Improving Ophthalmology
Outpatient Services:

A consultation on the development of Ophthalmic Clinical Centres in Northern, Southern and South Eastern Local Commissioning Group/Trust areas

Consultation Document
&
Equality Impact Assessment

Consultation dates: 5th May – 5th August 2016
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Improving Ophthalmology Outpatient Services:
A consultation on the development of Ophthalmic Clinical Centres in the Northern, Southern and South Eastern Local Commissioning Group/Trust areas

About this consultation

We want health and social care provided by the Belfast Trust to be the best. We want to provide safe, efficient, high quality care that meets patients’ needs in the right location at the right time – and that’s what this document is about. We are aiming to offer higher standards of care through the reshaping of our services. Any changes we make will only happen after we have listened to everyone’s views.

This paper represents a formal consultation on specific proposals for service change in Ophthalmology Outpatient Services. These proposals give more detail on how we might change these services for the better.

Ophthalmology is an important part of our work. Our Ophthalmology teams deal with a range of eye and vision difficulties, from glaucoma to cataracts and macular degeneration. We currently provide the majority of Ophthalmology services across Northern Ireland with outpatient services delivered to Northern, Southern and South Eastern Health and Social Care Local Commissioning Group (LCG)/Trust areas, as well as Belfast.

We are proposing that the outpatient services in the Northern, Southern and South Eastern Health and Social Care LCG/Trust areas are brought together into a smaller number of specialist Ophthalmic Clinical Centres. These enhanced centres of excellence will be able to offer a much wider range of Ophthalmology services for patients in the Northern, Southern and South Eastern LCG/Trust areas.

We want to do all of this to ensure patients get the best treatment possible, whilst continuing to provide a local service in the Northern, Southern and South Eastern LCG/Trust areas.

First we want to listen to you. I hope you will take the time to read this document and let us know your views on the proposals. We remain committed to making improvements and delivering the type of service you expect. Help us to get it right.

Jennifer Welsh
Director of Surgery and Specialist Services
Summary

1.0 We are consulting on proposals to change and modernise the way Ophthalmology Outpatient services are delivered by the Belfast Trust.

2.0 The Ophthalmology service in Belfast provides significant local and regional services. General services are located in two central locations – Royal Victoria Hospital and Mater Hospital, Belfast. Specialist regional services are all delivered in Belfast.

3.0 As well as delivering services within Belfast, the Belfast Trust Ophthalmology teams deliver outpatient services in the Northern, Southern and South Eastern Health and Social Care LCG/Trust geographic areas.

4.0 There are a number of limitations to the current model of care as resources are spread across multiple locations and services available often differ across sites. At those sites with limited diagnostic services, patients must return at alternative times for further appointments and tests, or end up travelling to Belfast.

5.0 This consultation paper sets out proposals to modernise the delivery of Ophthalmology outpatient services, currently delivered from 12 sites across the 3 Trust areas of Northern, Southern and South Eastern, through the development of Ophthalmic Clinical Centres (OCCs). These Centres would be located at 3 key locations within the Northern, Southern and South Eastern Trust areas and provide a wider range of services. Existing OP services at Lagan Valley Hospital would also be retained as part of the proposal. This change will offer ‘one-stop’ visits for patients through provision of enhanced, modern imaging and diagnostic capacity at the proposed OCCs, ensuring people see the right person, in the right place, at the right time.

6.0 The proposed locations for the new OCCs are the Health and Care Centre, Ballymena (Northern area), Banbridge Polyclinic (Southern area) and Downe Hospital (South Eastern area). The existing outpatient service would also be retained at Lagan Valley Hospital (Lisburn) as part of the proposals.

7.0 There are a range of benefits to the proposals. These include the following:
   - A wider range of services available at each Centre. Patients will no longer have to attend for multiple visits or travel to Belfast for some treatments.
- Local GP Access to urgent advice / appointment (Rapid Access Appointments) as clinics will be available on most days at the Centres.
- Choice of location of appointment.
- Delivering the service through OCCs will develop team working, and provide a higher, more consistent standard of care for patients.
- Training opportunities and personal development for medical, nursing, optometry and orthoptic staff will be enhanced.
- Reduced consultant travel time which can be converted into clinical time so more patients can be seen at OCC’s.

8.0 Pre-consultation with some patients has indicated general support for the development of a wider range of services locally, although access to transport to new locations has been raised as an important issue for patients and carers.

9.0 The Trust has produced this document to ensure that our staff, service users, carers and the wider public have an opportunity to provide their views on the new OCC model of service before final decisions are made. For ease of reference, the Trust has integrated the associated Equality Impact Assessment on the proposals to thoroughly assess any potential equality or human rights implications. This Equality Impact Assessment has been carried out in accordance with the Trusts statutory Section 75 duties of the Northern Ireland Act 1998 (please see appendix 2).

10.0 Thank you for taking the time to read this Consultation Paper and we welcome your comments. We look forward to shaping an improved model for the service with patients and other interested parties during this consultation.

**Formal consultation, publication and monitoring**

11.0 The public consultation on the proposed changes to Ophthalmology Outpatient Services delivered in the Northern, Southern and South Eastern LCG/Trust areas opens on 5th May 2016 and will close on 5th August 2016. Any group or individual wishing to participate is invited to obtain a copy of the consultation document from the Trust website, http://www.belfasttrust.hscni.net/ or from the Trust’s Equality Department.

12.0 Responses can be made using the questionnaire at the end of this document.
13.0 Before you submit your response, please read Appendix 4 regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

14.0 In the interests of accessibility this document can be made available in a range of alternative formats. For further information please contact:

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1. **Introduction**

1.1 The Belfast Trust is consulting on proposals to change and modernise the way Ophthalmology Outpatient services are delivered by the Trust in the Northern, Southern and South Eastern LCG/Trust areas.

1.2 Ophthalmology involves the detection, classification, investigation, treatment and ongoing management of eye diseases including, for example, cataracts, squints, glaucoma, diabetic retinopathy, retinal detachment, age related macular degeneration and inherited diseases of the eye.

1.3 The Belfast Trust provides a significant range of Ophthalmology Outpatient and Treatment services for the Belfast, Northern, Southern and South Eastern Local Commissioning Group/Trust population areas.

1.4 Belfast Trust general Ophthalmology services are located in two central locations – Royal Victoria Hospital and Mater Hospital, Belfast. Regional specialist services are delivered from 3 further sites in Belfast - Beech Hall, Shankill Health and Wellbeing Treatment Centre and Fairview.

1.5 As well as delivering services within Belfast, the Belfast Trust Ophthalmology teams deliver outpatient services in the Northern, Southern and South Eastern Health and Social Care Trusts geographic areas. Daycase services are also provided in the Southern (South Tyrone Hospital) and South Eastern Trust areas (Lagan Valley and Downe Hospitals). N.B. This paper only relates to Outpatient services with no change proposed to the current daycase services.

1.6 Currently Ophthalmology Outpatient services are delivered from 12 sites in total within the Northern, Southern and South Eastern, LCG/Trust geographic areas.

1.7 There are a number of limitations to the current model of care as resources are spread across multiple locations and services available often differ across sites. At those sites with limited diagnostic services, patients must return at alternative times for further appointments and tests, or travel to Belfast for ongoing care and treatment.

1.8 This consultation document provides a summary of:

- The current arrangements for the delivery of Ophthalmology Outpatient services in the Northern, Southern and South Eastern LCG/Trust geographic areas
- Limitations associated with the current model of outpatient service delivery in these areas.
- Issues influencing need for change to the current model of service delivery.
- Equality, human rights and disability assessment and potential implications.
- How the Belfast Trust proposes to modernise and organise Ophthalmology Outpatient services to enable the development of OCCs within the Northern, Southern and South Eastern LCG/Trust areas supported by a wider range of diagnostic services available locally.

1.9 The direction proposed by the Belfast Trust has been informed by feedback from service users currently receiving services at service locations within the Northern, Southern and South Eastern LCG/Trust areas.

2. How are Ophthalmology Outpatient Services currently delivered in the Northern, Southern and South Eastern LCG/Trust areas?

2.1 Current service

The Belfast Health and Social Care Trust currently provides Consultant-led General Ophthalmology outpatient services to 3 other Health and Social Care LCG/Trust areas (Northern, Southern and South Eastern). Diagram 1 details the current locations of these Ophthalmology clinics.
Diagram 1: Current Ophthalmology Outpatient Locations

Key:
Current Ophthalmology Outpatient Clinics locations in the Northern, Southern and South Eastern LCG/Trust areas:

1. Health and Care Centre, Ballymena
2. Moyle Hospital, Larne
3. Antrim Area Hospital, Antrim
4. Bangor Hospital, Bangor
5. Ards Hospital, Newtownards
6. Ulster Hospital, Dundonald
7. Lagan Valley Hospital, Lisburn
8. Downe Hospital, Downpatrick
9. Daisy Hill Hospital, Newry
10. Craigavon Area Hospital, Craigavon
11. Armagh City Hospital
12. South Tyrone Hospital, Dungannon

Belfast Trust Clinics are also referenced as follows:
a. Royal Victoria Hospital, Belfast
b. Mater Hospital, Belfast
c. Beech Hall Health and Wellbeing Centre, Belfast – specialist services only
d. Shankill Health and Wellbeing Centre, Belfast – specialist services only
e. Fairview II, Mater Hospital site, Belfast – specialist services only
2.2 Limitations associated with the current outpatient service model delivered in the Northern, Southern and South Eastern LCG/Trust geographic areas

There are a number of limitations associated with the current outpatient service model provided in the Northern, Southern and South Eastern LCG/Trust geographic areas. These are summarised below:

- Within current clinics, assessments and diagnostics are limited to:
  - Consultation ophthalmic examination, previous medical and ophthalmic history etc.
  - Visual acuity assessment
  - Slit lamp examination
  - Ophthalmoscopy
  - Colour vision assessment
  - Intraocular pressure (Goldmann and/or Icare tonometer).

- Some diagnostics (e.g. visual fields (VF) paediatric refraction) can be carried out within the 12 local hospitals and community settings across areas, but usually require patients to attend a separate appointment at another time to the Consultant-led clinic, due to the lack of suitable clinical accommodation for the equipment and staffing resources. A follow up visit is then required for review of results.

- As Ophthalmology services and treatments become more specialised it has become increasingly difficult to deliver the full range of services required across 12 sites. The clinics do not currently provide the full range of imaging and diagnostic tests expected at a modern outpatient clinic, often necessitating onward referral of patients to central Ophthalmology outpatients at the Belfast Trust. This results in additional attendances and further travel for patients to receive tests and some treatments required. As a consequence of the above, service provision is inequitable across 12 sites where Ophthalmology Outpatient services are currently provided.

- In recent years there have been a number of important clinical advances in the treatment of ophthalmic conditions. **Colour fundus photography** and **optical coherence tomography (eye scans)** are now recognised key imaging techniques widely used in the diagnosis and management of many ophthalmic conditions, in particular, macular diseases such as wet age-related macular degeneration, retinal venous occlusion and diabetic macular oedema. Patients with these conditions are currently routinely referred to specialist services in Belfast for assessment, diagnosis and treatment. These treatments are often required on a monthly basis which necessitates frequent visits. These
cannot be delivered at the 12 outreach clinics because the specialist equipment and staffing resources cannot be spread across multiples sites. (The Downe Hospital is currently the only site which is currently able to carry out colour fundus photography and OCT diagnostics). Specialist macular treatment services are not available at present at any OP clinic in the Northern, Southern and South Eastern LCG/Trust areas, as again resources to facilitate local delivery could not be spread across 12 sites.

2.3 Consultant time spent on travel

At present Belfast Trust Consultant staff can spend up to 38 hours per week of their working time travelling to clinics in the Northern, Southern and South Eastern LCG/Trust geographic areas. Some clinics are time constrained at locations due to travel requirements, meaning fewer patients can be seen. Some consultant travel time could be reduced and redirected to clinical work and time spent with patients, if the number of outreach locations were reduced. It is estimated that around 20% of consultant time could be redirected from travel time to time spent seeing patients if the changes proposed are implemented.

For example every 4 hours per week redirected from travel to clinical practice, around 600 patient appointments per annum could be made available at outpatient clinics, or around 800 patients could be diagnosed if this time involved remote assessment of imaging results obtained at OCC.

3. What influences the changes required in current services?

3.1 The changes proposed in this paper have been influenced by the following:

- The Belfast Trust’s aims to place safety and quality at the centre of all services that we deliver.

- Best practice models from other areas. e.g. The model of specialist centres for services linked to outpatient centre locations has been implemented in Moorfields Eye Hospital NHS Foundation Trust with success. A leading provider in eye health services in the UK, Moorfields has delivered a balanced and responsive network of services including a central London base with district hubs in local community based facilities. The proposals in this paper are similar to that developed by Moorfields for a central specialist base in Belfast, with a wider range of local services in OCC locations outside of Belfast.
There is an opportunity for the delivery of some new and emerging specialist Ophthalmology services outside of Belfast. These could be delivered in the OCCs providing more local services to patients in the Southern, South Eastern and Northern areas, meaning patients will no longer have to travel to Belfast to access such services.

Feedback from service users - to inform this consultation paper the Trust has carried out some interviews with patients attending clinics in the Southern, South Eastern and Northern areas. Meetings were also held with service user groups (Royal National Institute for the Blind: 5 different meetings held in Cookstown, Ballymena, Portadown, Bangor and Lisburn, SHSCT Vision Forum and NHSCT Disability Consultation Panel). In summary service users have indicated:

- Support for the development of a wider range of Ophthalmology outpatient services to be delivered in local areas.
- Support for service developments which would enable patients to receive a service in their local area rather than being referred to Belfast.
- Support for the development of a one stop shop model of service.
- An understanding that to develop a wider range of local services some people may have to travel to a central location in their area. Availability of public transport to sites and car parking were however raised as an issue.

4. Our View of how Ophthalmology Outpatient Services could be delivered in the future

4.1 To enable the Trust to take forward the development of Ophthalmology outpatient services, it is proposed that the majority of the current clinics delivered across the South Eastern, Southern and Northern LCG/Trust areas are centralised into 3 key locations. By bringing together resources into the OCCs a wider range of services will be able to be delivered in the LCG/Trust areas. These locations will provide fully equipped and versatile outpatient and imaging centres known as Ophthalmic Clinical Centres (OCCs). It is also proposed that the existing Outpatient service at Lagan Valley Hospital is retained with the potential to develop into an OCC in the future.

4.2 The below map identifies the proposed local Trust sites locations suitable for the development of an OCC identified in partnership with the Local Commissioning Group's and Trusts.
Diagram 2: Proposed. Ophthalmic Clinical Centres locations

4.3 The proposed sites for the development of Ophthalmic Clinical Centres have been identified for the following reasons:

- Sites are within the local LCG/Trust area.

- Some of the existing outpatient services in the local Trust areas are already delivered at 3 of the 4 locations (including LVH) providing a basis for further development of the service on the sites.

- Locations have available suitable enhanced clinical accommodation to enable the expansion and development of a wider range of services for the local LCG/Trust areas across 5 days per week.
4.4 The new Ophthalmic Clinical centre locations and changes associated with current services in each local Trust area are summarised below:

- **Northern area; Ophthalmic Clinical Centre HEALTH AND CARE CENTRE, BALLYMENA.** Clinics (5 per week plus 1 per fortnight) currently provided across Ballymena, Larne and Antrim Area Hospital sites would be centralised to the Braid Valley Hospital site.

- **Southern area: Ophthalmic Clinical Centre BANBRIDGE POLYCLINIC site.** Clinics (12 per week) currently provided across Daisy Hill Hospital, Craigavon Area Hospital, South Tyrone Hospital and Armagh sites would be centralised to the Banbridge site.

  The Southern Health and Social Care LCG and the Western Health and Social Care Trust are planning for Ophthalmology OP services to be further developed in Omagh so that the service in Omagh will be available for patients who currently may attend Dungannon. The Belfast Trust will retain the existing OP service at Dungannon until the service in Omagh is available for Southern area patients. It is planned that patients currently attending Dungannon Ophthalmology Outpatient clinics will have the opportunity to receive a service in Omagh or through one of the clinics delivered by the Belfast Trust, including the Ophthalmic Clinical Centre at Banbridge.

- **South Eastern area: Ophthalmic Clinical Centre DOWNE HOSPITAL site.** Clinics (9 per week) currently provided across Downe Hospital, Ards Hospital, Ulster Hospital and Bangor Hospital sites would be centralised to the Downe Hospital site.

  The Belfast Trust is also proposing to continue with the existing service provision at the Lagan Valley Hospital site. Currently outpatient services are already available Monday to Friday at LVH. Consultant/Associate Specialist and a specialist doctor/clinical nurse service are available across 5 days/week. The Trust currently delivers daycase surgery in LVH and the site provides an alternative location for some patients given the central location of Lisburn. Given the volume of OP clinics already delivered 5 days/week at LVH the Trust believes there is the opportunity to develop the OCC model at LVH in the future. The retention of the service at LVH offers some flexibility in choice of appointment location for patients from all areas, with Lisburn facilitating good access to road networks and therefore the Trust is of the view that services at the site should be retained.
5. **Benefits of the Proposed Ophthalmic Clinical Centre Model**

5.1 There are a range of benefits for patients associated with the development of the proposed OCC Model. These are:

5.2 The services available at each Centre will be enhanced to include a wider range of diagnostic tests e.g.:

- visual fields (VF) (delivered alongside the consultant clinic)
- colour fundus photography (new service not currently available in most sites, exception is the Downe).
- optical coherence tomography (OCT) (new service not currently available in most sites, exception is the Downe).

5.3 Specialist services (e.g. Macular) will be developed at the OCCs with a multidisciplinary team from Belfast outreaching to the OCCs on a weekly basis, enabling some patients to attend locally for investigations and treatment services that are currently only delivered in Belfast.

5.4 By providing more services at the OCC with more “one-stop” clinic visits patients will require fewer review attendance visits and it will reduce the number of onward referrals of patients having to travel to the central outpatient services at Belfast.

5.5 Telemedicine will be further developed through the use of ICT to link the OCC to the specialist centre in Belfast, enabling images to be sent and viewed in real time. This will reduce the requirement for patients to have to travel to Belfast for specialist treatment.

5.6 Reduced consultant travel time will be converted into clinical time so more patients can be seen at OCC's.

5.7 Local GP Access to emergency advice will be available. Currently patients who require access to an emergency Eye Casualty service have to travel to the Royal Victoria Hospital in Belfast. Each of the OCCs will have clinics on each day and this will allow local GP’s to access a consultant at short notice for appropriate emergency / urgent appointments.

5.8 Choice of location of appointment will be available. Currently patients are usually booked to an Outpatient clinic in the Trust area to which the referral has been sent. Through the development of OCCs it is proposed to introduce a centralised booking process for all Ophthalmology Outpatient clinics delivered by the Belfast Trust. This will provide greater equity in waiting times and choice for patients in terms of outpatient attendance location. (Patients will be able to choose if they want an appointment at
their local OCC or in another location if it is more convenient e.g. because of where they work).

5.9 For staff the proposed model will provide a dynamic and modern Ophthalmology service to work within. Training opportunities and personal development for medical, nursing, optometry and orthoptic staff will be enhanced as staff will have the opportunity to assess and treat the full range of Ophthalmology conditions that will be provided in one location, with more opportunities for shared learning and enhancement of skills. Discussions with clinical staff have indicated support for the proposals outlined.

5.10 Delivering the service from one location will develop team working and provide a higher, more consistent standard of care for patients. The service will also be more efficient with staff having the opportunity to work more easily together in a smaller number of locations.

5.11 The proposed changes will not result in longer waiting times for appointments for patients in any of the areas. The Trust appreciates however that for some patients there will be a longer travel distance to the proposed service locations. Direct public transport routes are available from a number of the current clinic locations to the proposed service locations. The availability of a wider range of services in the Ophthalmic Clinical Centre locations should be more convenient for patients as they will require fewer return visits and/ or onward referral to Belfast.
Below are some examples of how the patient pathway can be improved through the development of the OCC’s

Example 1: Diagnosis and treatment of patient with suspected diabetic macular oedema (DMO) (Sarah)

**Current Pathway**

Sarah regularly attends Ophthalmology Outpatients, Daisy Hill Hospital, Newry for monitoring and management of diabetic eye disease. Following a recent review appointment Consultant wants to investigate if Sarah has developed diabetic macular oedema.

To confirm diagnosis patient requires Optical Coherence Tomography (OCT) scanning which is not available at Daisy Hill Hospital.

Consultant refers Sarah to Royal Victoria Hospital to request OCT scan.

Sarah attends the Royal Victoria Hospital (75 miles round trip) for OCT Scan. Scan identifies Sarah does not have diabetic macular oedema.

This pathway required Sarah to travel to a specialist centre in Belfast before diagnosis could be completed. If an OCT could have been carried out at Sarah’s review appointment at Daisy Hill Hospital the diagnosis could have been made then and there avoiding unnecessary referral to Belfast. This pathway reveals additional travel and inconvenience for Sarah.

**Future Pathway with Ophthalmic Clinical Centre in place**

Sarah attends local Trust area OCC for Ophthalmology Outpatient review. Sarah requires OCT and this is carried out at the clinic.

Sarah is not diagnosed with DMO and can continue to attend local Trust area OCC for ongoing regular review.

In this pathway, Sarah does not have to attend multiple times for diagnosis and does not need to attend a specialist centre in Belfast for ongoing review, but can be reviewed locally. Through enhancement of diagnostic capabilities in local Trust area OCC and promotion of a ‘one-stop’ visit for initial consultation, testing and ongoing review; Sarah’s pathway is streamlined.
Example 2: **Patient with stable wet age-related macular oedema (wAMD) (Paul)**

**Current Pathway**

Paul living in Ballymena regularly attends the specialist Macular Service, Mater Hospital, Belfast for monitoring of wAMD on a monthly basis.

Paul has OCT scans, visions and other diagnostic tests carried out at each attendance in Belfast to monitor disease progression.

At the most recent review appointment Consultant reviews diagnostics and confirms that Paul’s wAMD is stable and patient does not require treatment with anti-vegf injection.

A further monthly review appointment is arranged for patient at the Macular Service in Belfast.

Paul’s pathway involves multiple travel to Belfast in order for patient to be reviewed at the Macular Service.

**Future pathway with Ophthalmic Clinical Centre in place**

Paul attends local Trust area OCC for Ophthalmology Outpatient clinic and has full range of imaging carried out.

Images are read live at the Macular Service, Belfast and wAMD is stable so no treatment required.

Future imaging clinic appointment arranged at local Trust area OCC.

Paul’s pathway involves attending the OCC, avoiding travel to Belfast.
The table below summarizes the range of services currently available at the 12 Ophthalmology Outpatient Clinics in the Northern, Southern and South Eastern Trust areas and the wider range of services that will be developed at the Ophthalmic Clinical Centres.

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<th>Ophthalmic Clinical Centres – Additional services which will be available</th>
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<td>• Medical examination &amp; assessment</td>
<td>All of the current services &amp; the following additional services will be provided, including:</td>
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<tr>
<td>• Slit lamp examination</td>
<td>• Visual fields (VF) alongside consultant clinic</td>
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<tr>
<td>• Ophthalmoscopy</td>
<td>• Colour fundus photography</td>
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<td>• Visual acuity</td>
<td>• Optical coherence tomography (OCT)</td>
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<tr>
<td>• Colour vision assessment</td>
<td>• Specialist macular services</td>
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<tr>
<td>• Intraocular pressure (Goldmann and/or Icare tonometer)</td>
<td>• Tel medicine links to the specialist Belfast centre (images sent and read in real time)</td>
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<td>• One stop clinics</td>
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<td>• Rapid access appointments for GP’s, Primary Care Optometrists and patients</td>
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<td>• Appointments service providing choice of clinic appointment location.</td>
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6. **Equality Considerations**

6.1 The Equality Impact Assessment Document is attached at Appendix 2.

7. **Draft Timescale**

7.1 If the proposals in the document are accepted it is envisaged that the development of the OCCs would commence during 2016/17. The change would be managed on a phased basis over a 6-12 month timescale.
## Appendix 1: Project Team Membership

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<tr>
<td>Julie Silvestri</td>
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<td>Caroline Leonard</td>
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<td>Sandra McCary</td>
<td>Senior Manager Community Development and PPI</td>
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<td>Veronica McEneaney</td>
<td>Equality Manager</td>
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<td>Stephanie Read</td>
<td>HR representative</td>
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<tr>
<td>Alan Marsden</td>
<td>HSCB Commissioner</td>
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<td>Denise Lynd</td>
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<td>Consultant Ophthalmologist</td>
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<td>Jayne Best</td>
<td>Consultant Ophthalmologist</td>
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<td>Jane Hanley</td>
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<td>Brian Laughlin</td>
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Appendix 2: Equality Impact Assessment
An Equality Impact Assessment in regard to
A consultation on ‘The Development of Ophthalmic
Clinical Centres in Northern, Southern and South Eastern
Trust areas’

Consultation from: 5th May – 5th August 2016.
Availability in other formats

If you have any queries about this document, and its availability in alternative formats then please contact:

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1. **Introduction**

This Equality Impact Assessment (EQIA) has been prepared by Belfast Health and Social Care Trust (BHSCT) to assess the potential impact of the changes outlined within the Trust’s Consultation Document – ‘A consultation on ‘The Development of Ophthalmic Clinical Centres in Northern, Southern and South Eastern Trust areas’

An EQIA is an in-depth analysis of a proposal to determine the extent of the impact on equality of opportunity for the 9 equality categories under Section 75 of the Northern Ireland Act 1998 and on the disability duties contained in the Discrimination Act 1995 (as amended). The EQIA also considers the human rights impacts on the proposal for the Development of Ophthalmic Clinical Centres in Northern, Southern and South Eastern Trust areas’

1.1. **How to get involved?**

The Trust welcomes any comments which you may have in terms of the Equality Impact Assessment.

We are committed to improving the way we provide services for people and we need you to help us to do this. We believe that the people who use the service, their families, relatives, carers and communities and the staff who deliver the service are best placed to tell us what they think of the Trust’s proposals and we are keen to involve these groups specifically in the process. We would like to hear your views as they are very important to us. The views of our staff are equally important to us.

**Deadline for comments will be: 5th August 2016**

To facilitate comments please see Consultation and EQIA questions at the end of this document. Following consultation a summary report will be made available.

2. **Statutory Context**

There are three important areas of law which are considered relevant to and covered within this Equality Impact Assessment:

- Section 75 of the Northern Ireland Act 1998
- Disability Discrimination Act 1995 (as amended by Article 5 of the Disability Discrimination (NI) Order 2006
• Human Rights legislation.

These are now considered in detail:

2.1 Section 75 of NI Act 1998

Section 75 of the Northern Ireland Act 1998 requires each public authority, when carrying out its functions in relation to Northern Ireland, to have due regard to the need to promote equality of opportunity between nine categories of persons, namely:

• Between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation

• Between men and women generally

• Between persons with a disability and persons without; and

• Between persons with dependants and persons without.

Without prejudice to its obligations above, the public authority must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

Belfast Health and Social Care Trust submitted its revised Equality Scheme to the Equality Commission for Northern Ireland (ECNI) on 1st May 2011. The Scheme outlines how the Trust proposes to fulfil its statutory duties under Section 75 and will duly implement the requirements of the Revised Guidance for Public Authorities on Implementation of Section 75. The Trust’s Scheme was formally approved in October 2011 and henceforth, policies are screened to assess impact on the promotion of equality of opportunity or the duty to promote good relations using the following criteria:

• What is the likely impact on equality of opportunity for those affected by this Policy? (major / minor / none).

• Are there opportunities to better promote equality of opportunity?

• To what extent is the Policy likely to impact on good relations?

• Are there opportunities to better promote good relations?

Consideration is also given to the health and social inequality, disability discrimination and human right implications.
Further, the Trust gave a commitment to apply the above screening methodology to all policies and where necessary and appropriate to subject policies to further Equality Impact Assessment.

The Trust is fully committed to the promotion and safeguarding of Equality and Human Rights and will ensure the Equality and Human Rights implications are fully considered, assessed and incorporated as an integral part of this proposal and decision taken.

2.2 Disability Duties

Under section 49A of the Disability Discrimination Act 1995 (the ‘DDA 1995’), (as amended by Article 5 of the Disability Discrimination (Northern Ireland) Order 2006), Belfast Trust, when carrying out its functions must have due regard to the need to:

- Promote positive attitudes towards disabled people; and
- Encourage participation by disabled people in public life.

These ‘Disability Duties’ are a recognition of disabled people not having the same opportunities or choices as non-disabled people. Such limitations are often due to the attitudinal and environmental factors (such as the way in which services are designed or delivered), rather than limitations arising from a disabled person’s disability.

2.3 Human Rights

The Trust is committed to the safeguarding and promotion of Human Rights in all aspects of its work. The Human Rights Act gives effect in UK Law to the European Convention on Human Rights and requires legislation to be integrated, so far as possible in a way that is compatible with the Convention rights and makes it unlawful for a public body to act incompatibly with the convention rights. Where a public authority has assumed responsibility for the welfare and safety of individuals, there is a particular duty to guarantee human rights

The Trust will make every effort to ensure that respect for human rights, is part of its day to day work and is incorporated and reflected as an integral part of its actions and decision making process. The Trust will keep human rights considerations and relevant legislation and previous judicial reviews at the core of any decisions or considerations.

The Trust is committed to upholding the principles of the UN Convention on the Rights of Persons with Disability which seeks to promote, protect and
ensure full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity.

The Trust is also mindful of the need to comply with international human rights instruments:

- International Covenant on Civil and Political Rights
- International Covenant on Economic, Social and Cultural Rights
- International Convention on the Elimination of All Forms of Racial Discrimination
- Convention on the Elimination of All Forms of Discrimination against Women
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment.

In addition to these, there are European-level treaties including:

- European Convention on Human Rights
- European Social Charter
- Charter of Fundamental Rights of the European Union.

3. **The Equality Impact Assessment Process**

An Equality Impact Assessment (EQIA) is a thorough and systematic analysis of a policy, whether that policy is written or unwritten, formal or informal and is carried out in accordance with the section in the Guide to the Statutory Duties.

Whilst an EQIA must address all 9 Section 75 categories, it does not need afford equal emphasis to each throughout the process – rather the EQIA must be responsive to emerging issues and concentrate on priorities accordingly.

An EQIA should determine the extent of differential impact upon the relevant groups and in turn establish if the impact is adverse. If so, then the public authority must consider alternative policies to better achieve equality of opportunity or measures to mitigate the adverse impact.
This current EQIA shall follow seven separate elements as outlined in the Equality Commission’s guide to Statutory Duties:

The Trust believes it is appropriate in this instance to conduct a full EQIA in order to fully assess the equality and human rights implications of this proposal. In so doing the Trust has adhered to the ECNI guidelines in conducting this EQIA. Key Stage 1 of ‘defining the policy’ is covered in detail in the consultation document. This EQIA goes on to cover stages 2 to 5. Stages 6 and 7 will be completed at the end of the consultative process.

Table 1: ECNI Guidelines in conducting an EQIA:

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<td>Key Stage 2</td>
<td>Consideration of available data and research</td>
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<td>Key Stage 3</td>
<td>Assessment of impacts</td>
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<td>Key Stage 4</td>
<td>Consideration of measures that might mitigate any adverse impact and alternative policies which might better achieve the promotion of equality of opportunity</td>
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<td>Key Stage 6</td>
<td>Decision/recommendation by the Public Authority and publication of report on Results of Equality Impact Assessment</td>
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<td>Key Stage 7</td>
<td>Monitoring for adverse impact in the future and publication of the results of such monitoring</td>
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4. **Consideration of available data and research**

In keeping with the Equality Commission for Northern Ireland Guide to the Statutory Duties and EQIA Guidelines, quantitative and qualitative data has been drawn from a number of sources. The following data sources were used to inform this Equality Impact Assessment.

4.1 **Strategic Data Sources**

4.1.0 **DHSSPSNI Budget 2015/16**

4.1.1 **DHSS- Change or Withdrawal of Services: Revised Guidance on Roles and Responsibilities DHSSPS November 2014**

4.1.2 **ECNI Guide on Section 75 and Budgets**
4.1.3 ECNI Guidance on the Disability Duties

4.1.4 Promoting Positive Attitudes and Encouraging the Participation of Disabled People in Public Life

4.2 Local Data Sources

4.2.1 Consultation on Ophthalmology Services 2010.

4.2.2 “The Belfast Way”: A vision of excellence in Health and Social Care.

4.2.3 “New Directions”: A conversation on the future delivery of Health and Social Care Services for Belfast.

4.2.4 Emerging Themes - Section 75 Inequalities Audit.

4.2.5 Belfast Trust’s Organisational Management of Change Framework

4.2.6 Corporate Plan 2013-2016

4.2.7 Equality Scheme which incorporates the Trusts Human Rights obligations and disability duties.

4.2.8 Not Just Health: Strategy to tackle inequalities
Figure 1: Key N.I. Population Statistics:

**Political Opinion:**
- 48.3% broadly Unionist
- 45.4% broadly Nationalist
- 2.3% Other
- 4.0% Unknown

**Disability:**
- No: 69%
- Yes: 21%
- N/A: 10%

**Age:**
- 43% of the population are aged over 45+

**Sexual Orientation:**
- 6 – 10% are LGB

**Gender:**
- Female: 51%
- Male: 49%

**Marital Status:**
- Married: 47%
- Single: 36%
- Same Sex Civil Partnership: 0.1%
- Separated: 4.0%
- Divorced: 5.5%
- Widowed: 6.8%

**Ethnicity:**
- BME: 1.8%
- White: 98.21%

**Dependents:**
- Male Carers: 36%
- Female Carers: 64%

**Religion:**
- Catholic: 41%
- Protestant: 42%
- Not Known: 17%
Accurate figures on the number of transgender people are not currently available. McBride (2011) ‘Healthcare Issues for Transgender People Living in Northern Ireland’ estimates that the number of people who say they are transgender in Northern Ireland is 8 per 100,000 (120) people (aged 16 and over). This equates to 0.06% of the total population. There is a higher proportion of male to female transitions.
The statistics regarding gender of service users illustrate that 53% service users are female and 47% are male reflecting a similarity to the overall gender statistics for Northern Ireland (51%:49%).
The majority (60% or 5429) of service users affected by the proposal are aged 65+. This statistic is disproportionate in comparison with the overall population, of which 18% are aged 65+.

**Figure 7: Marital Statistics: General population of Northern Ireland**
The marital status of the majority of service users is not known (44%). Of those service users whose marital status is known, the majority (40%) are married or in a civil partnership which is in proportion to the overall population statistics. There is however, a disparity with the percentage of those who are single within the general population (36%) in contrast with the percentage of those who are single amongst Ophthalmalic service users (16%).

Figure 9: Religion: Statistics General population of Northern Ireland

Map of religion or religion brought up in from the 2011 census in Northern Ireland. Stronger blue indicates a higher proportion of Catholics. Stronger red indicates a higher proportion of Protestants.
The religious denomination of service users is not routinely collected. Using Census 2011 statistics on religion for the overall population above, it may be assumed that the majority of those affected by the proposal will be either from the Protestant or Roman Catholic religions.

**Figure 11: Political Opinion: Statistics General Population Northern Ireland**

Political opinion of service users is not routinely gathered. Historically there tended to be a correlation between religious belief and political opinion – however it can be viewed as a relatively tenuous association. In the absence of the political opinion of service users, the Trust has considered the Assembly Election 2011 figures as a proxy.

**Figure 12: 2011 Assembly Election Results**

<table>
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<tr>
<th>Party</th>
<th>Vote Share</th>
<th>Seats Won</th>
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<tbody>
<tr>
<td>Sinn Fein</td>
<td>26.9%</td>
<td>29</td>
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<tr>
<td>SDLP</td>
<td>14.2%</td>
<td>14</td>
</tr>
<tr>
<td>Others</td>
<td>7.9%</td>
<td>3</td>
</tr>
<tr>
<td>Alliance</td>
<td>7.7%</td>
<td>8</td>
</tr>
<tr>
<td>UUP</td>
<td>13.2%</td>
<td>16</td>
</tr>
<tr>
<td>DUP</td>
<td>30.0%</td>
<td>38</td>
</tr>
</tbody>
</table>

Political opinion of service users is not routinely gathered. Historically there tended to be a correlation between religious belief and political opinion – however it can be viewed as a relatively tenuous association. In the absence of the political opinion of service users, the Trust has considered the Assembly Election 2011 figures as a proxy.
The dependent status of service users is not routinely collected. Given that age of the majority of service users affected and the nature of the service affected, it is possible that some service users may be dependent on carers.

NB: 12% of usually resident population provide unpaid care. 1 in every 8 adults is a Carer. One quarter of all Carers provide over 50 hours of care per week. People providing high levels of care are twice as likely to be permanently sick or disabled as the average person.
The disability status of service users is not known. In the overall population 21% of the population have a disability.

In 2014/15, 61% of those aged 65-74, reported a long standing illness, compared with 69% of those aged 75 and over 47% of those aged 45-64 and 25% of those in the 16-44 age bracket. (Source: Department of Health, Social Services and Public Safety, Health Survey Northern Ireland, 2012/13 to 2014/15).

Figure 16: Ethnicity Statistics: General Population of Northern Ireland
The ethnicity of service users is not known. Census 2011 statistics for Northern Ireland show that 1.8 of the population are from a black or minority ethnic background.

The main minority ethnic groups were Chinese (6,300 people), Indian (6,200), Mixed (6,000) and Other Asian (5,000), each accounting for around 0.3 per cent of the usually resident population. A further 0.1 per cent (1,300) of people were Irish Travellers. Belfast (3.6 per cent), Castlereagh (2.9 per cent) and Dungannon (2.5 per cent) had the highest proportions of residents from minority ethnic groups (Table KS201NI).

Census 2011)

The proportion of the usually resident population born outside Northern Ireland rose from 9.0 per cent (151,000) in April 2001 to 11 per cent (202,000) in March 2011. This change was largely as a result of inward migration by people born in the 12 countries which have joined the European Union (EU) since 2004. These EU accession countries accounted for 2.0 per cent (35,700) of people usually resident in Northern Ireland on Census Day 2011, while their share of the 2001 Census population was 0.1 per cent (Table KS204NI).

In 2011, the LGDs with the highest proportions of people born in EU accession countries were Dungannon (6.8 per cent), Craigavon (4.2 per cent), Newry & Mourne (3.5 per cent), Armagh (3.2 per cent) and Ballymena (3.1 per cent). At 2.6 per cent, Dungannon also had one of the highest prevalence rates for people born outside the EU, along with Belfast (3.7 per cent), Castlereagh (2.8 per cent) and North Down (2.6 per cent).
Between April 2015 - March 2016, Belfast Trust staff requested a professional interpreter on 26,514 occasions from the Northern Ireland Health and Social Care Interpreting Service. This was in addition to 4,802 telephone interpreting sessions.
The sexual orientation of service users is not routinely collected. It is estimated that between 6 – 10 % of the population identify as lesbian, gay, bisexual.

Overall regional statistics for Northern Ireland show that the majority of service users, (accessing those Ophthalmology Clinics affected by the proposal), access the Lagan Valley Hospital.
BT postcode area map below, showing postcode districts in red and post towns in grey text, with link to nearby PA postcode area.

**Figure 21: BT Postcode Area Map:**

![BT Postcode Area Map](image)

**Table 3: Service users Postcodes and Hospitals Attended**

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</table>

<table>
<thead>
<tr>
<th>List of Postcodes of service users covering the following hospitals: Armagh, Craigavon, Daisy Hill, South Tyrone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BT:</strong> 15, 20, 25, 27, 28, 31-35, 38, 45, 48, 60-71, 75-80</td>
</tr>
<tr>
<td>2: not known</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>List of Postcodes of services users covering the following hospitals: Antrim, Moyle, Waveney</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BT:</strong> 4, 6, 9, 14-15, 17, 21, 29-30, 36-46, 51-53, 56, 66-67, 71, 80</td>
</tr>
<tr>
<td>1: not known</td>
</tr>
</tbody>
</table>
Statistics for patients that attend Macular specialties show 18,000 attendances per year at Belfast Hospitals from SHSST / SET / NHSST Trusts. It is estimated that as a result of the proposal 40/50% of these patients will be able to access these services locally.

Table 4: Ophthalmology Outreach Sites Affected by Proposed Changes– Public Transport and Distance

<table>
<thead>
<tr>
<th>LCG AREA</th>
<th>From</th>
<th>To</th>
<th>Car Mileage</th>
<th>Direct Bus Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOUTHERN</td>
<td>Craigavon</td>
<td>Banbridge</td>
<td>11.6</td>
<td>Transfer in Portadown</td>
</tr>
<tr>
<td></td>
<td>Dungannon</td>
<td>Omagh</td>
<td>32.6</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Banbridge</td>
<td>28.2</td>
<td>Transfer in Portadown</td>
</tr>
<tr>
<td></td>
<td>Armagh</td>
<td>Banbridge</td>
<td>18.3</td>
<td>Transfer in Newry</td>
</tr>
<tr>
<td></td>
<td>Newry</td>
<td>Downe</td>
<td>32.5</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Banbridge</td>
<td>20.0</td>
<td>Yes</td>
</tr>
<tr>
<td>SOUTHERN</td>
<td>Newtownards</td>
<td>Belfast</td>
<td>10.5</td>
<td>Yes</td>
</tr>
<tr>
<td>EASTERN</td>
<td></td>
<td>Downpatrick</td>
<td>25.1</td>
<td>Transfer in Belfast</td>
</tr>
<tr>
<td></td>
<td>Bangor</td>
<td>Belfast</td>
<td>15.3</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Downpatrick</td>
<td>28.2</td>
<td>Transfer in Belfast</td>
</tr>
<tr>
<td></td>
<td>Dundonald (UHD)</td>
<td>Belfast</td>
<td>7.0</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Downpatrick</td>
<td>22.7</td>
<td>Transfer in Belfast</td>
</tr>
<tr>
<td>NORTHERN</td>
<td>Antrim</td>
<td>Ballymena</td>
<td>11.1</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Larne</td>
<td>Ballymena</td>
<td>20.9</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Belfast</td>
<td>23.6</td>
<td>Yes</td>
</tr>
</tbody>
</table>

For further information on transport and support services, please see Section 6 of this document.
4.2.9 Multiple Identities

Belfast Trust fully acknowledges that people can belong to several equality groups and thus have multiple identities. This EQIA will be cognisant of the multiple identities of service users affected in the assessment of the proposal. Older people more likely to have sight loss or need of ophthalmology.

4.2.10 Health and Social Inequalities

The Trust is mindful that we provide services for Users from some of the most deprived areas in Northern Ireland:

**Figure 23:**

*Map Northern Ireland Multiple Deprivation Measure 2010 (SOAs)*

Some areas affected by the proposal include Craigavon and Lisburn which are in the top 30 most deprived areas in Northern Ireland. This information will form part of the assessment of impact in this proposal.
5. **Consideration of Adverse Impacts**

5.1 **Scope**

The scope of this Equality Impact Assessment focuses on the:

- Current Service Users
- Staff.

5.2 **Equality Screening Outcome**

This proposal was screened in for a full Equality Impact Assessment. It was determined that a full Equality Impact Assessment was necessary for the following reasons: there may be potential equality impacts that are unknown and an EQIA would enable wider and more meaningful consultation that would allow a more thorough assessment of impact.

Due to the potential for adverse impact on older people aged 65 plus, the nature of the proposal and the age group affected, it is probable that a high number of those affected may have a disability either related to the service provided or an age related illness. An EQIA will offer the opportunity to explore evidence and ensure that the needs of the service users and staff are identified and appropriately addressed.

5.3 **Assessment of Impact**

5.3.1 **Age**

General population statistics for Northern Ireland show higher numbers of the population are aged between 0-14 (19%) and 65 plus (19%). In comparison, statistics for service users affected by this proposal, however, show a smaller proportion of service users aged between 0-15 (11%) and a disproportionately high number of service users aged 65 plus (67%) will potentially be affected by the proposal. Due to the high numbers of service users that are aged 65+, it is probable that a high proportion of service users may have a disability and by the nature of the service, many service users may have partial or complete sight loss.

5.3.2 **Gender**

Statistics on service users affected by this proposal in relation to gender show a relatively equal amount of men (47%) and women (53%) will be
affected. These figures are similar to the general population in Northern Ireland which show that 49% are male and 51% female. On the basis of the information available there is nothing to suggest that the proposal would have an adverse impact with regard to gender.

5.3.3 Disability

Within the general population in Northern Ireland 21% have a disability. Whilst figures on disability status are not available for service users it is probable, by virtue of the service provided, a high proportion of those potentially impacted by the proposal will have a visual disability. And indeed that given the prevalence of service users who are older than 65, it is likely that they may have other disabilities.

This EQIA is aimed at assessing and exploring the possibility of an adverse impact and working with service users, carers, families and representative organisations to ensure that any impact is mitigated or minimised where possible. The formal consultation process will provide the opportunity to assess the potential for impact in this regard.

5.3.4 Marital Status

The marital status of the majority of service users is not currently available (42%). Of those service users whose marital status is known, the majority (40%) are married which is in proportion to the overall population statistics. Given the volume of information which is unavailable, it is difficult to make an accurate assessment in terms of potential impact on someone’s marital status however there is no current information to determine that the proposal would have an adverse impact according to marital status

5.3.5 Ethnicity

The ethnicity of service users is not known. Census 2011 statistics for Northern Ireland show that 98.2% of the population is white with 1.8 of the population from a Black Minority background. There are areas of Northern Ireland such as Dungannon and Belfast that have higher numbers of people from BME groups. Interpreting statistics for each of the Trusts indicate that the main languages requested for interpreting are Polish and Lithuanian.

The main minority ethnic groups are Chinese (6,300 people), Indian (6,200), Mixed (6,000) and Other Asian (5,000), each accounting for around 0.3 per cent of the usually resident population. A further 0.1 per cent (1,300) of people were Irish Travellers. Belfast (3.6 per cent), Castlereagh (2.9 per cent) and Dungannon (2.5 per cent) had the highest proportions of residents from minority ethnic groups (Table KS201NI),
Census 2011). This change was largely as a result of inward migration by people born in the 12 countries which have joined the European Union (EU) since 2004. There is no information to suggest that the proposal would have an adverse impact with regard to ethnicity.

5.3.6 Religious Belief

The religious background of service users is not known. General population statistics show that the majority of people in Northern Ireland are from either the Protestant (42%) or Roman Catholic (41%) religions with 17% unknown. It is not anticipated that the proposal would have an adverse impact due to religion.

5.3.7 Dependants

The dependent status of service users is not routinely collected. It may be assumed that due to the nature of the service provided and the high percentage of service users aged 65 plus, there may be a number of service users who depend on carers.

5.3.8 Political opinion

The political opinion of service users is not routinely collected by Belfast Trust. According to the 2011 Assembly Elections, the majority of people in Northern Ireland have identified as Broadly Nationalist or Broadly Unionist with 2.3% other and 4% unknown. It is not anticipated that the proposal would have an adverse impact in relation to political opinion.

5.3.9 Sexual Orientation

The sexual orientation of service users is not collated. The 2011 Census did not gather data on sexual orientation. A report commissioned by the Office of the First Minister and Deputy First Minister suggested that: “It is feasible to operate on the assumption that a certain proportion of the population (up to 10%) is LGBT (lesbian, gay, bisexual, and transgender), and to formulate policies accordingly.” On the basis of the information available and in light of the proposed model of delivery, there is nothing to indicate that this would have an adverse impact in terms of a service user’s sexual orientation. The formal consultation process will provide the opportunity to assess the potential for impact in this regard.

5.3.10 Good Relations

The Belfast Trust is openly committed to the promotion of good relations and challenging sectarianism and racism. As a public authority we also
have a legal responsibility under Section 75 of the Northern Ireland Act 1998 to promote good relations between persons of different religious belief, racial group and political opinion. The Trust was the first Trust in Northern Ireland to produce a good relations strategy. The Trust utilises its good relations strategy as a vehicle to ensure that all Trust service and buildings irrespective of where they are located, are safe welcoming shared spaces for everyone. On the basis of the information to date there is nothing to indicate that this proposal would in any way impact negatively on the promotion of good relations.

5.3.11 Postcode Analysis

The postcode analysis of the home addresses of service users illustrate that when service users do not have to travel to Belfast for treatment, they will access a clinic in or close to their area. Belfast Trust statistics show that approximately 18,000 patients from across Northern Ireland travel to Ophthalmology Clinics in Belfast each year. If and when a service user may have to travel further, they will be accessing clinics with a wider range of enhanced services. However, it is estimated that as a result of the proposal approximately 40 – 50% of patients will no longer have to travel to Belfast.

5.4 Disability Duties

It is likely that service users affected by the proposal will have disabilities. The Trust is committed to the promotion of the rights of people with disabilities and ensured that service users, their families, carers and representative organisations had the opportunity to participate in pre-consultation and engagement in relation to the proposal to provide them with the opportunity to articulate their views and possible concerns or issues. The Trust will continue to facilitate participation of people with disabilities to ensure equality of opportunity accessing Trust services and to minimise or negate any possible adverse impact.

5.5 Human Rights

The Trust acknowledges its responsibilities under the Human Rights Act 1998 and also other international legislative instruments such as the United Nation’s Convention on the Rights of People with Disabilities.
5.6 Assessment of Impact on Section 75 Groups – Staff

5.6.1 Workforce

Due to the regional provision of Ophthalmology Outpatient Services this proposal, in terms of staff, will impact on other Trust staff. This section of the EQIA will provide information and assessment of impact for staff from the Belfast, South Eastern, Northern and Southern Trusts. The impact of this proposal may require some staff to relocate or be redeployed. Further information on how this will be managed is provided in Section 7.

5.6.2 Equality Data

5.6.3 Equality Data for Belfast Trust Staff

Due to the small numbers of staff (31) a detailed breakdown of equality data is not provided.

The profile of the staff providing the service has been compared below to the profile of all Trust employees to identify any adverse impact.

<table>
<thead>
<tr>
<th>Table 5: STAFF  *@January 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Equality Category</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>1. Age</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>2. Dependant Status</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>3. Disability</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

A slightly older workforce profile is evidenced with 58% of staff aged 45+.

Broadly in line with overall workforce profile.

Broadly in line with overall workforce profile.
4. **Gender**

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>78%</td>
<td>22%</td>
</tr>
</tbody>
</table>

A slightly higher proportion of female staff than male staff within affected pool however significantly lower proportion of female staff than overall workforce profile.

5. **Marital Status**

<table>
<thead>
<tr>
<th>Status</th>
<th>Married/Civil P’ship</th>
<th>Single</th>
<th>Other/Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>55%</td>
<td>33%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Broadly in line with overall workforce profile.

6. **Race**

a) **Ethnicity**

<table>
<thead>
<tr>
<th></th>
<th>BME</th>
<th>White</th>
<th>Not Known</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4%</td>
<td>80%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Broadly in line with overall workforce profile.

b) **Nationality**

<table>
<thead>
<tr>
<th></th>
<th>GB</th>
<th>Irish</th>
<th>Northern</th>
<th>Irish</th>
<th>Other</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15%</td>
<td>8%</td>
<td>2%</td>
<td>1%</td>
<td>74%</td>
<td></td>
</tr>
</tbody>
</table>

Limited data available.

7. **Religion**

a) **Community Background**

<table>
<thead>
<tr>
<th></th>
<th>Protestant</th>
<th>Roman Catholic</th>
<th>Neither</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>44%</td>
<td>50%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Broadly balanced proportions of Protestant and Roman Catholic staff although a higher proportion of staff within ‘Neither’ group than within overall Trust profile.

b) **Religious Belief**

<table>
<thead>
<tr>
<th></th>
<th>Christian</th>
<th>Other</th>
<th>No religious belief</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>26%</td>
<td>1%</td>
<td>7%</td>
<td>66%</td>
</tr>
</tbody>
</table>

Broadly in line with overall workforce profile.
### 8. Political Opinion

<table>
<thead>
<tr>
<th></th>
<th>Broadly Nationalist</th>
<th>Broadly Unionist</th>
<th>Other</th>
<th>Do not wish to answer/Unknown</th>
<th>Broadly in line with overall workforce profile.</th>
</tr>
</thead>
<tbody>
<tr>
<td>* 2011 Assembly election</td>
<td>6%</td>
<td>7%</td>
<td>8%</td>
<td>79%</td>
<td></td>
</tr>
</tbody>
</table>

### 9. Sexual Orientation

<table>
<thead>
<tr>
<th></th>
<th>Opposite sex</th>
<th>Same sex or both sexes</th>
<th>Do not wish to answer/Not known</th>
<th>Broadly in line with overall workforce profile.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>39%</td>
<td>1%</td>
<td>60%</td>
<td></td>
</tr>
</tbody>
</table>

### 5.6.4 Gender

There is a slightly higher proportion of female staff than male staff impacted by this proposal. The Trust recognises the correlation between gender and caring responsibilities and has in place a range of flexible working opportunities for staff.

### 5.6.5 Age

A slightly older workforce profile is evidenced in this location with 58% 45+. There is nothing to suggest an adverse impact on grounds of age.

### 5.6.6 Religion

There are broadly balanced proportions of Protestant and Roman Catholic staff although a higher proportion of staff within ‘Neither’ group than within overall Trust profile.

### 5.6.7 Political Opinion

There is nothing to suggest that this impact will adversely effect on grounds of political opinion.

### 5.6.8 Marital Status

The workforce composition is broadly in line with the overall workforce profile. There is nothing to suggest an adverse impact on grounds of marital status.
5.6.9 Caring Responsibilities

The workforce composition is broadly in line with the overall workforce profile. The Trust has in place a range of flexible working opportunities for staff to support staff balance work and caring responsibilities.

5.6.10 Disability

The workforce composition is broadly in line with the overall workforce profile. The Trust is committed to ensuring that reasonable adjustments will be facilitated according to any individual needs identified in accordance with the Trust’s Framework on the Employment of People with Disabilities.

5.6.11 Ethnicity

The workforce composition is broadly in line with the overall workforce profile. There is nothing to suggest an adverse impact on grounds of ethnicity.

5.6.12 Sexual Orientation

There is nothing to suggest an adverse impact on grounds of sexual orientation.

5.7 Equality Data for Southern Trust Staff

Due to the small numbers of staff a detailed breakdown of equality data is not provided.

5.7.1 Gender

The majority of staff affected are female. The Trust recognises the correlation between gender and caring responsibilities and has in place a range of flexible working opportunities for staff.

5.7.2 Age

The majority of staff affected are aged between 35 – 44. There is nothing to suggest an adverse impact on grounds of age.

5.7.3 Religion

The majority of staff affected are from the Roman Catholic religion. There is no information to suggest an adverse impact with regard to religion.
5.7.4 Political Opinion

The majority of staff have not indicated their political opinion. There is nothing to suggest that this impact will adversely effect on grounds of political opinion.

5.7.5 Marital Status

The majority of staff are married. There is no indication that there would be an adverse impact on grounds of marital status.

5.7.6 Caring Responsibilities

25% of staff has indicated that they have caring responsibilities however, the dependent status of the majority of staff is not known. The Trust has in place a range of flexible working opportunities for staff to support staff balance work and caring responsibilities.

5.7.7 Disability

In relation to disability 5% of staff has stated that they have a disability. The Trust is committed to ensuring that reasonable adjustments will be facilitated according to any individual needs identified in accordance with the Trust’s Framework on the Employment of People with Disabilities.

5.7.8 Ethnicity

The majority of staff are white. There is nothing to suggest an adverse impact on grounds of ethnicity.

5.7.9 Sexual Orientation

There is nothing to suggest an adverse impact on grounds of sexual orientation.
5.8 Equality Data for Northern Trust Staff

Due to the small numbers of staff a detailed breakdown of equality data is not provided.

Table 6:

<table>
<thead>
<tr>
<th>Section 75 Group</th>
<th>Make up of Staff Affected</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Community Background</td>
<td>Protestant, Roman Catholic, Not Known</td>
<td>100%</td>
</tr>
<tr>
<td>Political Opinion</td>
<td>Broadly Unionist, Broadly Nationalist, Other, Do Not Wish To Answer/Not Known</td>
<td>100%</td>
</tr>
<tr>
<td>Age</td>
<td>16-24</td>
<td>67%</td>
</tr>
<tr>
<td></td>
<td>25-34</td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td>35-44</td>
<td></td>
</tr>
<tr>
<td></td>
<td>45-54</td>
<td></td>
</tr>
<tr>
<td></td>
<td>55-64</td>
<td></td>
</tr>
<tr>
<td></td>
<td>65+</td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td>Single</td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td>67%</td>
</tr>
<tr>
<td></td>
<td>Not Known</td>
<td></td>
</tr>
<tr>
<td>Dependent Status</td>
<td>Caring for a Child/Children/Dependant</td>
<td>67%</td>
</tr>
<tr>
<td></td>
<td>Older Person/Person(s) With a Disability</td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td>None/Not Known</td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not Known</td>
<td>100%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Black African</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bangladeshi</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Black Caribbean</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chinese</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indian</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Irish Traveller</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pakistani</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mixed Ethnic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Filipino</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Black Other</td>
<td>White</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
<td>-------</td>
</tr>
<tr>
<td>Sexual Orientation towards:</td>
<td>Opposite Sex</td>
<td>Same Sex</td>
</tr>
</tbody>
</table>

5.8.1 Gender

The majority of staff affected are female. The Trust recognises the correlation between gender and caring responsibilities and has in place a range of flexible working opportunities for staff.

5.8.2 Age

The majority of staff affected are aged between 35-44. There is nothing to suggest an adverse impact on grounds of age.

5.8.3 Religion

No information due to reasons outlined above

5.8.4 Political Opinion

No information due to reasons outlined above

5.8.5 Marital Status

The majority of staff are married. There is no indication that there would be an adverse impact on grounds of marital status.

5.8.6 Caring Responsibilities

The majority of staff have caring responsibilities. The Trust has in place a range of flexible working opportunities for staff to support staff balance work and caring responsibilities.

5.8.7 Disability

No information due to reasons outlined above

5.8.8 Ethnicity

No information due to reasons outlined above
5.8.9 Sexual Orientation

No information due to reasons outlined above

5.9 Equality Data for South Eastern Trust Staff

Due to the small numbers of staff (15) a detailed breakdown of equality data is not provided.

**Table 7:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Majority of staff are female. There is no information to indicate an adverse impact regarding gender.</td>
</tr>
<tr>
<td>Age</td>
<td>Majority of staff aged 40+. There is no information to indicate an adverse impact regarding age.</td>
</tr>
<tr>
<td>Religion or Community background</td>
<td>Majority of staff from a Protestant background. There is no information to indicate an adverse impact regarding religion or community background.</td>
</tr>
<tr>
<td>Political Opinion</td>
<td>Majority of staff are Broadly Unionist. There is no information to indicate an adverse impact regarding political opinion.</td>
</tr>
<tr>
<td>Dependent status</td>
<td>Majority have dependents. There is no information to indicate an adverse impact regarding dependent status.</td>
</tr>
<tr>
<td>Disability</td>
<td>Majority of staff have no declared disability. There is no information to indicate an adverse impact regarding disability.</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Majority of staff are White. There is no information to indicate an adverse impact regarding ethnicity.</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>Majority express a sexual orientation towards the Opposite Sex. There is no information to indicate an adverse impact regarding sexual orientation.</td>
</tr>
</tbody>
</table>
6. **Consideration of mitigating measures: Service users**

In line with the Equality Commission’s practical guidance on equality impact assessment this EQIA has considered mitigating measures which minimise the adverse equality impact on those that come within the scope of this assessment i.e. both service users and staff.

This section of the EQIA considers a range of mitigating initiatives to ensure that any potential adverse impact is minimised for staff, service users and carers.

6.1 **Pre-Consultation to inform this proposal**

The Belfast Trust was keen to ensure a comprehensive pre-consultation and formal consultation process as possible. This was primarily initiated with the establishment of an Ophthalmology Outreach Project Team to take forward the consultation process which included the preparation of a Consultation paper assessing a range of options for the delivery of an enhanced and modern outpatient ophthalmology outreach service across Northern, Southern and South-Eastern Trust areas.

6.2 **Engagement with Patients and the Public**

The pre-consultation process involved regional pre-consultation and engagement throughout May and June 2015 with all relevant patient and public groups to inform the development of proposals.

During this consultation period, Belfast Trust engaged with the relevant Trusts and representative groups such as the Royal National Institute for the Blind (RNIB). A number of other relevant groups were approached as part of the pre-consultation process including ‘Parents of Children with Sight Loss’. Patient surveys were conducted at a selection of outreach clinics and Hospitals.

Feedback from the pre-consultation on the proposal to modernise Ophthalmology services by the development of Ophthalmic Clinical Centres in Northern, Southern and South Eastern Trust areas was by and large positive. Some concerns were raised about transport which is addressed in the following section of this EQIA.

During the formal consultation process the Trust will continue to engage and consult to enable feedback and gather information to inform a comprehensive assessment of impact. The Trust is committed to taking
account of all the information, views and opinions from all stakeholders to assist in the decision making process.

6.3 Proposed Mitigating Measures

The assessment, on the basis of the information available, indicates that the proposal would have the potential to impact differentially on people who are aged over 65. Data from the Department of Health suggests that people of this age group are more likely to have a long standing illness or disability. By virtue of the nature of the service, it is likely that some service users may have partial or complete sight loss.

Currently many of the services accessed by these patients, such as macular services, investigations, diagnostics, treatment, imaging, Colour fundus photography and optical coherence tomography (eye scans) are only available in Belfast which means patients have to travel to Belfast on a one off or on a frequent basis. The proposal to deliver ophthalmology outpatient services which are currently delivered from 12 sites across the 3 Trust areas, to 3 Ophthalmic One Stop Clinical Centres (OCCs) located at 3 key locations within the Northern, Southern and South Eastern Trust areas will result in patients being able to access these services locally closer to home. The Centres of Excellence would provide a much wider range of enhanced services resulting in many patients no longer having to travel to Belfast or to other areas to be seen. The graph below illustrates that 18,000 patients currently attend clinics in Belfast per year. It is estimated that due to the enhanced service that will be provided in the clinics in each Trust area the number of patients that will have to travel to Belfast will drop by approximately 50%.

Figure 24: Attendance Figures at Belfast Clinics per year
Telemedicine will be further developed through the use of ICT to link the OCC to the specialist centre in Belfast. This will also reduce the requirement for patients to have to travel to Belfast for specialist treatment. Reduced consultant travel time will enable more clinical time so more patients can be seen at OCC’s. For every 4 hours redirected from travel to clinical practice, around 600 patient appointments per annum could be made available at outpatient clinics, or around 800 patients could be diagnosed if this time involved remote assessment of imaging results obtained at OCC.

Local GP Access to Emergency advice will be available. Currently patients who require access to an emergency Eye Casualty service have to travel to the Royal Victoria Hospital in Belfast. Each of the OCCs will have clinics on each day and this will allow local GP’s to access a consultant at short notice for appropriate emergency / urgent appointments.

For the majority of patients the proposal will be beneficial as it will enable patients to access services within their area or a locality close to them. For some patients the proposal may not have any impact as they would still have to travel a similar distance. There may be a small number of patients that may have to travel further. The Trust will work with patients and their families/carers to ensure that any possible adverse impact is minimalised as much as possible for these patients. Patients will have the choice to choose which of the enhanced clinics they would like to attend.

Staff, including the RNIB ECLOs are available at all outpatient clinics to provide patients and service users with help and advice about the proposals and how patients will be able to access services in the new locations.

Feedback, from pre-consultation of the proposal with service users and representative organisations was very positive. Service users and their families by in large were in favour of the proposal to have one-stop clinic providing a wider and enhanced range of services. Some concerns were highlighted, however, regarding transport. Belfast Trust will continue to work with patients, families, carers and representative groups and other Trusts to ensure that any possible adverse impact is mitigated or minimalised. The Trust is committed to taking account of all the information, views and opinions from all stakeholders to assist in the decision making process.

For those patients that travel to appointments by public transport, these patients may be able to avail of the Trust Travel Expenses Scheme to reclaim travel costs. If, for medical reasons a patient needs to be
accompanied to their appointment, the companion may also be entitled to travel costs.

Patients travelling by private car may also be entitled to reimbursement of their travel costs and car parking charges depending on their personal circumstances.

In a few cases where there is no alternative (i.e. where patients have restricted mobility or where public transport is not available for all or part of the journey) patients may have to use a taxi or volunteer car service for whole or part of the journey. In such exceptional circumstances full costs could be reimbursed. Further information is available from out-patient clinics or from:
http://www.belfasttrust.hscni.net/hospitals/TravelExpenses.htm

Patients may also access the Northern Ireland Ambulance Service’s (NIAS) Patient Care Service which provides non-emergency transport to and from hospital for patients who have a defined medical need for transport as determined by a medical practitioner. If a patient feels they may require ambulance transport for an appointment they can contact their GP once they have received an appointment.

Patients may also avail of Disability Actions Door 2 Door Transport Services Scheme, (DATS) which helps older people or people with disabilities to access local services. Disability Action is responsible for operating the Transport service throughout Northern Ireland. The service will be operating in conjunction with Bridge Accessible Transport in Derry/Londonderry and the Rural Transport Partnerships throughout Northern Ireland. Passengers must join the scheme but will then be eligible for transport for which there is a small charge. For further information contact Disability Action:

Telephone number: 0845 608 5555 Textphone: (028) 9029 7882
Website: www.disabilityaction.org/transport

Rural Transport

Rural Community Transport Partnership site provides information about transport services available in rural areas. Website: www.communitytransport-ni.com

The Rural Transport Fund (RTF) is administered by the Department of Regional Development and they can be contacted by email at transport.policy@drdni.gov.uk. Patients may also access NIDirect. This site provides information on all forms of transport and travel in Northern
Ireland.
Website: www.nidirect.gov.uk

Considering all the available information there is nothing to indicate at present that this proposal would have a majorly adverse impact in regard to Section 75.

6.4 Good Relations

As regards the Trust’s statutory duty to promote good relations, there is nothing to suggest that this proposal would have any adverse impact in the promotion of good relations. The Trust has a clear, well defined good relations strategy Healthy Relations for A Healthy Future whereby the corporate commitment to good relations is underlined. All Trust staff attend mandatory equality, good relations and human rights training. The Trust will ensure that all services and all facilities will welcome people regardless of their religious affiliation, political opinion or racial group and that all service users and staff feel safe and comfortable in all Trust facilities.

6.5 Human Rights

Belfast Trust is committed to promoting and safeguarding the human rights of all service users and staff. The Trust is aligned to and supports the principle that everyone is entitled to the highest attainable standard of health. This principle will be enhanced for patients by the provision of one stop shop Ophthalmology clinics closer to their area and patients having the choice to choose which clinic they would like to attend. The Trust is committed to upholding the principles of the UN Convention on the Rights of Persons with Disability which seeks to promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity.

The Trust will engage and communicate with service users to ensure they experience equality of access to services and all patients experience respect, dignity, fairness and autonomy.

6.6 Health and Social Inequalities

Some areas affected by the proposal include Craigavon and Lisburn which are in the top 30 most deprived areas in Northern Ireland. Health and social inequalities and deprivation are largely related to health and social determinants including where you live, educational attainment, employment status, whether or not you have a disability.
Belfast Trust has outlined its overall aim as improving health and wellbeing and reducing inequalities. The Trust acknowledges that health is not the only determining factor in residual inequalities and that there is a need to furthermore address the social determinants of health, for example, employment and education.  

The Trust is aware that some of the service users affected by this proposal may experience health and social inequalities and deprivation. In relation to mitigation, this EQIA has provided information regarding support in terms of transport and information on financial assistance for patients attending hospital appointments.

7. **Consideration of Mitigation for Staff**

7.1 **Consideration of Mitigation for all staff in each Trust affected by this proposal.**

In dealing with any reorganisation proposal each Trust is committed to ensuring that the process is characterised by openness, transparency, involvement, recognition and engagement with its staff and Trade Union Side colleagues. It will comply with all relevant employment and equal opportunities legislation when implementing any proposed changes.

- Staff will be kept fully informed and will be supported during this process
- The principles of fairness, dignity and equity of treatment will be applied in the management of people undergoing these changes
- Training and retraining opportunities will be provided to assist staff who move to new roles and responsibilities.

In relation to this proposal, if approved, each Trust will ensure that staff are fully supported throughout the process of change and will put in place a range of support mechanisms which can be tailored to the specific needs of individual staff. These will include, as appropriate, individual staff support, induction, training and re-skilling, application and interview preparation if required, and advice and guidance on Human Resource policies and procedures.

7.2 **Staff Relocation / Redeployment**

Each Trust in partnership with Trade Union side will consider how it will minimise any adverse impact on the workforce resulting from this. This will be dealt with in accordance with each Trust’s agreed Framework on the

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1 Not Just Health: http://www.belfasttrust.hscni.net/pdf/Health_Social_Inequalities_strategy.pdf
Management of Staff affected by Organisational Change and the Staff Redeployment Protocol. Each Trust is committed to engaging and consulting fully with staff throughout the consultation process and thereafter.

7.3 Partnership Approach

Each Trust will ensure the effective management, implementation and review of the process at every stage. It will ensure a partnership approach with Trade Union side to achieve an effective transition to the new arrangements in line with the appropriate Frameworks referred to above.

7.4 Ongoing Monitoring and Review

Each Trust is committed to ensuring that all of the reorganisation requirements and outcomes associated with this proposal will be closely monitored to ensure that individual staff are fully supported and effectively integrated as appropriate into any new structures, working arrangements or new job roles.

8. Formal consultation, publication and monitoring

Section 6 outlines the extensive engagement and pre-consultation with service users, carers and relatives and staff that helped inform development of the consultation and equality impact assessment papers.

The public formal consultation on the proposal will commence for 13 weeks on 5th May 2016. Any group or individual wishing to participate is invited to obtain a copy of the consultation document from the Trust website, http://www.belfasttrust.hscni.net/ or from the Trust’s Equality Department.

Responses to this EQIA can be made using the questionnaire to be found at the end of this document. Before you submit your response, please read information regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises at the end of questionnaire.

In the interests of accessibility this document can be made available in a range of alternative formats. For further information please contact:

Orla Barron
Health & Social Inequalities Manager
1st Floor, McKinney House
Musgrave Park Hospital
8.1 **Formal Consultation**

The Trust wishes to consult as widely as possible on the findings included in this Equality Impact Assessment. With this in mind the Trust proposes to take the following actions:

- A letter will be issued to relevant Consultees listed in the Trust’s Equality Scheme
- A copy of this report will be posted on the website
- Use of advocates
- The report will be made available, on request, in alternative formats including Braille and in minority languages for those who are not fluent in English.

**The closing date for responses is: 5th August 2016**

8.2 **Publication**

The outcomes of this EQIA will be posted on the Trust’s website and/or made available on request. The Trust will issue the outcome of this EQIA to those who have submitted to its consultation on this issue.

8.3 **Decision of the Public Authority**

The Trust will take into account the consultation carried out in relation to this EQIA before a final decision is made. This is in keeping with the Trust’s Equality Scheme … “In making any decision with respect to a policy adopted or proposed to be adopted, we take into account any assessment and consultation carried out in relation to the policy.”

When the formal consultation process is concluded, all feedback will be considered and submitted to Trust Board in the form of a consultation outcome report. This will inform any decision making or recommendation of the Trust Board.
8.4 Monitoring

In keeping with the Equality Commission’s guidelines governing EQIA, the Trust will put in place a monitoring strategy to monitor the impact of the Proposal for this service on the relevant groups and sub-groups within the equality categories. The Trust will publish the results of this monitoring and include same in its annual progress report to the Equality Commission for Northern Ireland.

If the monitoring and analysis of results over a three year period show that the impact of the change results in greater adverse impact than predicted, or if opportunities arise which would allow for greater equality of opportunity to be promoted, the Trust will ensure that measures are taken to achieve better outcomes for the relevant equality groups.
Appendix 3:

How to have your say

The Trust intends to consult as widely as possible with all interested persons during the 13 week formal consultation period. To facilitate comments please complete the consultation questionnaires attached. However the Trust will accept comments in any format.

The closing date for this consultation is on 5th August 2016 and we need to receive your completed questionnaire or response on or before that date.

Responses in writing should be sent to:
Chief Executive
Belfast Health and Social Services Trust
C/o Corporate Communications
Nore Villa
Knockbracken Healthcare Park
Saintfield Road
Belfast, BT8 8BH or

Email your response to: Stakeholdercomms@belfasttrust.hscni.net

Before you submit your response, please read page 65 regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

In order that we can acknowledge receipt of your comments please fill in your name and address or that of your organisation, if relevant. You may withhold this information if you wish but we will not then be able to acknowledge receipt of your comments.

In the interests of accessibility this document can be made available in a range of alternative formats.
Name:
Position:
Organisation:
Address:
I am responding (please tick):
☐ as an individual
☐ on behalf on an organisation

1. Do you agree with the proposal to centralise ophthalmology outpatient clinics delivered in the Northern, Southern and South Eastern LCG/Trust areas and establish Ophthalmic Clinical Centres in each LCG/Trust area?

2. Do you agree with the proposed location of the Ophthalmic Clinical Centres in each LCG/Trust area (SHSST – Banbridge, NHSST – Ballymena, SEHSST – Downpatrick with the existing Outpatient service retained at Lagan Valley Hospital Lisburn as well?)

3. If you do not agree with the proposed locations, where do you think the service should be located and give your reasons.

Thank you for your input into this consultation exercise.

Consultation Questions:
Can you identify any additional relevant evidence or information which the Trust should have considered in assessing the equality impacts of these proposals?

Can you identify any other potential adverse impacts with supporting evidence which might occur as a result of these proposals being implemented?

Can you suggest any other mitigating measures to eliminate or minimise any potential adverse impact on the staff concerned?

The Trust is seeking your views on the human rights implications of the proposals and any issues you think relevant.

General comments

Appendix 4:

The Belfast Trust will publish an anonymised summary of responses following completion of the consultation process; however your response, and all other responses to the consultation, may be disclosed on request. We can only refuse to disclose information in limited circumstances. Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a general right of access to any information held by a public authority, namely Belfast Health & Social Care Trust in this case. This right of access to information includes information provided in response to a consultation. We cannot automatically consider information supplied to us in response to a consultation as information that can be withheld from disclosure. However, we do have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or withheld. Any information provided by you in response to this consultation is, if requested, likely to be released. Only in limited circumstances would information of this type be withheld.
Availability in other formats

If you have any queries about this document, and its availability in alternative formats please contact:

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Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8BH

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Text Phone: 028 9056 6755