

3. 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.**
Creation of Teenage and Young Adult Cancer Unit, Western General Hospital
- 2. What will change as a result of this proposal?**
Provision of a dedicated cancer unit for teenagers and young adults with cancer aged 16 – 24 years
- 3. Briefly describe public involvement in this proposal**
Young people with cancer and a parent members of the Teenage / Young Adult Unit Stakeholder Group and Service Delivery Sub Group. Staff members in contact with other young people with cancer update service users on developments and feedback comments to the groups.

Capital funds for the development of unit will be funded by charitable donation from the Teenage Cancer Trust who launched a public fundraising appeal for the creation of the unit in 2010.

- 4. Date of RIA**
24 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 Diversity and Equality (Facilitator)		James.Glover@nhslothian.scot.nhs.uk
Patricia Hutchison	CLIC Sargent Social Worker		Patricia.Hutchison@clicsargent.org.uk
Fiona Dawson	Clinical Nurse Specialist – Young People with Cancer		Fiona.Dawson@luht.scot.nhs.uk
Alyson Malone	Assistant Programme Manager		Alyson.Malone@luht.scot.nhs.uk

6. Evidence available at the time of the RIA

Evidence	Available ?	Comments
Data on populations in need	Yes	Data relating to young people with cancer for Lothian, SE Scotland
Data on service uptake/access	Yes	Template outlining service provision / activity for young people with cancer treated at WGH is available
Data on quality/outcomes	Yes	Teenage Cancer Trust have commissioned a number of reports relating to teenagers and young adults with cancer
Research/literature evidence	Yes	

Patient experience information	Yes	Paper outlining comments from young people with cancer who use adult cancer services at Western General Hospital completed.
Consultation and involvement findings	Yes	Presentation to oncology clinic board Monthly stakeholder group meetings
Good practice guidelines	Yes	Teenage Cancer Trust / NHS Lothian guidelines
Other (please specify)		

7. Population groups considered

	Potential differential impacts
Older people, children and young people	Age restriction to 16 – 24 years. Newly diagnosed, relapse, transition from paediatric services
Women, men and transgender people (include issues relating to pregnancy and maternity)	No particular gender issues. Single en suite bedrooms will provide privacy and social area will support gender mix
Disabled people (includes physical disability, learning disability, sensory impairment, long term medical conditions, mental health problems)	Refurbishment will meet all disability act and building regulation requirements. Good access to facility for patients and family members.
Minority ethnic people (includes Gypsy Travellers, non-English speakers)	Translator provided if language issues, need to plan translation rather than adhoc. Many young people brought up to speak English, translation required for parents. Cultures have different ways of viewing cancer i.e. do not talk about in the wider community. Cancer may jeopardise rights of arranged marriage therefore need to be sensitive to cultures of wider community.
Refugees & asylum seekers	Similar issues as above.
People with different religions or beliefs	Provision of single rooms will allow priests, spiritual leaders to provide support
Lesbian, gay, bisexual and heterosexual people	Can be issue as many young people unsure of sexuality. Creation of dedicated unit will have a positive impact for those in same sex partnerships.
People who are unmarried, married or in a civil partnership	Creation of unit will have a positive impact

People living in poverty / people of low income	Cancer in young people can have devastating impact on those with cancer, parents, single parents and young people with cancer can also be parents. Need for time off work, sickness absence all impact on income. Travel expenses will not change as dedicated unit on same site. Provision of kitchen facilities and ability to microwave meals will have positive impact on income as will not have to purchase food / drinks from canteen/ WRVS
People in different social classes	No difference, all social classes treated as equals.
Homeless people	No difference, assessment of needs is undertaken
People involved in the criminal justice system	No previous contact with individuals involved in criminal justice system, however in future more privacy with single rooms
People with low literacy/numeracy	No difference, staff spend time to explain with those with low literacy / numeracy. Privacy with single rooms will have positive impact.
People in remote, rural and/or island locations	Unit will have positive impact on those with remote / rural areas. Promoting day case rather than inpatient treatment and smaller day case unit adjacent to social area will have positive impact
Carers	Dedicated unit will enhance opportunities for spontaneous support for parents / siblings of those with cancer to meet and support each other. Currently due to confidentiality unable to support parents to make contact with each other.
Staff (including people with different work patterns e.g. part/full time, short term, job share, seasonal)	Specialty doctors for tumour groups will require to visit patients within the dedicated unit for review. Dedicated nursing team with special interest in young people with cancer will have positive impact Need for increase in support and supervision for staff who are coping with end of life care for young people with cancer.
OTHERS (PLEASE ADD):	

2. What positive and negative impacts do you think there may be?

Are there any impacts about which you feel uncertain? Which groups will be affected by these impacts?

<p>What impact will the proposal have on equality?</p> <ul style="list-style-type: none"> • Discrimination against groups of people • Promoting equality of opportunity • Tackling harassment • Promoting positive attitudes • Promoting good relations between different groups • Community capacity building 	<p>Creation of dedicated facility will result in positive experience for all those in contact</p> <p>Reduce cultural barrier experienced by young people with cancer</p> <p>Harassment and abuse – individuals more likely to disclose to staff if a dedicated unit and conversations can be encouraged</p> <p>Opportunity to provide care appropriate to needs</p>
<p>What impact will the proposal have on lifestyles?</p> <ul style="list-style-type: none"> • Diet and nutrition • Exercise and physical activity • Substance use: tobacco, alcohol or drugs • Sexual health • Education and learning, or skills 	<p>Positive impact for patients and family members</p> <p>Access to internet positive for education, learning and skills</p> <p>Development of multidisciplinary team for young people with cancer will encourage input from Allied Health Professionals i.e. dietetics, physiotherapy</p> <p>Chemotherapy treatment often results in reduction in alcohol consumption</p> <p>Clinical nurse specialists for young people with cancer have a role to provide education on lifestyles</p>
<p>What impact will the proposal have on the social environment?</p> <ul style="list-style-type: none"> • Social status • Employment (paid or unpaid) • Income • Crime and fear of crime • Family support and social networks • Stress, resilience and community assets • Participation and inclusion • Control 	<p>Social status – positive impact</p> <p>Family support networks positive impact</p> <p>Control – positive impact as social area will be for use by young people with their cancer and family / friends only</p>

<p>What impact will the proposal have on the physical environment?</p> <ul style="list-style-type: none"> • Living conditions • Working conditions • Pollution or climate change (waste, energy, resource use) • Accidental injuries or public safety • Transmission of infectious disease 	<p>Negative impact – creation of the unit will result in reduction in outside space as loss of current balcony and loss of 4 single beds rooms</p> <p>Infection control, public safety and noise are included on the risk register associated with the creation of the unit. Contractors will ensure impact kept to minimum. Issues will be resolved once unit completed.</p>
<p>How will the proposal impact on access to and quality of services?</p> <ul style="list-style-type: none"> • Health care • Transport • Social services • Housing • Education • Culture & Leisure 	<p>Positive impact – continuous presence of specialist staff, diversion of young people with cancer from adult services.</p> <p>Negative impact – potential for reduction of skill mix as expertise in specific areas i.e. transfer of day case activity from ward 1 where specific expertise relating to chemotherapy treatment , needle phobias</p>
<p>How will communication issues be involved?</p> <ul style="list-style-type: none"> • Communicating with patients and carers • Communication about the service • Communication about the health condition 	<p>Overall positive impact</p> <p>Communication relating to complex messages will be easier as more private space</p>

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

Impacts	Affected populations
Creation of a dedicated unit for young people with cancer will have a positive impact on all populations	

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

Impacts	Affected populations
Only negative impact relates to older ages with cancer. Age appropriate accommodation should be provided irrespective of age.	

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

Overall, communication with young people, parents, carers and families will be easier as the unit will provide more private space to support communication needs.

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.

No additional information / evidence required.

12. Recommendations

Highlight need for additional staff support and supervision for end of life care as potential for increase exposure due to creation of dedicated staff team working within the unit.

Consider telephone interpreting service, however may not be appropriate to use this method of communication for sensitive issues.

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
Additional staff support for end of life care	Morag Moore, Charge Nurse	May 2013 (estimated timescale for opening of unit)	October 2013

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

Revisit RIA once unit is operational.

Manager's Name: Alyson Malone

Date: 25 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 control and/or monitoring purpose

