

Equality Impact Assessment of the Breast care services review

1. Purpose

This is an equality impact assessment of the plans for a new hub and spoke model for breast care services.

2. Background

There is consensus between clinicians, managers and patients on a new clinical model for breast care services, which is being called the hub and spoke model. At the hub there will be teams of specialists, including radiologists, pathologists, surgeons and nurses all working together. They will provide screening, diagnostics, pathology and surgery. The hub will focus on providing a service for symptomatic patients and high risk cases. The proposed location for the hub is Southmead Hospital, Bristol.

People will go to the spokes for routine surgical and hormone therapy follow up clinics, including symptomatic follow up mammograms and nurse led breast cancer follow up clinics. Routine screening will be provided at all of the spokes. Holistic and complementary support including diet, exercise and therapies etc. could be provided at the spokes. There is currently a local pilot to provide chemotherapy in the community, so there is the possibility that in the future chemotherapy could be provided at the spokes.

3. Points raised during the assessment

In preparation for undertaking this EIA the project identified, and described, a range of issues that impact on people's ability to access health services in an equitable manner. In addition, activity in work stream 4 also contributed important information about the (health) equity of the current service. Taken together, this information enabled the project team to suggest a series of actions which, if implemented, would minimise adverse impacts in the introduction of the new service.

These suggestions were then tested out with a discussion group made up of people representing particular equality strands. At the event there were two people from the Older People's Forum and one person from Bosom Buddies with experience of being an older and disabled people with breast cancer. There was one person from BUST representing men with breast cancer (her husband had died of breast cancer), and one person representing black and minority ethnic communities with breast cancer.

Appendix 1 suggests which work stream should pick up the recommendations highlighted by this assessment.

The following points were raised under the six equality strands:-

3.1 Ethnicity, religion, belief and language

- Breast care staff need to understand the importance of offering appropriate prostheses which try to match skin tone.
- It is important for a patient's record to include details of skin tone so if someone calls asking for a replacement prostheses, their skin tone is recorded in the notes.
- Oncology centre staff need to find out about local shops that sell wigs that are appropriate for people from the black and minority ethnic communities. For example Ali and Kitty on Grosvenor Road or Georgina's on Stapleton Road. It would also be helpful for them to have details of theatrical wig providers. And good local providers of wigs for men.
- All staff need to be aware that hair loss can be a very serious issue for people from the Sikh community due to the religious importance given to the growing of hair.
- We need to check with specific communities if they would prefer a male to male and or a female to female service, for example ethnic community organisations.
- We talked about the importance of GPs using the free text section of the Chose and Book system to flag up any additional needs so systems can be put in place for a persons appointment at the hub. For example if a person needs an interpreter or has learning difficulties so needs a longer appointment. If the system could prompt the GP to think about any additional needs we thought this would be very helpful. We need to encourage GPs to understand that if they don't highlight these additional needs their patients will not get the service they ought to get at the hub. We also suggested the hub set up a feedback mechanism so that GPs who have not highlighted additional needs via Choose and Book, which has resulted in problems at the hub are informed.

3.2 Sex

- Staff need to be sure about any side affects for men regarding the drug tamoxifen.
- In the new hub there needs to be some single sex rooms, with en-suite facilities for men who are having surgery and are not able to have their surgery as a day case.
- If men are waiting in the waiting room, could the receptionist go over to them and tell them it is their turn to see a health professional, rather than calling out their name. We had feedback from a man who had breast cancer than when his name was called everyone looked at him and watched him walk to the consulting room.
- We discussed the issue of enabling men to talk about their condition with others. The support group members are all female. Men may also be less likely to have friends to talk to about their condition.
- Is there a national support group for men? If so staff should be aware of it so they can tell male service users about it. At Nottingham breast care unit, they put similar patients in touch with each other to provide peer support. This needs to be handled sensitively in case people are at different stages of their cancer.
- Could the male staff take on a role to support the male service users? Or could male service users go to other cancer support groups, for example a prostate cancer support group.

3.3 Age

- To improve discharge and after care, we discussed the possibility of staff telephoning people after surgery to check how they are, rather than just giving people a number and asking them to phone if they have a problem.
- The group also felt staff should ask patients about the support they will have at home after surgery to encourage them to talk to their GP before surgery to arrange home care post surgery. This is particularly important for older people who may be living on their own.
- We need a system so that primary care staff know when someone has had an operation and is back home and may need extra help.
- The changes to screening need to be advertised when the age of those being screened becomes 47 to 73.
- The group also felt the NHS should make it clear what people should do if they are over 73 years of age but would like to be screened.
- There were concerns about the amount of time service users have to wait for patient transport to go for their Radiology sessions. They had to be ready for 1pm but might not be picked up until 3pm and were then not home again until 7pm, which meant it was a long and tiring day. They asked for the commissioning process for the new patient transport service to take this feedback on board.

3.4 Disabilities

- The IT patient calling systems can help to inform people with disabilities when it is their turn to see a health care professional, for example, the visual displays can help people who are hard of hearing.
- It is important in the design of the new service to ensure there are not lots of long corridors for people to have to walk down.
- We need good bus links to the hub at Southmead.
- A number of people commented that when the clinician comes out to greet you it helps to put you at ease.
- One person raised the issue of training for care staff after listening to her explanation to a person with learning difficulties who was waiting for a mammogram.
- We need to offer audio letters, phone calls or text messaging for people who can't read or hear.
- Staff need to be aware of any additional needs so they can personalise the service.

3.5 Sexual orientation, gender identity

It was not possible for anyone from the Lesbian, gay and bisexual forum to attend the equality assessment event but a member did send the following comments for inclusion:

- It is essential to be inclusive with all health care services.
- It is essential also, especially when sexuality is not monitored by health services, that care offered is offered in a way that does not imply that all health care recipients are heterosexual.
- Health problems can affect everyone regardless of sexuality.
- Equalities training should be offered (mandatory) to all healthcare professionals.

- Feedback/reporting forms for healthcare service recipients/patients are available and are monitored to ensure that : good care is received by all and that
- Prejudice, discrimination and religious doctrines are left at home by professionals/carers.

3.6 Other issues raised at the event

- One person raised the need to ask for consent before sending blood samples for testing regarding the BRCA 11 gene. As a family they were sent the results by letter and they hadn't been told they were going to send the blood sample to the USA for further genetic testing.
- It is important to get the physical layout of the new hub right, so that the exit from the consultation rooms is not via the public waiting room.
- A number of people within the group commented that the waiting room at the Frenchay Breast Care Centre is too small. Everyone has to wait very close together and it feels very cramped. They asked for the waiting area at Southmead to be larger to provide more privacy and a more comfortable space to wait in.
- A number of people complimented the waiting area in the Oncology Centre, which has a very cheerful feel.
- How can the breast care service enable people to get information on non clinical issues such as financial and benefits advice or how to write a will from organisations such as the new Macmillan funded Benefits Officers?
- How can we provide people with a paper copy of the results of the diagnostic tests and details of the types of treatment available? It was suggested that we should liaise with Nicki Smith in the Cancer Network as she is doing some work on how best to provide information to service users.
- We also talked about how we can encourage patients to bring details of the medication they are on and their medical history when they use the breast care services.
- During discharge staff need to tell service users about possible side effects of treatment, for example, fluid retention.
- The group felt there was a need to inform people of how they can access a lymphoedema service on the NHS, a number of people thought service users had to pay for this service.

3.7 Other groups not represented at the event

To ensure other groups who may find it difficult to access services were included we did some information gathering before the event. We contacted the Avon Gypsy and Traveller Consortium and were reassured that gypsy and travellers who are on authorised sites, they will be registered with a local GP and if a person were to find a lump, they would go to their GP and be referred in the same way anyone else would. If gypsy and travellers turn up at an unauthorised site, someone will contact the Police or Local Authority and they contact the Travellers unit. They go to visit the site and they will always ask them if they have any health issues. They then arrange for them to register as a temporary patient at the local GP surgery, so they could access services that way. They also use A&E quite a lot as a way of accessing services without needing an appointment.

In Bristol there is a Specialist Health Visitor Linda Vowsden and she has a good relationship with the families so people may well talk to her if they find a lump

We also contacted Eastwood Park Prison to find out how prisoners would access services. If a female prisoner finds a lump she will first see a nurse who will then make a same day referral to the GP. The woman will then be fast tracked to the breast care services at Frenchay (by fax) and will be seen within 2 weeks. Eastwood Park is a remand prison and the average length of stay is 49 days so breast screening for the 50 - 70 year olds is not offered at Eastwood Park. When sentenced the women will be transferred to longer stay prisons, where they will be able to access breast screening.

4. Recommendations

- All work stream leads to review this report and take the appropriate actions.
- Those involved in the due diligence process to include the findings from this equality impact assessment during the process to test the suitability of the proposed locations for the hub and spokes.
- Commissioners to use the findings from this review to inform the contracts established to commission and monitor the new model of care.

EW 6.11.09 v2

Appendix 1

Equality Impact Assessment Recommendations by Work Stream

Work Stream	Recommendations	Lead
Work stream 1	<ul style="list-style-type: none"> • Breast care staff need to understand the importance of offering appropriate prostheses which try to match skin tone. • It is important for a patient's record to include details of skin tone so if someone calls asking for a replacement prostheses, their skin tone is recorded in the notes. • Oncology centre staff need to find out about local shops that sell wigs that are appropriate for people from the black and minority ethnic communities. For example Ali and Kitty on Grosvenor Road or Georgina's on Stapleton Road. It would also be helpful for them to have details of theatrical wig providers. And good local providers of wigs for men. • All staff need to be aware that hair loss can be a very serious issue for people from the Sikh community due to the religious importance given to the growing of hair. • We talked about the importance of GPs using the free text section of the Chose and Book system to flag up any additional needs so systems can be put in place for a persons appointment at the hub. For example if a person needs an interpreter or has learning difficulties so needs a longer appointment. If the system could prompt the GP to think about any additional needs we thought this would be very helpful. We need to encourage GPs to understand that if they don't highlight these additional needs their patients will not get the service they ought to get at the hub. We also suggested the hub set up a feedback 	Simon Cawthorn

Work Stream	Recommendations	Lead
	<p>mechanism so that GPs who have not highlighted additional needs via Choose and Book, which has resulted in problems at the hub are informed.</p> <ul style="list-style-type: none"> • Staff need to be sure about any side affects for men regarding the drug tamoxifen. • If men are waiting in the waiting room, could the receptionist go over to them and tell them it is their turn to see a health professional, rather than calling out their name. We had feedback from a man who had breast cancer than when his name was called everyone looked at him and watched him walk to the consulting room. • Is there a national support group for men? If so staff should be aware of it so they can tell male service users about it. At Nottingham breast care unit, they put similar patients in touch with each other to provide peer support. This needs to be handled sensitively in case people are at different stages of their cancer. • Could the male staff take on a role to support the male service users? Or could male service users go to other cancer support groups, for example a prostate cancer support group. • To improve discharge and after care, we discussed the possibility of staff telephoning people after surgery to check how they are, rather than just giving people a number and asking them to phone if they have a problem. • The group also felt staff should ask patients about the support they will have at home after surgery to encourage them to talk to their GP before surgery to arrange home care post surgery. This is particularly important for older people who may be living on their own. • We need a system so that primary care staff know when someone has 	

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	<p>had an operation and is back home and may need extra help.</p> <ul style="list-style-type: none"> • The IT patient calling systems can help to inform people with disabilities when it is their turn to see a health care professional, for example, the visual displays can help people who are hard of hearing. • A number of people commented that when the clinician comes out to greet you it helps to put you at ease. • One person raised the issue of training for care staff after listening to her explanation to a person with learning difficulties who was waiting for a mammogram. • We need to offer audio letters, phone calls or text messaging for people who can't read or hear. • Staff need to be aware of any additional needs so they can personalise the service. • Equalities training should be offered (mandatory) to all healthcare professionals. • Feedback/reporting forms for healthcare service recipients/patients are available and are monitored to ensure that : good care is received by all and that • Prejudice, discrimination and religious doctrines are left at home by professionals/carers. • One person raised the need to ask for consent before sending blood samples for testing regarding the BRCA 11 gene. As a family they were sent the results by letter and they hadn't been told they were going to send the blood sample to the USA for further genetic testing. • How can the breast care service enable people to get information on non clinical issues such as financial and benefits advice or how to write a will from organisations such as the new Macmillan funded 	

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	<p>Benefits Officers?</p> <ul style="list-style-type: none"> • How can we provide people with a paper copy of the results of the diagnostic tests and details of the types of treatment available? It was suggested that we should liaise with Nicki Smith in the Cancer Network as she is doing some work on how best to provide information to service users. • We also talked about how we can encourage patients to bring details of the medication they are on and their medical history when they use the breast care services. • During discharge staff need to tell service users about possible side effects of treatment, for example, fluid retention. • The group felt there was a need to inform people of how they can access a lymphoedema service on the NHS, a number of people thought service users had to pay for this service. 	
Work stream 3	<ul style="list-style-type: none"> • In the new hub there needs to be some single sex rooms, with en-suite facilities for men who are having surgery and are not able to have their surgery as a day case. • It is important in the design of the new service to ensure there are not lots of long corridors for people to have to walk down. • We need good bus links to the hub at Southmead. • It is important to get the physical layout of the new hub right, so that the exit from the consultation rooms is not via the public waiting room. • A number of people within the group commented that the waiting room at the Frenchay Breast Care Centre is too small. Everyone has to wait very close together and it feels very cramped. They asked for the waiting area at Southmead to be larger to provide more privacy and a more comfortable space to wait in. 	Helen England

Work Stream	Recommendations	Lead
	<ul style="list-style-type: none"><li data-bbox="562 331 1563 400">• A number of people complimented the waiting area in the Oncology Centre, which has a very cheerful feel.	
Work stream 4	<ul style="list-style-type: none"><li data-bbox="562 446 1563 555">• We need to check with specific communities if they would prefer a male to male and or a female to female service, for example ethnic community organisations.	Habib Naqvi/ Elizabeth Williams