

## Rapid Impact Assessment summary report

Each of the numbered sections below must be completed

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

**Midlothian and East Lothian Gateway to Recovery Clinics – Improving Access for Drug and Alcohol Patients.**

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

In February 2012 Mid and East Lothian Substance Misuse Services were redesigned to provide a number of drop-in clinics, across the two geographical areas, where patients receive a triage assessment and are effectively fast tracked into their first appointment with the right service.

This redesign was about offering improved and quicker access to services for patients by developing a drop-in model, reducing the existing DNA rate, increasing capacity within services and making better use of staff time. Patients are seen quickly, are more engaged and motivated to continue treatment and DNA rates are much less.

A further driver was about 90% of patients accessing treatment within 3 weeks of referral and all services in Mid & East Lothian meeting the HEAT A11 waiting times target.

### 3. Date of RIA

Friday 6<sup>th</sup> July 2012.

### 4. Who was present at the RIA?

Name	Job Title	Date of RIA training	Email
Christine Wallis	Programme Lead – Sexual Health BBV & Healthy Respect, Strategic Planning, Waverley Gate.	Feb 2012	<a href="mailto:Christine.Wallis@nhslothian.scot.nhs.uk">Christine.Wallis@nhslothian.scot.nhs.uk</a>
Bernadette Hare	Nurse Team Leader, Midlothian Substance Misuse Service, Midlothian		<a href="mailto:Bernadette.Hare@nhslothian.scot.nhs.uk">Bernadette.Hare@nhslothian.scot.nhs.uk</a>
Christine Dodd	Nurse Team Leader , East Lothian Substance Misuse Service		<a href="mailto:Christine.Dodd@nhslothian.scot.nhs.uk">Christine.Dodd@nhslothian.scot.nhs.uk</a>
Dave Gasparini	The Manager Mid& East Lothian Drugs (MELD)		<a href="mailto:davegasparini@meld-drugs.org.uk">davegasparini@meld-drugs.org.uk</a>
Fiona Hume	Assistant Programme Manager, SP&M, Waverley Gate Offices		<a href="mailto:Fiona.Hume@nhslothian.scot.nhs.uk">Fiona.Hume@nhslothian.scot.nhs.uk</a>

## 5. Population groups considered

	Potential differential impacts
minority ethnic people (incl. gypsy/travellers, refugees & asylum seekers)	<p>No negative impact, same as before they will all be seen and offered a triage assessment. However onward engagement with NHS treatment services will be dependent on them complying with NHS Lothian policy – to register with a GP practice.</p> <p>Trying to encourage Keep Well Practitioners to include substance misuse awareness with this patient group.</p>
women, men and transgender people	Considered but no change
people in religious/faith groups	None - leaflets are available in other languages and translation services can be accessed by health professionals, although the latter does incur a cost.
disabled people	On the whole none, although physical access into the building at Edenhall is via steps and not suitable for wheelchair access. This will be rectified when service moves to a more central Musselburgh location, with appropriate disabled access.
older people, children and young people	This was considered but this adult service is not for children and young people so no direct impact on them as patients. In East Lothian yp under 18 would be referred to YP Nurse Service. For older people it was felt that GPs could be further educated in appropriateness of some referrals e.g. advising older people on which drop in clinic to access. Written referrals process from GPs continues to be available for some patients.
lesbian, gay and bisexual people	An inclusive service is offered – no change.
people of low income	The clinics are located in Haddington, Dalkeith, Musselburgh, Gorebridge and Penicuik. First appointment requires turning up at one of these locations. However follow on treatment may then be provided more locally to patient's home address. Arrangements may be made to take the service to <u>some</u> patients who are unable to travel on health grounds. A reimbursement scheme is available for travel expenses. Overall a positive impact providing services locally and reducing need for some travel and travel costs.
people with mental health problems	Considered but no change.
homeless people	Considered them but no change.

people involved in criminal justice system	None, although support for prisoners on release could be improved through better communications between agencies such as Prison services and voluntary sector services.
staff	Has been very positive as services are meeting HEAT waiting times targets and reduced levels of staff stress. Overall improved use of staff time, less DNA appointments and improved communications and IT provision.
carers	Easier as more flexibility of access for carers taking patients to the service. The service is not for carers but will sign post to other more appropriate services.
Other groups (please specify)  All Patients	<u>Positive impact:</u> <ul style="list-style-type: none"> <li>• Service available in 6 locations across the East and Midlothian geographical areas.</li> <li>• Drop in at any clinic</li> <li>• If patients DNA at 1<sup>st</sup> appointment they are discharged but can represent at any clinic to re-engage.</li> <li>• Patients who DNA once treatment has started will be contacted by the service and given another appointment before being discharged.</li> <li>• The DNA policy acknowledges the responsibility of the patient to engage with services and be motivated to achieve recovery.</li> </ul>

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

Impacts	Affected populations
<p>Patients access and clinic availability:</p> <ul style="list-style-type: none"> <li>• Gateway Clinics available in 6 locations across the 2 areas.</li> <li>• Patients can access any venue.</li> <li>• Clinics available at a range of opening times from 10am – 5.30pm.</li> </ul> <p>DNA policy improved – patients can easily self refer.</p> <p>All staff within services are focussing on what they can do – staff have improved clarity on roles and responsibilities.</p>	<p>Patients on a low income Some disabled patients More choice for carers helping patients to access services. More choice for patients in general.</p> <p>Patients can re enter services without waiting or having to be re referred.</p> <p>Staff and Services working together, provides clarity for patients and improves the patient pathway.</p>

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

Impacts	Affected populations
<p>Patients with disability who use Edenhall Hospital Clinic.</p> <p>NEON Bus environment is not 100% the best for Gateway Clients. However, 28 clients have engaged already and we would regard this as worth continuing at present.</p> <p>The drop-in service does not directly support carers / family.</p>	<p>Wheelchair patients</p> <p>Elderly patient with alcohol problems – NEON bus not best venue but can educate referrers about patient choice.</p> <p>Carers who require a “carers service” staff will sign post to other supports.</p>

## 8. Evidence available at the time of the RIA

Evidence	Available?	Comments
Data on populations in need	Yes	Information gathered for LEAN event 2011
Data on service uptake/access	Yes	On average 70 -80 patients per month accessing the service
Data on quality/outcomes	Yes	Much improved waiting times from 41% of clients seen in 3 weeks in Jan to 89% in May.
Research/literature evidence	Yes	Based on SE Edinburgh pilot
Patient experience information	Yes	<p>59 service users questionnaires returned from Feb to July. Overall the comments were very positive.</p> <ul style="list-style-type: none"> <li>• 54% of attendees were advised by GP to attend.</li> <li>• Average wait time was 11 mins with 68% of people being seen in 10 mins or less.</li> <li>• 85% gave a maximum score for being treated with respect.</li> <li>• 72% gave a maximum score that the service was confidential.</li> <li>• 86% gave a maximum score on staff listening to them with staff being very understanding and helpful</li> <li>• 86% gave a maximum score on having enough time to discuss their concerns</li> <li>• 84% gave a maximum score that their agreed recovery plan met their expectations.</li> <li>• Overall clients felt they were treated as individuals and found the service helpful.</li> </ul>
Consultation findings	Yes	As above
Good practice guidelines	Yes	As below
Other (please specify) National Strategies: <u>Alcohol</u>		Scotland’s Relationship with Alcohol - Scottish Government 2009

<p><u>Drugs</u></p> <p><u>Waiting Times Policy</u></p>		<p>The Road to Recovery- National Drugs Strategy</p> <p>NHS Lothian HEAT Target re waiting times for substance misuse – HEAT A11.</p>
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## 9. Additional Information and Evidence Required

Over the next 8 months the review group will continue to monitor usage of the service, DNA rates, waiting times and service capacity. This will be assessed along side HEAT Target performance and service user feedback. Improvements to the service will be introduced if required.

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

Further education to GPs about appropriateness of referrals and sign posting patients to particular gateway clinics. For example an elderly female patient with alcohol problems, the referrer should discuss with patient the choice of venues or the GP could make a written referral taking into consideration the patients age/circumstances. Staff will continue to remind/educate GPs about this.

Staff supervisors will continue to remind staff that the whole process is dependent on maintaining a throughput of patients. Staff must continue to encourage patients to progress through treatment and on to local recovery supports outside medical and nursing services.

The completed RIA will be available on the NHS Lothian internet site. A copy will be circulated to all participants in the Kaizen event that led to this project taking place.

## 11. Recommendations

- To continue to communicate/educate GPs to ensure appropriate referrals and signposting for gateway clients.
- Improve disabled access for wheelchair patients using Edenhall Musselburgh Service by relocation to more central premises in Musselburgh that are more disabled friendly.
- Consider future of NEON Bus as a Gateway Clinic venue.
- Review patient experience after 12 months – do we need to change any clinic times or venues?. Is the model working well for patients and staff?
- Continue to monitor compliance with HEAT waiting time target and how that impacts on capacity of services.

**12. As a result of the RIA 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
Lead nurses will meet with GPs re educational needs	Substance Misuse Nurse Managers	Oct 2012	February 2013
Relocation of Edenhall Service providing improved disabled access.	East Lothian Substance Misuse Services	Jan 2013	February 2013
Future use of NEON bus – does activity warrant continuing provision in this environment.	Kaizen Review Group	Jan 2013	March 2013
Review Patient feedback after 12 months and consider any changes to venues, opening times or the overall model.	Lead Substance Misuse Nurse Managers	Jan 2013	March 2013
Continue to monitor waiting times and review relationship with service capacity.	Services complete individual reports to ISD.	Waiting times monthly	March 2013

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

- The Mid & East Lothian Kaizen Review Group
- Midlothian & East Lothian Drug & Alcohol Partnership

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

Not required as part of HEAT Target and focus on improving access.

**Manager's Name:** Jamie Megaw

**Date:** Friday 3<sup>rd</sup> August 2012.

**Please send a completed copy of the summary report to:**

James Glover, Head of Equality and Diversity

[James.Glover@nhslothian.scot.nhs.uk](mailto:James.Glover@nhslothian.scot.nhs.uk)

Note that you may be contacted by a member of NHS Lothian's impact assessment group for quality control and/or monitoring purposes. Key Contacts

**Equality and Diversity Leads (for support with Equality and Diversity Impact Assessment)**

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**Public Health (for support with Health Impact Assessment)**

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**To book a place on RIA training**

Bookings should be made using PWA/Empower. Any queries to  
[Lothian.applications@nhs.net](mailto:Lothian.applications@nhs.net)

**For further information about training in RIA:**

Neil A. Punton  
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**To arrange interpreters or translations**

**Interpretation and Translation Service**

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Central Library

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**For support with literacy issues**

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## 5. Criteria for quality assurance of Rapid Impact Assessments.

Periodically, the EQIA Steering Group meets to assess the standard to which Rapid Impact Assessments have been completed. A sample of RIAs is reviewed against quality criteria. Each RIA report is reviewed by a group of 3 or 4 members of the Steering Group. If a report is found not to meet the criteria, the author is contacted and support offered to repeat the RIA.

These are the criteria the Group uses.

<b>Criteria</b>
There are at least 4 participants who bring appropriate perspectives. At least one participant should have been on the RIA training and Equality and Diversity training or have experienced a previous RIA.
There is evidence that all relevant populations were considered.
There is evidence that all headings on the checklist were considered.
There are no obvious impacts that were <i>not</i> identified.
The recommendations are appropriate to the impacts. Recommendations should be able to be justified by the RIA findings.
There is an action plan to implement the recommendations, which has specific measurable and achievable actions within it.
The Manager responsible for the service/strategy/policy being assessed has signed the RIA.