

Fairness Assessment

Section 1 - Overview

1. Is this a new strategy?

The redesign of dental services in Uist has been a matter of interest to NHS Western Isles since 2014. At that time, the Chief Administrative Dental Officer identified core weaknesses in the current service arrangement, identifying both environmental issues (quality of clinical space) and clinical practice issues (emerging from the dispersed service arrangement), which required to be addressed. These arguments were pulled together as part of a report to the Health Board Corporate Management Team. The broad proposal at that time was to bring all dental services in Uist into a single integrated hub, located in the Uist and Barra Hospital. Since then, the responsibility for the planning of dental services has been delegated to the Integration Joint Board.

2. Does it align policy objectives?

The development of the proposal has been checked against existing Scottish Government Guidance. The Scottish Government's Health and Social Care Directorate identifies eight key principles which underpin the delivery of dental services in Scotland:

- Oral health as an integral part of overall health improvement. Underpinned by a free dental examination for all population groups.
- Services for children and young people should be focused on prevention and meet the oral health needs of those in the most disadvantaged circumstances
- Patient-centred standards ensuring high quality services
- A public dental service targeted at those in most need
- Support for dental practices providing services for the NHS
- Dental teams trained to deliver patient-centred, safe and effective dental services
- Closer integration of dentistry within the wider NHS family
- An education and training plan to deliver more high quality dental professionals

The proposal aligns with the Property and Asset Management Strategy of NHS Western Isles, which is seeking to reduce the number of ageing assets and associated costs. The proposal also aligns with the Health Board's Clinical Strategy and the IJB Strategic Plan, both of which envisage the aggregation and co-location of services into integrated hubs. Scottish Health Council guidance has been used in support of the consultation process.



3. Please list which protected population groups are likely to be affected by this project and how they will be affected

Who?	How?
Older people	The reforms raise key issues in respect of service access, due to the distance some people may have to travel to access dental care
Disabled people	
Pregnancy and maternity	

4. How have we involved these groups in the project?

In developing the proposal, we have sought wide-ranging input from patients, third sector organisations, and staff:-

- Working with the Locality Planning Group to identify key issues;
- Through the Locality Planning Group, ensuring feedback to community councils about the reforms;
- An options appraisal workshop, advertised through posters and other material placed in healthcare facilities, was held with patients, stakeholders and staff. This was overseen by Healthcare Improvement Scotland.
- A full public consultation, including three public engagement events, which ran for three months. The consultation paper specifically asks:
 - a) whether the proposals are likely to have an adverse impact on any of the protected characteristics set out in the Equality Act 2010
 - b) whether the proposals are likely to have an adverse impact on equality of opportunity or on good community relations
 - c) whether there is an opportunity to promote equality of opportunity or good community relations

5. Is additional information or evidence required?

No further evidence is required.

Section 2. Consultation Findings

CONSULTATION FINDINGS

1. The consultation ran from Monday 25th September until Friday 8th December. Three public meetings were also held, as follows:
 - Tuesday 21st November, 7-9pm, Lochboisdale, South Uist
 - Thursday 23rd November, 1-3pm, Liniclate, Benbecula
 - Thursday 23rd November, 7-9pm, Carinish, North Uist
2. A total of 117 people attended the events, including members of staff. People who attended the events were provided with the opportunity to complete the questionnaire and an evaluation of the engagement events themselves. The Chief Officer presented the case for change alongside the Director of Dental Services. Participants were offered the opportunity to decide on how they wished to air their views and opted for an open group meeting. Notes were taken at all meetings and the feedback themed. In addition to the written responses and comments at the engagement a number of petitions were received. From residents in North and South Uist, with a total of 132 signatures in support of Lochboisdale clinic and 461 in support of Lochmaddy. An account of the feedback gained at the public meetings is attached Appendix 2.
3. In respect of the wider consultation, a total of 153 written responses to the consultation were received. Of those:
 - 3 expressed a position in support of the proposal and indicated that there would be no adverse impact on people with protected characteristics;
 - 94 expressed a position against the proposal and indicated that there would be an adverse impact on people with protected characteristics;
 - 34 indicated that there would be no adverse impact on people with protected characteristics and offered no view either in favour or against the proposal;
 - 18 indicated that there would be an adverse impact on people with protected characteristics but offered no view either in favour or against the proposal;
 - 4 did not express a view on whether there would be an adverse impact on people with protected characteristics and also offered no view either in favour or against the proposal
4. Having examined the free text of the three respondents who supported the proposal:
 - One expressed a view that a central service in the Uist and Barra Hospital would be more efficient and would make it easier to become registered with a dentist;
 - One believed that it would deliver a better clinical environment, reduce waiting times and improve recruitment.
 - One expressed a general view of support.



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5. Having examined the free text of the 94 who did not support the proposal:
 - There were ten comments that the consultation process was not sufficiently robust or open;
 - There were nine comments that the financial case is not compelling;
 - There were seventeen comments that expressed concern around community impact and population retention;
 - There were forty six comments that expressed concern around the accessibility of the proposed service;
 - There were fourteen comments that expressed concern about the impact on hospital services;
 - There were sixteen comments that expressed concern that the distance and cost of travel would act as a barrier or disincentive to treatment;
 - There were thirteen comments that expressed concern about the impact of a central service on older people or young children;
 - A host of other comments were variously expressed around: carbon footprint; continuity of care; service resilience; the outreach capacity; and the position of the local professionals.

6. In respect of how services are used by people:
 - 14% indicated that they visit the dentist less than once a year; 26% once a year; and 60% more than once a year;
 - 17% travel by public transport; 80% by private vehicle; 3% by taxi;
 - 10% rely on a neighbour or family member to provide the transport;
 - 42% indicated a preference for morning appointments; 42% for afternoon appointments; 10% for early evening; and 6% on weekends
 - 16% indicated that they would seek domiciliary care

7. In respect of the equalities obligations of the IJB, several respondents expressed a view that the proposal exhibited shortcomings in relation to supporting older people and infants (age), and disabled people.



Section 3. Impact Assessment

People or groups of people whose rights are specifically protected under the 2010 Equalities Act

1. Equality and Human Rights

Impact	Affected Populations
<p>Positive Domiciliary and outreach care will be expanded and targeted at those who have significant mobility problems. This will mean more tailored care and will avoid the need for travel.</p>	<p>Older People Disabled People Pregnancy and Maternity</p>
<p>Closer integration of dentistry within the wider NHS family by co-locating services within an integrated hub, thereby enhancing support arrangements</p>	<p>All people with protected characteristics</p>
<p>There will be an improved clinical environment, which will support the dental team to work more closely together and which will benefit from on-site facilities such as a Central Decontamination Unit and Radiography.</p>	<p>All people with protected characteristics</p>
<p>The new service will aim to improve the overall efficiency and through-put of patients, allowing more people to register with a dentist and reduce the number of people who are unable to access dental care on the island.</p>	<p>All people with protected characteristics</p>
<p>Negative The main negative impact is in relation to service access because the new service will be located further from the geographical extremities of the islands group, meaning some patients will have further to travel. Older people are more likely than the rest of the population to have mobility problems, and may also become frailer as older age progresses. Adults with disabilities may also experience mobility barriers. Some children may require longer periods out of school in order to attend appointments.</p>	<p>Older People Disabled People Pregnancy and Maternity Children</p>



2. Inequality

Impact	Affected Populations
<p>Positive Closer integration of dentistry within the wider NHS family by co-locating services within an integrated hub, thereby enhancing support arrangements and a one-stop-shop set-up. For example, a person could align a GP appointment and dental appointment and take a single trip.</p> <p>Aggregation of services within a single hub will better able us to support people who are culturally excluded through more effective signage and support arrangements</p> <p>Negative The main negative impact is in relation to service access because the new service will be located further from the geographical extremities of the islands group, meaning patients will have further to travel, potentially at greater personal expense. This could act as a disincentive to attend and generate poorer oral health outcomes.</p>	<p>Materially disadvantaged</p> <p>People who are culturally excluded</p> <p>Materially disadvantaged</p>



3. Environment, Economic and Community

Impact	Affected Populations
<p>Positive There will be a reduced carbon footprint from assets as a result of moving the three historical clinics into the integrated hub in the Uist and Barra Hospital.</p>	Wider community
<p>The redevelopment of the hub will bring or sustain employment in Uist, particularly in Balivanich/Benbecula which also hosts major services like the airport and the council's Uist headquarters.</p>	Working population
<p>Negative There will be an increased carbon footprint from a greater number of journeys from the geographical extremities of the islands group to Benbecula.</p>	Wider community
<p>The migration of services to Benbecula could impact on the economic sustainability of communities like Lochmaddy and Lochboisdale if people choose to base themselves at a more central location in the island chain.</p>	Eriskay, Lochboisdale and surrounds
<p>Since the community has expressed its support for a three site service, the move to a central location could damage community relations</p>	Lochmaddy, Berneray, Solas and surrounds
	Wider community



Section 4. Mitigation

It is recommended that the following actions are taken to mitigate any disadvantage from the proposals:

1. It is recommended that NHS Western Isles develops a domiciliary care and outreach policy for dental services which details who is eligible for the service, the range of clinical interventions that will ordinarily be provided, the support that will be provided to qualifying patients who nonetheless require treatment in the central hub, and how the policy will be communicated.
2. It is recommended that NHS Western Isles continues to work closely with local schools to promote oral health strategies like Childsmile and to ensure that outreach programmes are used to ensure educational disruption is minimised.
3. It is recommended that NHS Western Isles promotes subsidised travel schemes as part of the implementation of the new service arrangements (e.g. Scottish Government subsidy of bus travel for older people and Comhairle-subsidised community transport options delivered by Tagsa Uibhist).
4. It is recommended that within service delivery arrangements, patient scheduling is aligned with public transport times, to ensure that those travelling furthest for dental care are afforded appropriate flexibility.
5. It is recommended that low income families are considered within the aforementioned domiciliary care and outreach policy for dental services in order to mitigate against material disadvantage.
6. It is recommended that the Integration Joint Board continues to commit to community engagement processes and evaluates its wider community engagement activity by the end of 2018/19.

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