

Rapid Impact Assessment summary report

Each of the numbered sections below must be completed

Interim report Final report (Tick as appropriate)

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

Homeopathy Review

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

NHS Lothian is about to launch a consultation into whether or not homeopathy services should continue to be funded by the NHS in Lothian.

NHS Lothian provides small clinics at three sites in Lothian, with some patients referred to the Glasgow Homeopathic Hospital. The total number of appointments at the three clinics in 2010/11 was 1,573. 87% of all clinic appointments were return visits (follow up appointments), with only 13% as new patient appointments.

NHS Lothian has 126 GP practices, and 23 practices referred patients to the homeopathic clinic in 2010/11. A total of 153 new patients were referred from these named practices in that year. As a broad generalisation, referral activity can be described as mainly concentrated on GP practices relatively close to each of the homeopathy clinics (particularly in Dalkeith/Midlothian and West Lothian), but with some people coming from other parts of the Lothians. There are many reasons why people are referred to homeopathy services and these include treatment for arthritis, dermatitis, menopausal disorder, asthma, migraine, chronic fatigue syndrome, irritable bowel syndrome and pain management.

In 2010/11, 145 attendances to NHS Lothian homeopathic clinics were made by people from six other Scottish Health Boards. 86% of these referrals were return appointments. In 2010/11 there were 69 referrals from Lothian to Glasgow Homeopathic Hospital.

The consultation seeks to obtain views on whether or not this provision should cease to be funded. If this occurs, patients who wish to undergo homeopathic treatment will have to pay for this themselves.

3. Briefly describe public involvement in this proposal

The consultation is expected to start on 10 September and will run for two months. It will be as widely publicised as possible, through various media.

4. Date of RIA

30 August 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 (Facilitator)	Head of Equality & Diversity	Nov 2008	James.glover@nhsllothian.scot.nhs.uk
Christine Glover	Homeopathy Practitioner		gloversihc@aol.com
Sue Edmond	Midlothian Patient Public Forum		
Carol Lumsden	Modernisation Manager		Carol.lumsden@nhsllothian.scot.nhs.uk
Paul Currie	Strategic Programme Manager		Paul.currie@nhsllothian.scot.nhs.uk

6. Evidence available at the time of the RIA

Evidence	Available?	Comments
Data on populations in need	Yes	Broad population data available but not used. Very little service data.
Data on service uptake/access	Partial only	Very limited service data
Data on quality/outcomes	No	
Research/literature evidence	Not relevant	
Patient experience information	Not relevant	
Consultation and involvement findings	Not yet	Consultation due to begin 10 September
Good practice guidelines		
Other (please specify)		

7. Population groups considered

	Potential differential impacts
Older people, children and young people	Common for parents to seek homeopathic treatment for their children, however no data available from the service to demonstrate whether or not this is the case for NHS patients. No other significant age issues identified.
Women, men and transgender people	No significant gender issues

(include issues relating to pregnancy and maternity)	identified.
Disabled people (includes physical disability, learning disability, sensory impairment, long term medical conditions, mental health problems)	Common for people to seek treatment for disabilities and long term conditions such as skin problems, mental health and wellbeing. However no definitive service data on conditions presented.
Minority ethnic people (includes Gypsy Travellers, non-English speakers)	Anecdotal evidence suggests that people from the Indian subcontinent are significant users of the service, however the service does not currently collect ethnicity data.
Refugees & asylum seekers	No differential impact identified.
People with different religions or beliefs	Suggested that patients would tend to have non-mainstream religious beliefs and may be more likely to have alternative philosophical or belief systems. No religion data gathered by the service.
Lesbian, gay, bisexual and heterosexual people	No differential impact identified.
People who are unmarried, married or in a civil partnership	No differential impact identified.

People living in poverty / people of low income	Data from the service indicates that referrals tend to be from patients in the close locality of the clinics, with most coming from relatively affluent postcodes. It was noted that a small but significant number of people accessed the service from more deprived areas including Dalkeith. This group would be more likely to have low income levels and would be likely to find it more difficult to afford private sector provision of homeopathic care. However in most cases service users are from more affluent areas and would most likely be able to afford alternative provision.
People in different social classes	As above.
Homeless people	No differential impact identified.
People involved in the criminal justice system	No differential impact identified.
People with low literacy/numeracy	Suggested that there is some correlation with low income above, and also with people without access to IT. The consultation should take the needs of this group into account.
People in remote, rural and/or island locations	Provision tends to be very local in nature with small number referred from further afield and from other Boards. No differential impact identified.
Carers	It was felt that some people who benefit from the service are carers who use homeopathy as a therapeutic means of support.
Staff (including people with different work patterns e.g. part/full time, short term, job share, seasonal)	A small number of staff (up to 3) will be affected if the funding is withdrawn.
OTHERS (PLEASE ADD):	No others identified.

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

Impacts	Affected populations

The withdrawal of funding will not have any direct positive impacts on patients or staff.	None
In the main the proposal will have neutral impact as the majority of patients are from more affluent areas and can afford alternative provision.	

9. What negative impacts were identified and which groups will they affect?

Impacts	Affected populations
There will be a negative impact for a small group of people in more deprived areas of Lothian as a result of funding being withdrawn. This will include reduced opportunity to access homeopathy, fewer opportunities to have holistic discussions about health and wellbeing with healthcare staff, less opportunity for support, and the potential for greater stress.	A small number of residents of Dalkeith and some other localised areas of deprivation.

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

Various communication options were discussed and it was agreed that the consultation should be as widely publicised as possible. It should not rely on electronic channels of communication to reach people.

11. Additional Information and Evidence Required

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

Due to the almost complete absence of patient data from the service it was agreed that, should funding continue, the staff involved should be requested to gather monitoring data on all new and repeat patients. This will allow future reviews of the service to have much better quality data at their disposal.

12. Recommendations

- Should it be decided after the consultation that funding for the service is to continue, a process to allow detailed patient monitoring should be developed. This should include as a minimum the age, gender, ethnicity and religious belief of the patient.

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	Deadline for progressing	Review date

	(name and contact details)		
If funding continues, develop patient monitoring process as above, and communicate to staff	Carol to discuss with Clinical Director post-consultation.	April 2013	June 2013

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

See recommendation above.

Manager's Name: Carol Lumsden

Date:

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 control and/or monitoring purposes.