

3. Rapid Impact Assessment summary report

Each of the numbered sections below must be completed

1. Title of plan, policy or strategy being assessed.

Day case or one night stay breast surgical pathway

2. What will change as a result of this proposal?

Within the Edinburgh breast cancer unit a majority of the surgery performed is carried out as a day case. Patients having a mastectomy or breast conservation surgery with an axillary node clearance will have an average inpatient stay of 3-4 days. With the new proposed pathway, the above breast patients who meet certain criteria will be discharged home the day after surgery.

Day case/ overnight breast surgery has been identified with the Cancer Reform Strategy (2007) as being a priority in order to improve the quality patient centred care. Kings College Hospital, London designed a Day case/ overnight breast pathway model back in 2006. The Scottish Government is now backing implementation of this model by incorporating it into its 'Enhanced Recovery Programme'. This programme is being rolled out over Scotland.

An initial pilot will be carried out over 3 months at the Western General Hospital site and the results will be audited along with patient satisfaction.

3. Briefly describe public involvement in this proposal

Patients will be part of the decision making process when discussions are had about length of stay in hospital with their breast consultant
Patients will be informed that if they meet the criteria they will be discharged home the following day. This decision is made early on in the patient's pathway and therefore this will become the normal practice.

4. Date of RIA

16th May 2012

5. Who was present at the RIA? Identify facilitator and any partnership representative present

Name	Job Title	Date of RIA training	Email
James Glover	Head of Equality and Diversity	Yes	James.glover@luht.scot.nhs.uk
Emma Childs	Breast Nurse Practitioner	No	Emma.childs@luht.scot.nhs.uk
Leanne Whyte	Depute Charge Nurse Ward 6	No	Leanne.whyte@luht.scot.nhs.uk

Janine Thoullass	Breast Unit Public Health	March 2012	j.c.thoulass@abdn.ac.uk
Christine Wallis	Programme Leader, Sexual Health	April 2012	Christine.wallis@nhslothian.scot.nhs.uk

6. Population groups considered

	Potential differential impacts
minority ethnic people (incl. gypsy/travellers, refugees & asylum seekers)	Different languages. Patients offered interpreter at all consultations. Communication issues may arise in ward area when interpreter not available. Access to telephone interpreter should be considered. Patients not speaking English may be excluded initially from early discharge as may not be able to access out of hours services in emergency
women, men and transgender people	The policy document will mainly affect women. 3 men per year through the breast unit diagnosed with breast cancer. Men and transgender people would still be included in the pathway if suitable. They would have a single room within the ward as predominantly female setting.
people in religious/faith groups	People with specific religious beliefs/faiths will not be excluded from the pathway. Positive impact would allow this patient group to return home to normal routines sooner.
disabled people	Disabled people will not be excluded from this pathway though this will be assessed prior to surgery. Patients with severe disabilities are excluded within the pathway documentation.
older people, children and young people	This document will not directly affect children. The age range for people within this pathway is very wide (mid twenty and above). Carer's anxieties across this patient group must be considered within this pathway.

lesbian, gay and bisexual people	This patient group will not be excluded from the pathway
people of low income	People with low income will not be excluded from the pathway. There may be issues around transport to and from hospital if they do not have a car and are unable to use public transport. Patients living a long distance from the hospital may be excluded from the pathway due to any potential emergency that requires urgent review back at the hospital. This will be assessed prior to surgery
people with mental health problems	As discussed in disability
homeless people	This group would be excluded as staff unable to follow them up and unknown social care.
people involved in criminal justice system	No existing changes to current policy. Prisoners will not be excluded from the pathway
people with low literacy/numeracy levels	Comprehension of written information may be an issue for this group of people. This would be assessed prior to surgery. The Breast Care Nurse would have an important role to ensure that patient information is understood. Involvement of carers throughout this process.
staff	Change management- changing staff attitudes and perceptions of care for this patient group. Managing concerns that they may have and involving them with the process of change
carers	Managing carers concerns about earlier discharge
Other groups (please specify)	

7. What positive impacts were identified and which groups will they affect?

Impacts	Affected populations
Patients are discharged from hospital earlier back to their own home environment. This should reinforce well being such as sleeping in their own bed, being with their family and boosting moral. Less likely to develop a hospital acquired infection after surgery	Patients, Carers

Improved quality of service and care. Service delivery meeting the patients needs. Ward nurses satisfaction at helping patients to meet individual needs by wanting to be at home and helping to boost patient's well being	Patients and staff
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8. What negative impacts were identified and which groups will they affect?

Impacts	Affected populations
<p>Carer's anxieties regarding early discharge. They may have a feeling of being totally responsible for anything that may happen.</p> <p>Patients who have dependants at home. Worried that they may not be able to look after their children or that they might damage their surgical wounds if they carry out certain activities relating to family life. Restrictions of not being able to drive (short term with this patient group)</p> <p>Communication Most of the written information regarding surgery, length of stay and discharge is in English. Language barriers may arise in ward area when interpreter not available. Access to telephone interpreter should be considered but not always the best solution. Patients not speaking English may be excluded from early discharge as may not be able to communicate with out of hours services in emergency</p>	<p>Older patient group/ younger patient</p> <p>People with young children at home</p> <p>Minority ethnic people People with sensory impairment or learning difficulties</p>

9. Evidence available at the time of the RIA

Evidence	Available ?	Comments
Data on populations in need	yes	Extensive data and literature is available through NHS Improvement, England www.improvement.nhs.uk . This

		includes impact pathway model on service delivery and patient satisfaction. There are many hospital trusts that have already implemented this pathway model.
Data on service uptake/access	yes	
Data on quality/outcomes	yes	
Research/literature evidence	yes	
Patient experience information	yes	
Consultation and involvement findings	no	Any reasons patients not consulted?
Good practice guidelines	yes	
Other (please specify)		

10. Additional Information and Evidence Required

Information should be gathered regarding issues raised within this Rapid Impact Assessment which will be included in the 3 month initial pilot

11. What communications needs were identified? How will they be addressed?

Most of the written information regarding surgery, length of stay and discharge is in English. The charge nurse within the breast ward plans to look at discharge information in different languages and address potential issues around communication and language barriers with the ward setting. Staff need to be aware that the telephone interpreting service is not always the answer, but may be useful in some cases. **Need to** educate ward staff on how to access this service (see No 13).

12. Recommendations

To minimize potential negative impacts there are already exclusion criteria within the pathway design to ensure that any potential issues are raised and addressed during the decision making process prior to surgery

Patients also are able to decline early discharge if they think they would not be able to manage or highly anxious?

Carers are also involved in the decision making process. As part of the new pathway design the ward staff will give the patient and carer specific information on what to do if they have any concerns out of hours after discharge.

Within the new pathway design the ward staff will carry out a follow up telephone questionnaire 48 hours after patient discharge. The Breast Care Nurses **will** also phone the patient/carers within a week of discharge for support.

13. Specific to this RIA only, what actions have been, or will be, undertaken and by when? Please complete:

Specific actions (as a result of the RIA)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
Ward discharge information will be reviewed in terms of looking at different languages.	Leanne Whyte	September 2012?	November 2012
Increase ward staff awareness through educations of potential benefits of the telephone interpreter service	Leanne Whyte	September 2012?	November 2012

14. How will you monitor how this policy, plan or strategy affects different groups?

This pilot will be reviewed at 3 months in the first instance and then 6 months later

15. Who will be consulted about the findings of this impact assessment?

The services and teams involved in designing the pathway
 Breast Clinical Director
 GP's
 Multidisciplinary Team

16. Has a full EQIA process been recommended? If not, why not?

Not required

Manager's Name: Emma Childs Date: 30th May 2012

Please send a completed copy of the summary report to:

James Glover, Head of Equality and Diversity

James.Glover@nhslothian.scot.nhs.uk

Note that you **will** be contacted by a member of NHS Lothian's impact assessment group for quality