**Equality and Engagement Impact Assessment**

Please refer to the Guidance for Completion of the Equality and Engagement Impact Assessment. If you require any assistance in completing this form, please contact the Patient Engagement and Experience team.

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| **Title of service, policy, or programme:** | **Gloucestershire Steatotic Liver Disease Diagnostic Service**, Gloucestershire Hospital NHS Foundation Trust (GHNFT). | | |
| **Name and job title involved in the completion of this assessment:** | **Megan Terrett**, Programme Manager, Gloucestershire Integrated Care Board (GICB & GHNFT.  **Caroline Smith**, Senior Manager, Engagement & Inclusion, GICB. | | |
| **Date of this assessment:**  *(It is good practice to undertake an assessment at each stage of the project)* |  | | |
| **Stage of service, policy or programme change** | **Development *X*** | **Implementation** ☐ | **Evaluation/review** ☐ |

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| **1. Outline** | |
| **Give a brief summary of your policy, service or programme. Include reference to the following:**   * Is this a new or existing policy, service or programme? * If it is not new, detail any proposals for change. | GHNFT has been working with One Gloucestershire partners to oversee and lead on the developments of Gloucestershire’s Community Diagnostic Centre (CDC) which is situated within Quayside House in Gloucester City and offers elective outpatient appointments and diagnostic services.  The GHNFT’s CDC development was initiated from National Diagnostics Programme following the publication of ‘Diagnostics: Recovery and Renewal’, sets out 24 recommendations which would create CDC, separate elective and non-elective work and the resulting increase in equipment, workforce, and use of emerging technologies1.  As part of Gloucestershire’s CDC Operational Management Workstream, there has been engagement with GHNFT divisions and specialities to pull together proposals for the clinical utilisation of the CDC’s multi-purpose outpatient clinic rooms. It is expected that proposals presented fit the national vision statement for a CDC –  *‘Community Diagnostic Centres will deliver additional, digitally connected, diagnostic capacity in England, providing all patients with a coordinated set of diagnostic tests in the community, in as few visits as possible, enabling an accurate and fast diagnosis on a range of a clinical pathways.’*  As result of this engagement, the proposal was put forward to develop a ‘One Stop Shop’ outpatient Liver Disease Screening nurse led clinic. Furthermore, the service design includes a Dietetic assessment and treatment offer for those who have screening indicative of liver fibrosis. The Gloucestershire Liver Unit provides inpatient and outpatient Fibroscanning across two main hospital sites in Cheltenham General Hospital (CGH) and Gloucester Royal Hospital (GRH) which is technician led. As part of this proposal, there will be no changes made to the outpatient Fibroscan service which is currently provide at CGH or GRH, but an additional enhanced service will be offered at Quayside CDC, which appropriate patients will access following referral and triage. This proposed development includes the recruitment of required clinical and administrative to deliver the clinics at Quayside CDC.  This Equality and Equity Impact Assessment (EEIA) is specific to GHNFT’s Hepatology outpatient Fibroscan service developments but relates to the Community Diagnostics Hubs EEIA completed in 20/01/2022.  References   1. <https://www.england.nhs.uk/publication/diagnostics-recovery-and-renewal-report-of-the-independent-review-of-diagnostic-services-for-nhs-england/> |
| **What aims/outcomes do you want to achieve?** | The aim of Gloucestershire Steatotic Liver Disease (SLD) Diagnostic Service is to provide specialist diagnostic provision for earlier detection of SLD or not, which will enable onward management / treatment plans that are more effective and tailored appropriately to the level of disease indicated.  The desired outcomes of this service implementation –   * Enables the Hepatology to expand their service capacity through the workforce recruitment and equipment purchasing opportunities the CDC provides, * Enables the Nutrition & Dietetics service to expand their workforce for the purpose of supporting those with moderate liver fibrosis through the workforce recruitment and equipment purchasing opportunities the CDC provides, * Service Users seen at FibroScan clinics at the CDC will be able to access an array of other diagnostic tests onsite as required, in a ‘One Stop Shop’ service model, * Provides new facilities for staff to work at as well as potential training opportunities, * Improved service user access to FibroScan testing and interpretation, and therefore potentially earlier diagnosis for SLD within the county, * Improved management plans for patients with SLD and therefore a reduction in unmanaged conditions and subsequent disease progression, * Navigation to the most appropriate service to support with the management of SLD and associated risk factors following more in-depth diagnosis process. |
| **Give details of any evidence, data or research used to support your work. Consider the following:**   * Health Needs Assessment * JSNA/Inform data. * National/regional data * Patient experience data | Steatotic Liver Disease (SLD) is an overarching term to encompass the various causes of steatosis which is the excessive accumulation of fat within the liver1. This accumulation of fat within the liver causes inflammation (steatohepatisis), scarring and stiffing (fibrosis) which can in turn and over time lead to liver cirrhosis and cancer2.  Liver disease is largely preventable, with only 5% of all cases being attributed to autoimmune disorders but its prevalence continues to rise across England whereas in contrast other major causes of disease have been declining2.  It is reported that around 25 people per day die due to liver disease with liver cancer as the fastest growing cause of cancer mortality in the UK3. The burden of the increasing disease prevalence is being seen the number of hospital admissions, a 47% increase since 2011–12 in hospital admission where liver disease was the primary diagnosis and ALD related admission has grown by 66% over the past ten years3.  In Gloucestershire there are 6961 residences recorded as being diagnose with liver disease according to local GP records. Total hospital admission rate in 2020/21 for liver disease was 192 per 100,000 population in Gloucestershire which is considerably higher than the England rate, 124 per 100,000 population4.  The majority of known SLD cases are caused by heavy alcohol consumption known as Alcohol-related liver disease (ALD), and / or being overweight as well as metabolic conditions such as diabetes mellitus, hypertension, hyperlipidaemia, and cardiovascular disease known as non-alcohol related fatty liver disease (NAFLD) or Metabolic dysfunction-associated steatotic liver disease (MASLD)1.  Risk Factors  Alcohol related:  In 2019-20 it was estimated that there were 608,416 adults in England with an alcohol dependencey5, with 40% of adults drinking over 14 units of alcohol per week6. During the COVID-19 pandemic it was reported that Off-Trade alcohol sales increased by 25% has been sustained. Furthermore, drinking behaviours reported in cross-sectional surveys show people to have drunk more alcohol during the pandemic, with a 59% increase in the proportion of respondents drinking at increasing risk and higher risk levels7.  Obesity & deprivation:  In Gloucestershire, 2 in 3 adults are considered to be overweight or obese8, with 70.6% of Gloucester city adult population (≥18 years old) classified as overweight or obese which is the highest in the county9. Additionally, it is known that there is a correlation between levels of deprivation and obesity. Approximately 7.7% of the Gloucestershire population live within the most deprived IMD quintile, which equates to just over 48,000 people10. At a district level, Gloucester city has the highest proportion of its population living in the most deprived areas (25%) equating to approximately 32,500 people; this is followed by Cheltenham (11,700), Forest of Dean (2,600) and Tewkesbury (1,800)10. None of the areas within Stroud or the Cotswolds fall under the most deprived quintile10.  Other health conditions:  Cardiovascular disease (CVD) is an umbrella term used for conditions affecting the heart or blood vessels11. There are four main types of CVD: Coronary Heart Disease (CHD), Peripheral Arteriole Disease (PAD), Stroke and Aortic disease11. In Gloucestershire, the prevalence for condition are as follows; CHD 22,445 (4% of the county population)12, PAD 3,745 (0.6%)13 and Stroke 14,019 (2%)14, there is no local data for the prevalence of Aortic disease. Furthermore, there are 106,299 people in Gloucestershire registered as Hypertensive15 (high blood pressure) which is the most significant risk factor for the development of CVD11.  Type 2 Diabetes prevalence Gloucestershire 37,885 (6% of county population)16, of which 49% are recorded to have blood pressure > 140/80 mmHg and 18% on prescribed Statins (lipid lowering medicine) with a history of CVD16.  Early Detection of SLD  SLD develops often silently, with people presenting with mild or no symptoms in the early stages17&18 meaning it often goes undetected until later stage symptoms present. In some cases, it can be too late to intervene to meaningfully impact morbidity and mortality17. Therefore, if SLD was detected earlier this would allow a greater spectrum of treatment interventions to be utilised, drive better patient outcomes, and ultimately limit development into chronic liver disease17&18.  In terms of economic impact of liver disease and the financial evidence case for change requires further research to be undertaken nationally and locally to understand the disease burden on our health care systems and to realise investment and / or saving opportunities.  *Summary –*  Therefore, considering the evidence presented above about Gloucestershire’s current population health outcomes and the importance of early detection and intervention of SLD. The opportunity that the Gloucestershire’s CDC programme presents to develop a SLD diagnostic service is one that should be considered in the best interest of Gloucestershire residence and will drive health improvements and outcomes.  Reference   1. [https://bestpractice.bmj.com/topics/en-gb/796/pdf/796/Steatotic liver disease.pdf](https://bestpractice.bmj.com/topics/en-gb/796/pdf/796/Steatotic%20liver%20disease.pdf) 2. <https://britishlivertrust.org.uk/information-and-support/liver-conditions/cirrhosis/#info> 3. <https://www.thelancet.com/journals/langas/article/PIIS2468-1253(23)00244-3/fulltext> 4. <https://fingertips.phe.org.uk/profile/liver-disease/data#page/4/gid/8000063/pat/223/par/E40000006/ati/221/are/nE54000043/iid/90892/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1> 5. <https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england/estimates-of-alcohol-dependent-adults-in-england-summary> 6. <https://alcoholchange.org.uk/alcohol-facts/fact-sheets/alcohol-statistics> 7. <https://www.gov.uk/government/publications/alcohol-consumption-and-harm-during-the-covid-19-pandemic/monitoring-alcohol-consumption-and-harm-during-the-covid-19-pandemic-summary> 8. <https://www.gloucestershire.gov.uk/inform/health-and-wellbeing/healthy-weight/> 9. <https://fingertips.phe.org.uk/search/Obesity#page/1/gid/1/pat/6/ati/501/are/E07000081/iid/20601/age/200/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0> 10. <https://inform.gloucestershire.gov.uk/media/2094524/gloucestershire_deprivation_2019_v13.pdf> 11. <https://www.nhs.uk/conditions/cardiovascular-disease/> 12. https://fingertips.phe.org.uk/search/heart disease#page/3/gid/1/pat/223/par/E40000006/ati/221/are/nE54000043/iid/273/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1 13. <https://fingertips.phe.org.uk/search/PAD#page/3/gid/1/pat/223/par/E40000006/ati/221/are/nE54000043/iid/92590/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1> 14. https://fingertips.phe.org.uk/search/Heart Failure#page/3/gid/1/pat/223/par/E40000006/ati/221/are/nE54000043/iid/262/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1 15. <https://fingertips.phe.org.uk/search/Hypertension#page/4/gid/1/pat/15/par/E92000001/ati/502/are/E10000013/iid/219/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/tre-ao-0> 16. <https://digital.nhs.uk/data-and-information/publications/statistical/national-diabetes-audit/e2-national-diabetes-audit-nda-2023-24-quarterly-report-for-england-integrated-care-board-icb-primary-care-network-pcn-and-gp-practice> 17. <https://www.nihr.ac.uk/documents/2297-early-detection-of-liver-disease-commissioning-brief/31012> 18. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10763979/> |

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| **2. Engagement** | |
| **What relevant patient experience data/feedback is already available?**  Include information from any relevant national/regional patient groups, e.g., Healthwatch, national surveys | During late November/early December 2021, engagement staff visited both acute and community hospital sites to encourage patients to complete a survey giving feedback on their experience of current diagnostic services and share their views on priorities for future service delivery. Full outcomes of this engagement are included in the attached report.    Report highlights  There were 95 responses to the survey. Overall, there is high satisfaction with existing services. The key findings are:   * 64% were not offered choice of appointment, but 84% of these agreed the location of their test was easy to get to, * 28% reported longer than expected wait for test, * 49% received their results quickly, * Most patients understood why they were having test (86%) and what was involved (88%), * 26% patients wanted more information, with 20% saying they did not understand the results of their test(s).   Top 3 ranked factors that were important to people when having diagnostic tests:   1. Receiving results on the same day, or as quickly as possible afterwards, 2. Shorter waiting times – between the time of referral and diagnostic test, 3. Joined up care: communication between healthcare teams: GP, hospital, and community teams.   Furthermore, Gloucestershire ICB and GHNFT are required to partake in the NHSE’s patient Experienced Based Design (EBD) approach which aims to understand how patients ‘felt’ at each stage of their journey and to identify areas for improvement to improve the patient experience at CDCs. Below is attached the patient EBD report March 2024.    The purposed implementation of an SLD service supports the findings of the initial engagement i.e., receiving results on the same day, joining up care and reduction in time to receive a diagnostics test through implementing a ‘One Stop Shop’ model, and therefore a reduction in the time to receive test results/diagnosis. |
| **How have patients, carers and families, staff been involved in shaping your proposals.**  If your policy/programme is currently being developed, please explain any further plans for engagement and/or consultation.  *(\*Plans for additional engagement should also be included in the Section 5: Action Plan below)* | **CDC Engagement -**  During the winter 21/22, the engagement team carried out staff and patient surveys in connection with the development of CDC. The aim was to understand the views of staff working within existing diagnostic services and the experiences of patients using diagnostic services from across Gloucestershire.  Engagement methodology  A Communication and Engagement Plan was developed to support the work of the Diagnostic Programme Board. The plan identified the need to undertake some early engagement with patients using, and staff working within, diagnostic services in Gloucestershire. Feedback collected will inform the development of a business case for a CDC in the county.  Patient engagement -  During late November/early December, engagement staff visited both acute and community hospital sites to encourage patients to complete a survey giving feedback on their experience of current diagnostic services and share their views on priorities for future service delivery. The survey was available on-line and in paper copy (with FREEPOST address for return).  Staff at the clinics were also asked to promote the questionnaire to patients and posters featuring a QR code linking to the survey were displayed in diagnostic clinics in acute and community hospital settings. In addition, the questionnaire was available on the Get Involved in Gloucestershire engagement platform and publicised via social media and with key stakeholders/local patient networks.  People were asked to provide feedback on access to services, patient information and communication/results, together with ideas for improvement and future priorities.  Engagement with staff -  Staff working across the range of diagnostics services, including primary care, were asked to complete a short on-line survey which focused on their ideas for improving service delivery and patient experience. Staff were also asked to rank the core requirements set out for CDCs in order of priority for Gloucestershire during 2021/2022.  Similarly, to the above section, Gloucestershire ICB and GHNFT are required to partake in the NHSE’s staff Experienced Based Design (EBD) approach which aims to understand how staff ‘felt’ as they delivered/contributed to each domain of the patient journey and to sense check staff experience against patient experience results. Below is attached the staff EBD report March 2024. |
| **If your plans/policies are implemented, please explain:** | |
| **Any impact on the way in which services are delivered?**  e.g., change in location, frequency of appointments. | * The number of FibroScan appointments that can be offered within the week will increase due to having more physical capacity at the CDC as well as workforce capacity as result of the recruitment opportunities the CDC has created. * It is also hoped that, following the recruitment of the service nurse that the time from test to result with reduce as they will be able to interpret results live in clinics, and referrer/signpost patients promptly to supporting or care/treatment services in accordance with the patients’ results. * Furthermore, as the service will situated at the CDC the service can coordinate and utilise the diagnostic testing modalities on site to offer a ‘One Stop Shop’ service model. |
| **Any impact on the range of health services available?** | * Service User seen with SLD clinics at the CDC will be able to access an array of other diagnostic tests onsite as required, in a ‘One Stop Shop’ service model. As these other diagnostic modalities at the CDC will be dedicated to elective activity, this should minimise the number of separate visits/appointments prior to diagnosis being determined. |
| **Have you considered whether any change could be considered significant variation? If yes, formal public consultation will be required** *(See Guidance or ask your Engagement Team for advice).* | This is a new service which isn’t replacing or changing any existing services. The impact of its implementation is considered a positive benefit for patients treated by the Gloucestershire healthcare system. |

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| **3. Equality considerations**  This is the core of the Equality Impact Analysis; what information do you have considered any potential or existing impact on protected groups, as defined by the Equality Act 2010. Consideration should also be given regarding wider inequalities that people may experience because of social, domestic, environmental and economic circumstances, e.g., unpaid carers, rural isolation, areas of deprivation. If your proposals contain more than one solution for service delivery, you should consider the potential impact for **each** of the solution in this section. | | | | | |
| **(Please complete**  **each area[[1]](#footnote-1))** | **What key impact have you identified at this stage?** | | | **Explain any positive or negative impact below. What action, if any, has been taken to address these issues?** | **Further action required?**  *(\*Include details in Section 5: Action Plan below)* |
| **Positive**  **Impact** | **Neutral**  **impact** | **Negative**  **Impact** |
| **Age** | X | ☐ | ☐ | Gloucestershire’s Liver Health Needs assessment stated that liver disease predominantly affects younger, working age individuals, with 71% of the 2,534 deaths from liver disease in 2010-12 occurring in those under the age of 75 years-old.  Therefore, the implementation of an SLD service could be considered to have a positive impact on the those at working ages by supporting the earlier detection of SLD and therefore earlier intervention and potential remission before disease progression. However, the SLD service is accessible to any adult. |  |
| **Disability** | ☐ | X | ☐ | There isn’t local data that suggests that having a disability means you are more likely to develop liver disease in comparison to those without a disability.  However, Quayside CDC isn’t equipped to see people who aren’t considered ambulatory, therefore those patients who are bedridden aren’t able to access the service at Quayside CDC. Therefore, the GHNFT Hepatology department will need to make arrangements for these patients to be seen at either CGH or GRH. |  |
| **Gender reassignment** | ☐ | X | ☐ | There is no data that demonstrations that someone who has had a gender reassignment puts them that greatest risk of developing SLD.  Furthermore, as the SLD service will be situated in the locality with population who have the greatest risk factors and being accessible to anyone regardless of gender, therefore impact of this clinic relocation could be considered neutral. |  |
| **Marriage and civil partnership** | ☐ | X | ☐ | There is no data that demonstrations that someone who has had a marital status puts them that greatest risk of developing SLD.  Furthermore, as the SLD service will be situated in the locality with population who have the greatest risk factors and being accessible to anyone regardless of marital status, therefore impact of this clinic relocation could be considered neutral. |  |
| **Pregnancy and maternity** | ☐ | X | ☐ | There is no data that demonstrations that someone who has had a pregnancy status puts them that greatest risk of developing SLD.  Furthermore, as the SLD service will be situated in the locality with population who have the greatest risk factors and being accessible to anyone regardless of pregnancy status, therefore impact of this clinic relocation could be considered neutral. |  |
| **Race** | X | ☐ | ☐ | Gloucestershire’s Liver Health Needs assessment stated that the majority of those diagnosed with liver disease are described to be from the ‘White’ ethnicity.  Therefore, the implementation of an SLD service could be considered to have a positive impact on the race that is mostly to be affected by Liver disease. However, the SLD service is accessible to anyone who is a Gloucestershire resident regardless of their race. |  |
| **Religion or belief** | ☐ | X | ☐ | There is no data that demonstrations whether someone’s faith puts them that greatest risk of developing liver disease.  Furthermore, as the SLD service will remain in localities with population who have the greatest risk factors and being accessible to anyone regardless of their faith, therefore the impact of this clinic relocation could be considered neutral. |  |
| **Sex** | X | ☐ | ☐ | Gloucestershire’s Liver Health Needs assessment stated that the majority of those diagnosed with liver disease and to die from liver disease are men.  Therefore, the implementation of an SLD service could be considered to have a positive impact on the those from a male sex. However, the SLD service is accessible to anyone who is a Gloucestershire resident regardless of their sex. |  |
| **Sexual orientation** | ☐ | X | ☐ | There is no data that demonstrations whether someone’s sexual orientation puts them that greatest risk of developing steatotic liver disease.  Furthermore, as the SLD service will remain in localities with population who have the greatest risk factors and being accessible to anyone regardless of their sexual orientation, therefore the impact of this clinic relocation could be considered neutral. |  |
| **Other considerations** | X | ☐ | ☐ | The majority of known SLD cases are caused by heavy alcohol consumption known as ALD, and / or being overweight as well as metabolic conditions such as diabetes mellitus, hypertension, hyperlipidaemia, and cardiovascular disease known as NAFLD or MASLD1.  There is also a link between those who live in deprivation and a risk of developing liver disease. Therefore, as the SLD service will be situated in an area of deprivation and greatest health need it could be considered that this will have a positive impact on this population. |  |
| *Other considerations: please consider, and identify, those who face health inequalities e.g., areas of deprivation, people with poor mental health, social/rural isolation, people who misuse drugs and/or alcohol, people who are homeless, sex workers, etc* | | | | | |

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| **4. Monitoring and review** | | | |
| **If you are at the implementation or evaluation stage of your policy development/service or programme change:** | | | |
| **Has an earlier Impact Assessment been undertaken?** | **Yes** X | **No** ☐ | **N/A** ☐ |
| **If yes, please include details of any action plan below:** | | | |
| **What issues/actions have previously been identified?** | The CDC EIA (2021) stated a need to gather patient feedback on existing diagnostic services. Cycles of Experience Based Design (EBD) is required by each CDC with outputs and action plans reported to national CDC programme. Patients who are seen at the CDC Lung Cancer clinics will be able to feedback on the experience as part of the EBD work. | | |
| **Are any further actions required?** |  | | |

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| **5. Action Plan** | | | |
| **Issues/impact identified in Section 2, 3 or 4 above** | **Explain any further actions required** | **How will you measure and report impact/progress** | **Timescale for completion** |
| None. |  |  |  |
| **When will the proposal be next reviewed?** | Annually in line with the Gloucestershire CDC planning. | | |

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| **6. Completion:** | **Name and Job title** | **Date** |
| Completed by: | **Megan Terrett**, Senior Project Manager, NHS Gloucestershire ICB |  |
| Equality Lead: | **Caroline Smith**, Senior Manager, Engagement & Inclusion, NHS Gloucestershire ICB |  |
| Project Sponsor: | **Kerry O’Hara**, Associate Director – Clinical Programmes, NHS Gloucestershire ICB |  |
| Policy/programme signed off by:  (*e.g., Governance and Quality, Governing Body, etc)* |  |  |

1. Positive Impact: will actively promote the values of the ICB and ensure equity of access to services.

   Neutral Impact: where there are no notable consequences for any group.

   Negative Impact: negative or adverse impact for any group. If such an impact is identified, you should ensure, that as far as possible, it is eliminated, minimised or counterbalanced by other measures. [↑](#footnote-ref-1)