Section 4  Integrated Impact Assessment

Summary Report Template

<table>
<thead>
<tr>
<th>Audit Risk level</th>
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</thead>
<tbody>
<tr>
<td>(Risk level will be added by Equalities Officer)</td>
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</tbody>
</table>

Each of the numbered sections below must be completed

<table>
<thead>
<tr>
<th>Interim report</th>
<th>Final report</th>
<th>✓</th>
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<tbody>
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(Tick as appropriate)

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

Re provision of adult eye services from the Princess Alexandra Eye Pavilion

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

The proposal is to relocate the Eye Pavilion to the BioQuarter site. This will address significant issues with the current building, which is no longer fit for purpose, and will allow a new facility to be designed which is suitable for current and future eye service provision. This proposal is in addition to increased provision at St Johns Hospital to increase the number and type of procedures that can be offered there.

An option appraisal has considered options including do nothing, refurbishment of the existing site and other sites in Lothian. The reasons for identifying the BioQuarter as the preferred option are:

- Improved proximity to emergency department, Children’s Hospital and Neurosciences
- Sufficient land available and a potential site
- Scottish Enterprise and University of Edinburgh supportive and keen to begin discussion soon
- Good public transport infrastructure, available parking.
- Good site to strengthen access to clinical studies and research
- Co location with good research activities will attract and retain the best calibre of medical staff for patient care
- Scottish Govt has announced plans to build an Elective Centre on the RIE/Bioquarter site. Ophthalmology consultants will be working in this centre
- Proximity to University of Edinburgh Medical School - supports training and development of trainees
- Potential for sharing of services
3. **Briefly describe public involvement in this proposal to date and planned**

We are keen to involve as wide a representation from service users as possible by using an e-Reference group to seek thoughts on more general issues as the project develops. A series of themed patient surveys, undertaken whilst patients are waiting in clinic, is also proposed.

Also, in recognition of the diversity of the types of service provided we plan to engage service users from specific types of pathways to help redesign how they should be delivered in the future.

4. **Date of IIA**

25<sup>th</sup> February 2016

5. **Who was present at the IIA? Identify facilitator, Lead Officer, report writer and any partnership representative present and main stakeholder (e.g. NHS, Council)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Margaret Douglas</td>
<td>Consultant in Public Health Medicine (Facilitator and report writer)</td>
</tr>
<tr>
<td>Ms Christine Farquhar</td>
<td>Service user representative – Carer and member of Edinburgh Integrated Joint Board Strategic Planning Group</td>
</tr>
<tr>
<td>Ms Marilyn Jackson</td>
<td>Service user representative</td>
</tr>
<tr>
<td>Mr Daniel Meikle</td>
<td>Service user representative</td>
</tr>
<tr>
<td>Marion Brannan</td>
<td>Senior Medical Photographer, Staff</td>
</tr>
<tr>
<td>Sheena Cockburn</td>
<td>Charge Nurse, Staff</td>
</tr>
<tr>
<td>Daniella Knox</td>
<td>Clerical Team Supervisor, Staff</td>
</tr>
<tr>
<td>Dr Jas Singh</td>
<td>Consultant Ophthalmologist &amp; Clinical Director - Staff</td>
</tr>
<tr>
<td>Lynn Struthers</td>
<td>Clinical Nurse Manager, Ophthalmology, Staff</td>
</tr>
<tr>
<td>Gill Wilkie</td>
<td>Acting Clinical Service Manager, Ophthalmology, Staff</td>
</tr>
<tr>
<td>Kathleen Imrie</td>
<td>Programme Manager – Redesign &amp; Reprovision of Adult Eye Services, NHS Lothian</td>
</tr>
<tr>
<td>Caroline McDowall</td>
<td>Staff Partnership Representative, NHS Lothian</td>
</tr>
<tr>
<td>Monica Barrington</td>
<td>Theatre Nurse - Staff</td>
</tr>
<tr>
<td>Jane Dalrymple</td>
<td>Assistant Strategic Programme Manager – Disabilities, NHS Lothian - observer</td>
</tr>
<tr>
<td>Jennifer Little</td>
<td>Learning and Development Practitioner, NHS Lothian - observer</td>
</tr>
</tbody>
</table>
## 6. Evidence available at the time of the IIA

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Available?</th>
<th>Comments: what does the evidence tell you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data on populations in need</td>
<td>Yes</td>
<td>The population of Lothian is approximately 850,000. NHS Lothian provides an adult ophthalmology service to this population.</td>
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<td>Across Lothian adult eye services are delivered mainly from PAEP and St Johns Hospital, West Lothian. Outreach outpatient services are provided at, Roodlands Hospital and neuro-ophthalmology outpatients are seen within the Department of Clinical Neurosciences at the WGH.</td>
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<td>The proposal relates to service users in the population who use services at PAEP because that is the service that would move.</td>
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<td>Tertiary specialist services are provided to patients from Borders, Fife, Stirling and Falkirk.</td>
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<td>Demography</td>
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<td>Scottish Government Strategy for Healthcare (2020 Vision) highlights that people aged 75 and over are the highest users of healthcare. Between 2011 and 2020, they estimated that the numbers of people aged over 75 would increase by 25%. By 2033, an increase of 60% is predicted in this age group. The prediction is that there will be a continual shift to people living with long term conditions well into their later years.</td>
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<td>In 2014/15 – 33% (31,000) of all Ophthalmology outpatient attendances were for people aged 75 and over and 51% (4349) of all surgical treatments were for this age group. Local analyses estimate that an estimated 17,000 more Lothian residents will require access to eye services by 2030.</td>
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<tr>
<td>Topic</td>
<td>Status</td>
<td>Details</td>
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</table>
| Data on service uptake/access                          | Yes. All for a 3 year period. | Table 1 shows the locality (based on postcode area) of service users.  
Table 2 shows the ethnicity profile of service users.  
Table 3 shows the demographic profile (age band and sex) of service users.  
Table 4 shows the number of patients who attended PAEP and other sites (NHS and non NHS). |
| Data on equality outcomes                              | No              |                                                                           |
| Research/literature evidence                           | In progress     | Evidence of effectiveness underpins the interventions and pathways offered for the major conditions treated by eye services. |
| Public/patient/client experience information           | Yes             | Table 5 is a summary of feedback and complaints that service users have given between September 2013 and May 2015 |
| Evidence of inclusive engagement of service users and involvement findings | In progress     | We are keen to involve as wide a representation from service users as possible by using an e-Reference group to seek thoughts on more general issues as the project develops. A series of themed patient surveys, undertaken whilst patients are waiting in clinic, is also proposed.  
Also, in recognition of the diversity of the types of service provided we would like to engage service users from specific types of pathways to help redesign how they should be delivered in the future. See diagram at foot of page for current thinking on this. |
| Evidence of unmet need | Yes. | Chronic return patients experience delays in getting their next return outpatient appointment particularly if there is a need to reschedule at either the service user or hospitals request.

There is a predicted 17,000 per year increase in number of patients requiring adult eye services by 2030.

In 2014/15 – 3% of outpatient attendances and 30% of surgical treatments were carried out either outwith NHS Lothian facilities or by Private Healthcare providers in Lothian hospitals at the weekend. This was necessary to ensure that outpatient access targets and treatment time guarantees were delivered for patients. Plans are being put into action to address this situation now and to consider what further action will be required in the future to meet rising demand. |
| Good practice guidelines | In progress. | SIGN guidelines
SAIFScotland for accessibility standards
Person –centred care delivery standards |
| Environmental data | No, but request has been made | The Energy Performance Certificate for the present Eye Pavilion (shared with Lauriston Building) shows the building to be in the lowest class, G. The CO2 emissions are recorded on the certificate as 101kgCO2/m2/year. A new facility built to today’s regulations would meet a class C rating with emissions of 33kgCO2/m2/year. The building in use has higher energy consumption and CO2 emissions than that recorded on an EPC, as the EPC looks at the building only and there are additional emissions due to use of appliances. For year 2014-15 the emissions were 105.5kgCO2/m2. We would expect a new building to be no more than 40kgCO2/m2 - a reduction of 62% which amounts to 350 tonnes of CO2 per year.

Temperature control (usually too hot) is a considerable problem in the PAEP building. |
Risk from cumulative impacts | Yes | Growing demand exceeds what the service can cope with within the existing PAEP building infrastructure leading to delayed treatment.  
Further deterioration of the building and potential for service disruption. £2.7M expenditure on high priority backlog maintenance is currently required. 
Increasing poor working conditions for staff has potential to impact on recruitment, retention and patient care

Other (please specify)

Additional evidence | Yes. | Impact of condition of existing facility on service users, carers and staff  
A building condition survey undertaken on the PAEP building concluded that `The condition of the majority of the building’s fabric and services is poor and it is at the end of its serviceable life. The building is not fit for purpose. The block and the infrastructure which services it requires significant immediate investment. The roof should be replaced to ensure weather proofing. The future of this building should be carefully considered due to the substantial costs associated with bringing the building up to an acceptable standard'.

7. In summary, what impacts were identified and which groups will they affect?

| Equality, Health and Wellbeing and Human Rights | Affected populations |
| Positive | Patients, especially those with co-morbidities |

The re-provision should enable improved quality of care for patients as the facility will be fit for purpose, will enable smoother pathways for people having procedures, the design will allow improved protection of patients’ dignity, and close links to RIE, RHSC, DCN and research facilities will provide a focus for specialist expertise and encourage staff recruitment and retention. There will be improved access for RIE patients to receive ophthalmology opinions, and for eye pavilion patients to be transferred to ITU or receive other specialist input from RIE clinicians if required.
The new facility should also provide a better working environment for staff. As well as creating a generally improved environment, there is potential to improve catering facilities, staff rest facilities, and ensure access to outdoor space.

Maintaining the Eye Pavilion on a separate site, within the RIE campus, will preserve the identity of the service and facilitate retention of a cohesive staff group.

The new facility should have better drop off facilities.

There are opportunities to ensure the design and signage of the new facility are suitable for people with sensory impairment, poor mobility, dementia, autism and other needs.

There is potential to improve catering provision for both patients and staff.

There may be potential to streamline patient appointments and improve facilities for carers waiting for patients.

There is potential to increase physical activity in staff if active travel modes are encouraged and attractive walking routes are developed around the site.

**Negative**

The bioQuarter site may pose access difficulties for some older people as it is seen as on the ‘outskirts’ of the city, bus access can be difficult, pedestrian access from RIE car park and bus stops may be difficult across into bioQ, especially for people with poor mobility

Any change may be stressful for staff, who will have to manage a physical move, changes in working processes, new travel arrangements.

<table>
<thead>
<tr>
<th>Environment and Sustainability</th>
<th>Affected populations</th>
</tr>
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<tbody>
<tr>
<td><strong>Positive</strong></td>
<td></td>
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<tr>
<td>The new facility will have greatly improved energy efficiency and is expected to reduce carbon emissions by 62% per m2.</td>
<td>Global</td>
</tr>
<tr>
<td>The new hospital will have more water-efficient appliances, although this may be negated due to requirements to prevent legionella.</td>
<td>Wider community</td>
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</tbody>
</table>
There is potential for the new hospital to be part of a bio Quarter district heat network, which would further reduce emissions.

There is potential to improve management of food waste as the new hospital will be part of a bigger campus.

The working environment will be improved, with less risk of heat stress.

The new facility will meet modern standards for fire safety and infection control.

There will be a reduction in the distance that sterile supplies and other consumables will need to be transported.

We touched on central sterile instrument service – they will not have to be transported to and from present site. Is this true also for scrubs, disposables, lab supplies etc – there must be quite a lot of transporting?

**Negative**

The construction phase of the new hospital will cause noise, and there could be noise pollution affecting the new hospital while other parts of the bioQuarter are built.

**Economic**

**Positive**

Construction of the new hospital will bring employment. There is potential to offer apprenticeships and training opportunities during the construction.

The development of the bioQuarter could contribute to regeneration of the local area. This will be influenced by the design of the site overall.

There will be long term cost savings from improved energy efficiency.

**Negative**

None identified
8. Is any part of this policy/service to be carried out wholly or partly by contractors and how will equality, human rights including children's rights, environmental and sustainability issues be addressed?

Yes – contractors will build the new hospital. These issues will all form part of the specification.

9. Consider how you will communicate information about this policy/service change to children and young people and those affected by hearing loss, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.

The communications plan and specific information for patients and carers are being developed but will include consideration of easy read and dementia friendly versions, BSL, braille, hearing loop, information on screens, audio signage, use of Happy to Translate.

10. Is the policy a qualifying Policy, Programme or Strategy as defined by The Environmental Impact Assessment (Scotland) Act 2005? (see Section 4)

No

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.

The group agreed that no further evidence is required for this impact assessment. On-going consultation as described above will continue throughout the process.

12. Recommendations (these should be drawn from 6 – 11 above)

There should be consideration of people with dementia, autism and other needs when designing the new eye hospital, including navigability and signage.

There should be discussion with RNIB about potential for audio signage in the new eye hospital.

There should be discussions with the bus companies about re-routing of bus services to include a stop at the new eye hospital.

There should be drop-off points at the new eye hospital.
There should be a road safety assessment of pedestrian routes between RIE and the bioQuarter, and consideration of a bridge or tunnel to cross the road.

There should be consideration of routes and procedures for transferring patients between RIE and the new eye hospital.

The new eye hospital should include provision of rest facilities for staff including a quiet space.

The new eye hospital should include appropriate places for carers to wait for patients and suitable facilities for children accompanying their parents.

Catering provision for the new eye hospital should meet diverse needs of patients, visitors and staff.

Staff, patients and carers should all be involved in the design process for the new eye hospital.

There should be a clear process to manage the transfer that allows staff to raise any concerns at an early stage.

A green travel plan should be developed for the new eye hospital.

There should be a review of where staff live and consideration of arrangements for travel to work and consideration of potential for car sharing.

There should be consideration of travel and parking for clinical staff who work across sites.

Attractive walking and cycling routes should be developed around the site and publicised to staff and visitors.

The flood protection for the site should be reviewed.

The new eye hospital should meet the ‘excellent’ BREEAM Healthcare standard.

The specification for the construction of the new eye hospital should include provision of apprenticeships and training opportunities.

The design of the overall bioQuarter site should create clear connections into local communities to support local regeneration.

There should be a review of patient pathways and consideration of offering a choice between longer ‘one stop’ appointments or several shorter appointments depending on patient and, where applicable, carer circumstances.
Specific Actions to be undertaken as a result of the IIA conducted on the proposed relocation of Adult Eye Services from the Princess Alexandra Eye Pavilion to a new eye hospital on the Edinburgh BioQuarter site.

<table>
<thead>
<tr>
<th></th>
<th>Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)</th>
<th>Who will take them forward (name and contact details)</th>
<th>Deadline for progressing</th>
<th>Review date</th>
</tr>
</thead>
</table>
| 1 | Site specific issues  
1.1 A review of flood protection will for part of the standard site assessment requirement. Previous studies have identified manageable risks | Iain Graham  
Director of Capital Projects | 31/7/18 | 31/7/17 |
| 1.2 Design of the overall Edinburgh BioQuarter site should create clear connections into local communities to support local regeneration. This is an underlying requirement of the EBQ. There are spatial and neighbourhood connections in place or planned as part of the development of, for example, adjoining parkland and housing (outwith EBQ). | Iain Graham  
Director of Capital Projects | TBC | TBC |
| 2 | Design of new facility  
2.1 Staff, patients and carers should be involved in the design process through the Patient and Public Engagement Plan and the planned review of key service user pathways. This is a standard requirement of the development of NHS Scotland projects. | Kathleen Imrie  
Programme Manager | 31/7/18 | 31/7/17 |
| 2.2 Consider needs of people with dementia, autism and other needs in design of new hospital including navigability and signage.  
Focus group / stakeholder group to be considered. | Lynn Struthers  
Clinical Nurse Manager | 31/7/18 | 31/7/17 |
<table>
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<tr>
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</thead>
</table>
| 2.3 | Explore potential for audio signage with Royal National Institute for the Blind | Lynn Struthers  
Clinical Nurse Manager | 31/7/20 | 31/7/19 |
| 2.4 | The new eye hospital should meet the BREEAM Healthcare standard. BREEAM assessments will still be required. | Iain Graham  
Director of Capital Projects | 31/7/19 | 31/7/18 |
| 3 | Available facilities | | | |
| 3.1 | The hospital should include appropriate places for carers to wait for patients and suitable facilities for children accompanying their parents. A key design consideration to be included in the briefing | Kathleen Imrie,  
Programme Manager | 31/7/18 | 31/7/17 |
| 3.2 | Catering provision for the new hospital should meet diverse needs of patients, visitors and staff. A key design consideration to be included in the briefing  
Also note that EBQ buildings will have retail and leisure opportunities. | George Curly,  
Director - Facilities | 31/7/18 | 31/7/17 |
| 3.3 | Rest facilities for staff including a quiet space should be provided. A key design consideration to be included in the briefing | Kathleen Imrie  
Programme Manager | 31/7/18 | 31/7/17 |
<table>
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</table>
| 3.4 | Attractive walking and cycling routes should be developed around the site and publicised to staff and visitors.  
This is an underlying requirement of the EBQ masterplanning. There are spatial and neighbourhood connections in place or planned as part of the development. “Green travel planning” at a project and EBQ level will be progressed. | Iain Graham  
Director of Capital Projects | 31/7/20 | 31/7/18 |
| 4 | Access to new facility | 4.1 NHSL and local bus companies to discuss re-routing of bus services to include a stop at the new eye hospital.  
Positioning will be driven by both physical constraints and operator demands, as well as our requirements. Proximity has been highlighted within the EBQ masterplan | Iain Graham  
Director of Capital Projects | 31/7/19 | 31/7/17 |
|   | 4.2 | There should be drop off points at the new hospital.  
A key design consideration to be included in the briefing | Iain Graham  
Director of Capital Projects | 31/7/19 | 31/7/18 |
|   | 4.3 | A green travel plan should be developed for the new eye hospital  
“Green travel planning” at a project and EBQ level will be progressed. It is a standard Town Planning requirement | Iain Graham  
Director of Capital Projects | 31/7/19 | 31/7/18 |
<table>
<thead>
<tr>
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</thead>
</table>
| 4.4 | There should be a review of where staff live and consideration of arrangements for travel to work and consideration of potential for car sharing which is a general Town Planning requirement. | Kathleen Imrie, Programme Manager  
Gill Wilkie, Acting Clinical Services Manager | 31/7/18 | 31/7/17 |
| 4.5 | There should be consideration of travel and parking for clinical staff who work across sites  
Scoping to be defined. EBQ plans for adjoining car parking facilities. | Gill Wilkie, Acting Clinical Service Manager | 31/7/18 | 31/7/17 |
| 4.6 | A road safety assessment of pedestrian routes between RIE and the BioQuarter should be undertaken, and a bridge or tunnel considered to allow safe crossing. Feasible safe crossing options will form part of the master planning discussions for the site. A tunnel would not be feasible. | Iain Graham  
Director of Capital Projects | 31/7/18 | 31/7/17 |
| 4.7 | Consideration of routes and procedures for transferring patients between RIE and the new eye hospital. Need to be defined, scoped to inform interaction with Edinburgh Bioquarter master planning discussions | Iain Graham  
Director of Capital Projects | 31/7/18 | 31/7/17 |
<table>
<thead>
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</thead>
<tbody>
<tr>
<td>5</td>
<td>Staff engagement 5.1 There should be a clear process to manage the transfer that allows staff to raise any concerns at an early stage</td>
<td>Kathleen Imrie, Programme Manager</td>
<td>30/10/16</td>
<td>Ongoing</td>
</tr>
<tr>
<td>6</td>
<td>Construction 6.1 The specification for the construction of the new eye hospital should include provision for apprenticeships and training opportunities. Community benefits including these are standard requirements under the Scottish Capital Investment Manual. Plans to utilise frameworks will enable this in a measurable way.</td>
<td>Iain Graham Director of Capital Projects</td>
<td>31/7/18</td>
<td>31/7/17</td>
</tr>
<tr>
<td>7</td>
<td>Service Redesign 7.1 All patient pathways should be reviewed as part of the planned relocation</td>
<td>Kathleen Imrie, Programme Manager</td>
<td>31/7/18</td>
<td>31/7/17</td>
</tr>
<tr>
<td>8</td>
<td>Service model 8.1 There should be consideration of offering a choice between longer <code>one stop</code> appointments involving one visit or several shorter appointment6s depending upon patient and where applicable, carer circumstances. As patient pathways are reviewed the service will explore opportunities to offer a choice in how the service is delivered i.e one stop clinic service or multiple visits.</td>
<td>Gill Wilkie, Acting Clinical Service Manager</td>
<td>31/7/18</td>
<td>31/7/17</td>
</tr>
</tbody>
</table>
14. **How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?**

Through ongoing consultation with staff and patients, and carers where applicable, as described.

Also review of changes in service uptake through routine data.

Monitoring of uptake of travel expense reimbursement.

15. **Sign off by Head of Service**

   **Name** Iain Graham, Director of Capital Planning and Projects

   **Date** 28th June 2016

16. **Publication**

   Send completed IIA for publication on the relevant website for your organisation. See **Section 5** for contacts.