

Equality Human Rights and Fairer Scotland Duty Impact Assessment

Stage 2 Empowering People - Capturing their Views



Hospital at Home

The pilot will implement a Hospital at Home in NHS Border to understand how to gain the maximum benefits for the patients, how to assist with hospital pressures and how to implement the service so that it is operationally efficient- processes, procedures, sustainability.

Equality Human Rights and Fairer Scotland Impact Assessment Team

Role	Name	Job title	Date of IA Training
E&HR Service Specialist	TBD		
HSCP Joint Executive Team	Dr Lynn McCallum Chris Myers	Medical Director Chief Officer of Health and Social Care Partnership	
Responsible Officer	Cathy Wilson	General Manager – Primary and Community Services	
Main Stakeholder (NHS Borders)	Urgent and Unscheduled Programme Board		
Mains Stakeholder (SBC)	Urgent and Unscheduled Programme Board		
Third/Independent Sector Rep			
Service User	Margaret	Patient Representative	

	Carol Anderson	Patient Representative	
--	----------------	------------------------	--

Evidence Gathering (will also influence and support consultation/engagement/community empowerment events)

Evidence Type	Source	What does the evidence tell you about the protected characteristics affected?
What equalities information is routinely collected from people currently using the service or affected by the policy?	Not currently gathered	New service equality data to be embedded, captured and reported against as part of TOC and will include the following Patient Management data systems – TRAK, EMIS, BadgerNet
Data on populations in need	Healthcare Improvement Scotland/Cochrane Review	Older people with frailty are the single biggest users of hospital beds and the fastest growing demographic. Across the UK the population of over-85s is predicted to double between 2018 and 2043. Evidence and experience points to various drivers for developing a Hospital at Home service for older people. Safe and effective alternatives to hospital bed-based acute care are needed to manage demographic pressures and provide a better experience for individuals.
Data on relevant protected characteristic	Not currently gathered	New service equality data to be embedded, captured and reported against as part of TOC and will include the following Patient Management data systems – TRAK, EMIS, BadgerNet
Data on service uptake/access	To be gathered via Hospital at Home Dashboard	New service equality data to be embedded, captured and reported against as part of TOC. This will include: Age Sex Race
Data on socio economic disadvantage	Not currently gathered locally. Healthcare Improvement Scotland	GP referral will be recorded to identify correlation between areas of multiple deprivation and access/uptake to the service. Nationally, areas of deprivation may have higher referral rates to Hospital at Home services. COVID-19 has seen a shift towards patients requesting an alternative to hospital admission and may increase referral rates. Patients living in rural areas where it could be difficult to access medical care could see Hospital at Home as a favourable option.

Research/literature evidence	Healthcare Improvement Scotland/Cochrane Review	Evidence points to various drivers for developing a Hospital at Home service for older people as it reduces the disruption to a person's existing formal and informal care and support arrangements through the addition of acute-level care in their home. The drive to provide a more person-centred care experience for individuals, avoiding the risks of healthcare acquired infection, and/or institutionalisation.
Existing experiences of service information	Not available - new service to Scottish Borders	Not available - new service to Scottish Borders
Evidence of unmet need	NHSB delayed discharge data	Scottish Borders has the largest percentage of people going from hospital to residential care as unable to meet their needs within the community.
Good practice guidelines	Hospital at Home – Healthcare Improvement Scotland	Evidence points to various drivers for developing a Hospital at Home service for older people as it reduces the disruption to a person's existing formal and informal care and support arrangements through the addition of acute-level care in their home. The drive to provide a more person-centred care experience for individuals, avoiding the risks of healthcare acquired infection, and/or institutionalisation.
Other – please specify		
Risks Identified		Not identified yet as still to find out what the inequalities are
Additional evidence required		

Consultation/Engagement/Community Empowerment Events

Event 1: Patient Representative Discussion

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
28/02/2023 - onward	Teams	2	Age, Poverty, Disability, Unpaid careers

***Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)**

Views Expressed	Officer Response
<p>Patient representatives asked for alternative forms of gathering patient feedback once the service has been implemented. An example given would be exploring the potential for volunteers to gather feedback from patients either online or on paper.</p> <p>Under Living Standards, should people living alone, with no family member close by, be included?</p>	<p>Patient feedback forms to be co-designed with patient representatives.</p> <p>Living alone does not exclude anyone from being eligible for Hospital at Home – everyone irrespective of if they live alone or with someone will be assessed against the eligibility criteria.</p>

Event 2: Strategic Ukrainian Settler Group

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
18/04/2023	Teams	Not documented	Age, Race, Religion/Belief, Refugees

Views Expressed	Officer Response
<p>Language Barriers Question raised from Ukrainian Settler Group on how HAH will overcome language barriers when treating patients.</p>	<p>Establish at initial assessment how person would like to be communicated with. This will enable HAH team to follow the same procedure as in hospital. They will utilise services such as Language Line, Say Hi, Google Translate.</p> <p>Protocols around the use of language apps etc to be developed to reduce any possibility of data breach or misinformation.</p> <p>Patient feedback forms will look to capture satisfaction of the process.</p>

Event 3: Physical Disability Strategy Group

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
13/04/2023	Teams	Not documented	Disability

Views Expressed	Officer Response
What if I need additional equipment? What happens if I need a hoist? What if a patient has complex needs?	This was taken into discussion with the Physical Disability Strategy Group and resulted in the co-production of a contribution to the Hospital at Home Information Pack which addresses all of the questions asked

Event 4: Alcohol and Drug Partnership

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
24/04/2023	Teams	Not documented	Substance/ alcohol misuse

Views Expressed	Officer Response
No view expressed at this involvement event.	Link between Hospital at Home Programme Board and the Alcohol and Drug Partnership to enable ongoing dialogue during the TOC to ensure the needs of those with the relevant lived experience are taken into account.

Event 5: NHSB Ethnic Minority Group **

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
26/04/2023	Teams	Not Recorded	Race

Views Expressed	Officer Response
A positive development that enables individuals to meet their own cultural needs eg food preparation	