

Integrated Impact Assessment

Introduction

To support the commissioning intentions for Wave 2 of its outpatient specialities, the CCG has commissioned a review to assess the potential impacts of these changes. Understanding how proposed changes to healthcare services would affect current and future patients, the wider public and providers will be important considerations in the decision making process. These effects could materialise in terms of positive or negative impacts on, for example, the quality of care and patient outcomes, travel and access to services, sustainability of service providers, etc.

One particular recognised mechanism aimed at providing a logical process to identifying and appraising the range of impacts is an impact assessment. Impact assessments are a key component of policy and investment evaluations undertaken by all UK Government departments and agencies. Over the past few years as the NHS has embarked on major service reconfiguration, the need for impact assessments in the healthcare sector has become increasingly more apparent.

NHS Brent CCG has opted to undertake a number of impact assessments in one integrated package. This package comprises:

- Health impact assessment (HIA) - assessing the proposals in relation to health outcomes, health inequalities and quality of care;
- Equality impact assessment (EqIA) – assessing the proposals in relation to the statutory groups with protected characteristics as defined within the Public Sector Equality Duty as well as other vulnerable groups;
- Travel and access impact assessment – assessing the accessibility of current services and existing travel inequalities; and
- Organisational impact assessment – assessing the impact of the proposals on current service providers in terms of clinical viability and financial sustainability.

Integrating these impact assessments into one avoids duplication and consultation fatigue. It also strengthens the quality and depth of analysis considerably because impacts can be linked together, allowing the consideration of synergistic or cumulative effects on populations and communities.

Following a competitive tendering process, Mott MacDonald has been selected to deliver this.

The Deliverables

Three deliverables have been defined as outputs to this process. The first two of these will be available in advance of the public consultation process whilst the final deliverable will be completed following the public consultation process. All deliverables will take the form of written reports.

A key component across the assessment is the engagement with a range of clinical and service stakeholders, key interest patient groups, equality groups and patient representatives. Views

gathered through this engagement process form a critical part of the analysis, findings and recommendations.

Detailed below is the process plan for when and how these deliverables will be completed.

Pre-consultation Scoping Report (Deadline 29th November 2013)

This initial report sets the context for the review, the details of changes in service proposals and identifies those population and equality groups who have a higher propensity to use the services under review and, therefore, need a particular focus of attention going forward.

This stage of work is largely undertaken as a desktop exercise; reviewing background documents, information on future model of care and service volumes; and the review of evidence on prevalence, service use, health outcomes and health inequalities across the population and those with protected characteristics. An important component of this stage is a strategic engagement programme which involves individual interviews with key stakeholders including:

- CCG Clinical Lead;
- Public Health;
- Healthwatch;
- The Directors of Strategy from the current providers.

We will begin the programme of individual interviews within this first phase but recognise that not all of these may have been completed before submission of the Scoping Report; therefore they will be undertaken within the next phase of work. In Appendix A, we have provided an outline of the questions which will have been incorporated into the topic guide which informs these individual interviews. The final task within the stage will be to complete socio-demographic mapping of the identified key equality groups across Brent and, in particular, those identified through the evidence review who have a higher propensity to use these service.

Pre-consultation Integrated Impact Assessment Report (20th December 2013)

This is the deliverable of the IIA process that will be used to inform the public consultation. This will include:

- Findings from engagement forums with patient and public representatives and other key stakeholders. These will explore the positive and negative impacts arising from the proposed changes and highlight suggested opportunities for mitigation actions to reduce adverse impacts. Two IIA engagement forums will be arranged for early December (provisionally booked for 17th December 2013), one for Gynaecology and one for MSK, Rheumatology and Trauma and Orthopaedics. Mott MacDonald are liaising with the Equality and Communication Leads of the CCG to develop the invite list and invites will be issued shortly;
- Follow up individual interviews with any representatives not able to join the forums but who would like to contribute to the process;

- Analysis of travel time to current acute hospital sites to understand impact of providing services from community based locations; and
- Assessment of the impacts on providers in terms of clinical interdependencies, sustainability of clinical services and financial viability.

The impacts identified from this stage will be documented within a single report and will address the overall impacts on health outcomes and inequalities, equality, access, financial and clinical interdependencies, travel and access. Each impact identified will be appraised using agreed criteria including magnitude, likelihood and duration of the impact.

The final chapter of the report will document a set of recommendations that look to maximise the positive impacts and mitigate any potential adverse effects. These will also support the development of the specification for procurement.

Post-consultation Integrated Impact Assessment (18th April 2014)

Following the formal public consultation process, the findings from this will be reviewed and any relevant impacts (particularly on the statutory equality groups) which have not yet been identified will be incorporated into the final report.

Any additional recommendations or mitigations will also be incorporated into the report and noted for inclusion in the service specifications.

Appendix A: Outline of Integrated Impact Assessment Topic Guide for individual interviews

Topic Guide for the Clinical Lead:

Current Provision
Q1: Please describe the context of current outpatient service provision for these 4 specialties (trauma and orthopaedics, musculoskeletal, rheumatology and gynaecology services)? How are services currently delivered by the two current providers (North West London Hospitals and Imperial College)?
Q2: Please describe typical activity trends for these specialties?
Q3: What do you feel are the challenges and issues with the current provision of the four outpatient specialties under review? (4 specialties)
Q4: Who uses these services and what are the needs of the population?
Newly commissioned outpatient provision
Q5: How do you see outpatient services changing as a result of QIPP and the Brent Out of Hospital Strategy?
Q6: How do you see services changing as a result of the competitive re-procurement?
Q7: Where will newly commissioned services be delivered? How local will this be compared to current provision on acute hospital sites?
Impacts
Q8: What impact will the future model of care and referral management centre have on referrals and activity?
Q9: How are savings to be delivered?
Q10: What do you consider to be the impact on (current and future) providers?
Q11: What do you think are the potential benefits of the re-procured services likely to be on patients and the health economy?
Q12: Do you think the benefits you have identified are dependent on other factors? How important are these factors to the delivery of outpatient services in the future?
Q13: What do you think the potential negative impacts of the re-procured services could be (for patients and the public, and the health economy)?
Q14: Do you think that the proposed change to services will provide particular benefits or disbenefits to any groups within the local population?
Q15: How do you feel that the proposed change to services will help to address existing health inequalities?
Q16: Are there any ways in which some of the negative impacts that have been identified can be mitigated?
Q17: Do you feel that the changes could be improved in any way? If so, how?
Q18: Are there any key individuals / stakeholders that we should be talking to as part of this impact assessment?
Q19: Is there any specific evidence or local work that you are aware of which we should consider as part of the impact assessment?

Topic Guide for the Director of Public Health, Healthwatch Brent representatives, CVS lead

Current Provision
Q1: What do you feel are the challenges and issues with the current provision of the four outpatient specialties under review? (4 specialties)
Impacts
Q2: What do you think are the potential benefits of Out of Hospital development initiatives and the re-procured outpatient services are likely to be?
Q3: Do you think the benefits you have identified are dependent on other factors, and how important are these factors to the successful delivery of services in the future?
Q4: What do you think the potential negative impacts of the re-procured services could be?
Q5: Do you think that the proposed change to services will provide particular benefits or disbenefits to any groups within the local population? What are the needs of the population for these services?
Q6: How do you feel that the proposed change to services will help to address existing health inequalities?
Q7: Are there any ways in which some of the negative impacts that have been identified can be mitigated?
Q8: Do you feel that the changes could be improved in any way? If so, how?
Q9: Are there any key individuals / stakeholders that we should be talking to as part of this impact assessment?
Q10: Is there any specific evidence or local work that you are aware of which we should consider as part of the impact assessment?
Q11: Do you have any other comments?

Topic guide for current providers:

Current Provision
Q1: Please describe the provision of current outpatient services for these 4 specialties, including the location from which they are current provided?
Q2: Please describe typical activity for these specialties?
Q3: Operationally, how are services currently delivered and what resources do they utilise?
Q4: What do you feel are the challenges and issues with the current provision of the four outpatient specialties under review? (4 specialties)
Impact of newly commissioned outpatient provision on current provider, assuming they are successful in the competitive procurement process
Q5: How will the hospital and Trust be impacted should they be successful in the competitive procurement to provide these outpatient services in line with the new specification?
Impact of newly commissioned outpatient provision on providers, assuming they are unsuccessful in the competitive procurement process
Q6: How will the clinically interdependent services you retain (e.g. the inpatient component of these specialties) be impacted should a new provider provide the outpatient component of care?
Q7: What will be the wider impacts on the Trust?
Q8: Will any of these wider impacts be increased further through other changes planned by neighbouring CCGs or Trusts?
Q9: What do you consider to be the key challenges in implementing the re-procured services?
Wider Impacts
Q10: What do you think are the potential benefits of the re-procured services likely to be on patients and the health economy?
Q11: Do you think the benefits you have identified are dependent on other factors, and how important are these factors to the successful delivery of services in the future?
Q12: What do you think the potential negative impacts of the re-procured services could be (for patients and the public, and the health economy)?
Q13: Do you think that the proposed change to services will provide particular benefits or disbenefits to any groups within the local population?
Q14: How do you feel that the proposed change to services will help to address existing health inequalities?
Q15: Are there any ways in which some of the negative impacts that have been identified can be mitigated?
Q16: Do you feel that the changes could be improved in any way? If so, how?
Q17: Are there any key individuals / stakeholders that we should be talking to as part of this impact assessment?
Q18: Is there any specific evidence or local work that you are aware of which we should consider as part of the impact assessment?