Emergency Surgery, Trauma & Orthopaedic Services are mitigated against through the timely provision of enhanced community-based services to enable them to return to their homes/communities. • It is important that consideration is given to ambulance capacity for the transfer of patients between sites as transport solutions for Carer/family members to aid visiting. • Early discharge planning that proactively takes into consideration transport issues and support to get people home.
Pregnancy & Maternity	The impact of the proposed options have been assessed as 'neutral' however it should be noted that If the changes in 2014 meant that women with ectopic pregnancies or bleeding travelled the impact would be negative.	• Based on the assessment carried out, no mitigation required. Although the impact of changes in 2014 is unknown.

Gender Reassignment	There is no robust data available for groups with this protected characteristic in Cumbria. However, Emergency Surgery, Trauma & Orthopaedics are fully accessible. Therefore the impact of the proposals has been assessed as 'neutral' with relation to gender reassignment.	• Based on the assessment carried out, no mitigation required.
Rural Isolation & Deprivation	54% of Cumbria's residents live in rural areas compared to 18% nationally. Injuries resulting from accidents e.g farm, sports and road traffic accidents are more likely to be experienced by younger men often in rural communities for example the rates of people killed or seriously injured on roads in Eden and Allerdale are significantly higher than the national average at 48 per 100,000 for Eden and 50 per 100,000 (2014). All major trauma cases are currently taken at CIC or transferred to a tertiary centre e.g. Newcastle. There is a potential negative impact that transfer times from rural west may be effected due to adverse weather conditions and road closures which may be problematic in the transfer for emergency trauma and orthopaedic cases. The current proposal to return and expand some Minor Trauma Surgery and non complex day case to West Cumberland Hospital whilst beneficial for people with protected characteristics in West Cumbria may mean that some people from North & East may need to travel to West Cumbria for some complex day case general surgery.	• It is important that any proposed changes to Emergency Surgery, Trauma & Orthopaedics is mitigated against through the provision of enhanced locally community-based specialist services • Consideration needs to given to transport solutions for Carer/family members to aid attending appointments and visiting.

Travel Analysis for Trauma and Emergency General Surgery

The travel impact has not been modelled as these pathways are already in place. However, the volumes of transfers from West Cumberland Hospital to Cumberland Infirmary Carlisle in 2015/16 are shown below. The category 'other' includes patients with problems where the speciality inpatient beds have always been in Carlisle (e.g. inpatient renal and range of other specialist services) plus those patients where an individual decision has been made that they would benefit from transfer to Carlisle. It is noted that for trauma and emergency general surgery some activity can now be safely returned to the West Cumberland Hospital – this is expected to be approximately 150 trauma and 200 new general surgery cases, and will have a positive impact on miles travelled.

In the proposals some non-complex trauma and general surgery is being 'returned' to West Cumberland Hospital. For these 364 anticipated cases each year, journeys and miles travelled will be **reduced** from current as a result.

Cardiology	GI Bleed	Respiratory	Trauma	General Emergency	Other	**Total**
234	67	12	517	548	461	**1839**

5) Conclusions & Recommendations

The July EIA and this addendum are desk top screening exercises undertaken to give an initial indication of the equality impacts that could occur. Some of the risks have been highlighted under each of the protected characteristics. There are also potential gains for different groups and an opportunity to narrow inequality in the provision of health care and in health outcomes, through providing a more person-centred (rather than service-lead) approach. This will, however, require significant culture change and a clear understanding of equality and diversity must lie at the heart of that change.

Action planning and next steps

The July EIA and this addendum should be seen as a starting point and a workshop with representatives of protected characteristic groups will take place in early December 2016 to consider the full range of service change proposed in the consultation. The workshop is being independently facilitated by Action for Health, part of Cumbria Council for Voluntary Service and will lead to the production of a full EIA.

The impact of the proposed changes on the protected groups (as specified by the Public Sector Equality Duty Section 149 of the Equality Act) has been assessed, with the following recommendations.

Model	Recommendation
All models of care – Stroke, Emergency Surgery, Trauma & Orthopaedic services	• Carry out specific consultation with groups who may be affected by the proposed options to feedback during the consultation e.g. - Seek further advice from AWAZ Cumbria regarding the potential impact of the proposals on race, ethnicity, religion and belief. - Work with Cumbria CVS and Stroke Association West & North Cumbria to carry out specific consultation with disability groups who may be affected by the proposed options. • Wherever possible, review the ethnicity of patients using health services in WNE Cumbria annually. • CCG to work with the Allerdale, Carlisle, Copeland and Eden District Councils and CPFT to assess the potential health care needs of Gypsy and Traveller Groups. • Ensure adequate suitable transport options are available for patients who may have difficulty accessing hospital services that are further away (e.g. residents in West Cumbria and rural parts of Eden, who do not have access to a car).

Overall, the recommendation is made that the information in this report is used by the NHS Cumbria CCG and partners to inform:

- the consultation process
- the preferred models of care

Once feedback from the consultation process has been considered including demographic data, and the final preferred options identified, it is recommended that further EIA is undertaken as required.