

Swansea Bay University Health Board

Changing Orthopaedic Services for the Future

Equality Impact Assessment - Stage 2

Post-engagement analysis

Post engagement analysis following the public engagement process on Changing Orthopaedic Services for the Future, which took place between 20th February 2023 and 14th April 2023.

Assessing the impact of the proposed service change to increase the operating capacity for Swansea Bay Orthopaedic patients at Neath Port Talbot Hospital, by ceasing a contractual agreement with Cwm Taf Morgannwg Health Board and repatriating Swansea Bay patients on Cwm Taf Morgannwg's orthopaedic waiting list.

1. Introduction

The purpose of this report is to set out the narrative and findings of the Equality Impact Assessment of proposed changes to the future provision of Orthopaedics Services for people from the Neath Port Talbot and Swansea areas, covered by Swansea Bay University Health Board (SBUHB).

The Equality Act 2010 places a positive duty on public authorities to promote equality for protected groups. The Equality Act 2010 requires Welsh public bodies to demonstrate how they pay 'due regard' to equality when carrying out their functions and activities. Equality is about making sure people are treated fairly. It is not about treating everyone in the same way but recognising that everyone's needs are met in different ways. Our age, disability, faith or belief, gender, race, sexual orientation, being married or in a civil partnership, being transgender or being pregnant should not disadvantage us. These different characteristics are protected under the Equality Act 2010.

A Stage 1 Equality Impact Assessment (EIA) was developed to inform the Orthopaedic Services Public Engagement process. The Stage 1 EIA outlined the evidence behind the proposed service change and provided a summary of available evidence which described our current understanding of the potential impact of the proposed service changes based on that evidence base. The purpose of this document was to describe our understanding at that point in the process of the likely impact. By following the EIA process it was intended that we would identify and address any gaps in our knowledge by engaging and consulting with the public and stakeholders.

This document is the Stage 2 post-engagement analysis and presents the findings of the public engagement with our earlier analysis of the available evidence on potential impacts from the Stage 1 document. The purpose is to inform those making the decision on whether the Orthopaedic Services proposals should be adopted, and what potential mitigations may be required to address any impacts on protected characteristic groups that have been identified. The health board will need to demonstrate they have assessed how the Orthopaedic Services proposals may impact service users and the wider public.

This Stage 2 EIA seeks to help the organisation to answer the following questions:

- Do different protected characteristic groups have different needs, experiences, issues and priorities in relation to the proposed service changes?
- Is there potential for or evidence that the proposed changes will promote equality?
- Is there potential for or evidence that the proposed changes will affect different groups differently (positively or negatively)?
- If potential negative impact is identified, what changes can be made to eliminate or minimise the impact?

This report is not intended to be a definitive statement on the potential impact of the proposed changes on protected characteristic groups, but to describe our understanding at this point in the process. The EIA process will help us to identify and address any gaps in our knowledge by engaging and consulting with the public and stakeholders. The EIA will be updated as further information becomes available.

2. Background and rationale for the proposed service change

The engagement exercise Changing for the Future took place during 2021 and it was agreed each of the hospitals would become a centre of excellence, with a specific purpose and function:

- **Morrison Hospital** would be the centre for urgent and emergency care, complex medicine and surgery, specialist and regional surgical services
- **Neath Port Talbot Hospital** would be the centre for orthopaedics and spinal care, diagnostics and rehabilitation, urology and rheumatology
- **Singleton Hospital** would be the centre for planned care, maternity and women's services, cancer care and diagnostics

'Changing Orthopaedic Services for the Future' proposals are in line with the delivery of these intentions. Patients currently access orthopaedic services by going to their GP and where necessary referrals are made to the orthopaedic service. Most SBUHB patients will attend outpatients at Neath Port Talbot Hospital and if surgery is required will be added to the waiting list. Most surgery for knees and hips will take place at Neath Port Talbot Hospital, more complicated surgery will take place at Morrison Hospital and hand surgery will take place at the Day Surgical Unit, Singleton

Following the Bridgend boundary change, the historic arrangements for some patients being referred to Cwm Taf Morgannwg Health Board continued. These patients attend outpatients at Neath Port Talbot Hospital and if surgery is required are added to the Cwm Taf Morgannwg waiting lists. Straightforward cases will have their operation at Neath Port Talbot Hospital, the most complicated ones will go to Princess of Wales Hospital, Bridgend.

The proposals engaged upon concentrated on ensuring all Swansea Bay orthopaedic patients have the same pathway into Neath Port Talbot Hospital or Morrison for complex cases, with the same access to support services for all. Furthermore the proposals continued SBUHB focus on separating trauma and emergency orthopaedic surgery from planned orthopaedic surgery in line with best practice.

Significant work has already taken place to reduce waiting times and this has included the:

- creation of 21 extra outpatient consultation rooms at Neath Port Talbot Hospital
- relocation of fracture clinic back to Morrison Hospital
- ring-fencing of 10 beds at Morrison Hospital for the most complicated orthopaedic operations
- addition of three new modular theatres for Neath Port Talbot Hospital that will be ready for use from June 2023
- development of an Enhanced Care Unit at Neath Port Talbot Hospital so more complicated surgery can take place here
- introduction of orthopaedic prehab to help prepare patients for surgery while on the waiting list so they will recover quicker from their operation

CTMUHB currently utilise 13 theatre sessions a week at Neath Port Talbot Hospital for orthopaedics. CTMUHB have agreed to release 6 sessions back to the SBUHB provided they take back Swansea Bay patients on the CTMUHB orthopaedic waiting lists and all new referrals go directly onto Swansea Bay waiting lists. This means we can provide the same access to services for all our orthopaedic patients, however adding more patients to the waiting list will affect waiting times for some patients but we are taking action to reduce the impact of this.

The proposed changes will mean all residents will wait a maximum of 2 years for orthopaedic treatment by April 2024, residents will wait comparable time based on their need for orthopaedic care and receive access to the same range of services, including

orthopaedic prehab. Swansea Bay residents on the CTMUHB waiting lists will have their cases clinically reviewed and be transferred to the SBUHB waiting list in line with their relative need and have their care at Neath Port Talbot Hospital, or Morriston Hospital instead of at the Princess of Wales Hospital at Bridgend.

The additional capacity will help reduce waiting times and achieve Ministerial and Welsh Government targets as well as ensuring we have enough capacity for orthopaedic operations going forward. Neath Port Talbot Hospital will move closer to becoming the Centre of Excellence for Orthopaedic and Spinal Surgery for Swansea Bay.

The disadvantage of the proposed changes is some patients will experience longer waits while the additional capacity planned within Swansea Bay becomes fully operational later in 2023.

It was agreed with Swansea Bay Community Health Council (CHC) that public engagement on these proposed changes should run for 8 weeks from 20th February 2023 to 14th April 2023.

3. Assessment of relevance and impact on patients

The Equality Act 2010 places a positive duty on public authorities to promote equality for protected groups. The Equality Act 2010 requires Welsh public bodies to demonstrate how they pay 'due regard' to equality when carrying out their functions and activities. There is a specific duty in Wales to:

- Assess the impact of existing and new services or policies on each of the nine protected characteristics
- Eliminate unlawful discrimination
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The most likely impact of the change is on patient waiting times. This is described below followed by what this specifically means for those in the nine protected characteristic groups.

3.1 Impact on Patient Waiting Times

Currently there are 8,649 Swansea Bay residents waiting to see an orthopaedic surgeon in outpatients at Neath Port Talbot Hospital, with 8,201 of these on the SBUHB waiting list, and 448 on the CTMUHB waiting list. There are 916 Swansea Bay residents waiting for complicated orthopaedic surgery at Morriston Hospital (on the SBUHB waiting list), and an estimated 180 waiting to go to Princess of Wales Hospital, Bridgend (on the CTM waiting list). There are also 3,833 Swansea Bay residents waiting for uncomplicated orthopaedic surgery at Neath Port Talbot Hospital (3,086 on the Swansea Bay waiting list and 747 on the CTMUHB waiting list). This is also shown in the table below:

Table 2 Orthopaedic Waiting List

Category of Patients / Location of treatment		CTM Waiting List numbers	SB waiting list numbers
	Complicated operations:		
Princess of Wales Hospital		180 (estimated)	
Morriston Hospital			916

	Uncomplicated operations:		
Neath Port Talbot Hospital		747	3086
Outpatients:			
Neath Port Talbot Hospital		448	8201

Whilst the differential in waits currently between SBUHB and CTMUHB is significant, the additional 6 operating theatre sessions along with the new hybrid theatres at NPTH, which will be operational from June 2023, will significantly increase the capacity within SBUHB and will result in accelerated waiting time reductions.

In the short term, it is estimated that the stage 1 patients transferring from the CTMUHB waiting list (approximately 52 weeks) will see an increase in waiting time as SBUHB implement the planned changes to reduce SBUHB stage 1 waits down to 52 weeks, including the new modular theatres, which open in June 2023.

Once transitioned to the stage 1 SBUHB waiting list, the approximate number of patients that will see an increase in wait time will equate to 5% (465 patients) of the total waiting list for an initial outpatient appointment.

3.2 Impacts related to Age

Within the area that covers Swansea, Neath Port Talbot and Bridgend the 65 years plus age group accounts for a fifth of the overall population and is projected to increase by approximately 30 percentage points between by 2036. The 85 years plus age group, 2.5 per cent of total area population in 2016, is projected to show a percentage change of approximately 120 percentage points between by 2036, which represents the largest percentage change of all age groups.

The proposed change will contribute in medium to long term to significantly increasing capacity to meet the orthopaedic needs of our growing elderly population. Additionally, the relocation of care to Morriston Hospital, for our more complex patients, will reduce the current impact on patients of travelling out of area to the Bridgend Princes of Wales Hospital.

3.3 Impacts related to Disability

There is an awareness that the incidence of disability increases with age. As with the impacts set out for age are similar to those for disabled people. The increased and centralised orthopaedic capacity at NPTH, for SBUHB residents, will therefore in the medium to long term make improve local access and reduce travel implications for more those with more complex needs. Additionally, the change process will provide patients with a clinical review of their condition to ensure that they are appropriately clinically prioritised should their needs have changed whilst on the CTMUHB waiting list.

3.4 Impacts related to Gender

The SBUHB area mirrors very closely the gender split for Wales as a whole; approximately a 50:50 split with slightly more females (50.3%) than males (49.7%). The proportion of females to males increases as the population ages and 52% of people in SBUHB area aged 65-69 years are female, while 64.9% of the people aged 85 years plus are female.

The slightly higher proportion of women than men in the SBUHB area would suggest that the proposed change will potentially affect women slightly more than men, with the proportion of women increasing with age. However, these impacts should overall should be positive, as with the other characteristic groups.

3.5 Other characteristics considered

In addition to the above the following characteristics have been considered however the evidence suggests these groups are highly unlikely to be affected by the change;

Transgender

This change should not of itself represent any inherent impacts for this group. The Boards policies and approaches will remain in place. Further work will need to be done to explore the implementation of proposals in respect of potential differential impact (positive/negative) on people who identify as transgender.

Marriage and civil partnership

Under the Equality Act 2010 protections for the protected characteristic Marriage and Civil Partnership only apply to discrimination in the workplace. Further work will need to be done to explore the implementation of proposals in respect of potential differential impact (positive/negative) on marriage and civil partnership.

Pregnancy and Maternity

The change should not of itself represent any inherent impacts for this group. Further work will need to be done to explore the implementation of proposals in respect of potential differential impact (positive/negative) on pregnancy and maternity.

Race

The change should not of itself represent any inherent impacts for this group. The Boards policies and approaches will remain in place. Where English is not a patient's first language the ability of patients to receive information and communicate about their health care provision in the language of their preference is not specific to this change. Further work will need to be done to explore the implementation of proposals in respect of potential differential impact (positive/negative) with regard to race, language and culture.

Religion and Belief (including non-belief)

The change should not of itself represent any inherent impacts for this group. The Boards policies and approaches will remain in place. Further work will need to be done to explore the implementation of proposals in respect of potential differential impact (positive/negative) with regard to religion and belief.

Sexual Orientation

The change should not of itself represent any inherent impacts for this group. The Boards policies and approaches will remain in place. Further work will need to be done to explore the implementation of proposals in respect of potential differential impact (positive/negative) on sexual orientation.

Welsh Language

Where Welsh is a person's first language the ability of patients to receive information and communicate about their health care provision in the language of their preference, is sometimes affected by some staff not being Welsh language speakers. This impact is not specific to this change. Further work will need to be done to explore the implementation of proposals in respect of potential differential impact (positive/negative) on the choice of language.

Unpaid Carers

The change should not of itself represent any inherent impacts for this group. The Boards policies and approaches will remain in place. Further work will need to be done to explore

the implementation of proposals in respect of potential differential impact (positive/negative) on unpaid carers.

Socio-economic status

The change should not of itself represent any inherent impacts for this group. The Boards policies and approaches will remain in place. Further work will need to be done to explore the implementation of proposals in respect of potential differential impact (positive/negative) on individual's socio-economic status.

4. Assessment of relevance and impact on Swansea Bay University Health Board Staff

Overall the assessment suggests that the change will not impact staff and therefore a detailed assessment of each characteristic has not be considered.

Further work will need to be done to explore the implementation of proposals in respect of potential differential impact (positive/negative) on the impact on staff.

4.1 Staff Impact Assessment

The surgeons and anaesthetists employed by SBUHB will remain employed by SBUHB with no change to their terms and conditions or location of work. Surgical job planning will need to take account of the additional theatre sessions the change will make available, however this is a routine practice. The support staff, for example the nurses and other theatre staff that support orthopaedic surgery are employed by SBUHB and will remain employed by SBUHB with no change to their terms and conditions or location of work.

The surgeons and anaesthetists employed by CTMUHB will remain employed by CTMUHB with no change to their terms and conditions or location of work.

5. Human Rights

The Health Board is required to ensure that EIA is cognisant of the European Convention on Human Rights incorporated into domestic law through the Human Rights Act 1998¹ as well as international treaties. Everyone has the right to participate in decisions which affect their human rights. The convention on the rights of people with disabilities contains protection of the right to participate in decisions and access to support for participation and access to information. In producing this EIA we have considered the potential of the proposed service changes to impact upon the following rights under the Human Rights Act 1998:

- Article 2: The right to life
- Article 3: The right to freedom from torture or inhuman or degrading treatment
- Article 5: The right to freedom and liberty
- Article 6: The right to a fair trial
- Article 7: The right to no punishment without law
- Article 8: The right to respect for private and family life, home and correspondence
- Article 9: The right to freedom of thought, conscience and religion
- Article 10: The right to freedom of expression
- Article 11: Freedom of assembly and association.
- Article 12: The right to marry and found a family
- Article 14: The right not to be discriminated against in relation to any of the rights contained in the European Convention

¹ <https://www.legislation.gov.uk/ukpga/1998/42/contents>

Based on the available evidence we do not anticipate that the proposed service changes will impinge upon patients' or staff's rights protected under the Human Rights Act

6. Summary of impact

The patient, demographic and staff data presented in this report has identified that the proposed changes will have direct relevance to the following protected characteristics groups:

- Age
- Disability
- Gender

Based on the data currently available, we do not anticipate a direct impact on the public within the remaining protected characteristics groups, Welsh language speakers, unpaid carers or those from low socio-economic groups but we will continue to monitor this during the engagement period.

There are minimal impacts on staff and none that directly impact staff from the nine characteristic groups.

With regards to the nature of the impact (i.e. positive, neutral or negative), the proposed change is intended, as part of a wider programme of work to improve orthopaedic services in SBUHB, to improve equity in provision and reduce waiting times supporting improvements in clinical outcomes. However, some patients will experience longer waits until the additional capacity planned within SBUHB becomes fully operational later in 2023.

Overall, the change will provide SBUHB patients improved access to a full range of support services, which are not currently available to SBUHB patients on CTMUHB waiting lists. Patients with complex care needs will benefit from receiving their care closer to home at Morriston Hospital rather than traveling to Princess of Wales Hospital.

No long term impact is anticipated upon patients' absolute rights protected under the Human Rights Act 1998. Further work will need to be done to explore the implementation of proposals in respect of potential differential impact (positive/negative) on individuals human rights.

7. Themes from the Changing Orthopaedic Services for the Future Engagement

Information on the engagement was circulated electronically, and in hard copy where appropriate, to the Health Board's existing mechanisms such as the Accessibility Reference Group, Stakeholder Reference Group, as well as our broad stakeholder distribution list and networks. Reminders were sent to encourage further responses to the engagement exercise.

Documents were made available for patients attending the Blue Clinic and Fracture Clinic at Neath Port Talbot Hospital

We actively promoted the public engagement through our social media channels.

The comments and issues raised in all responses have been taken into account in the consideration of the feedback received and any subsequent actions to be taken by the Health Board.

During the engagement period, the following responses were received:

- 82 completed response forms although not all respondents completed all questions.
- 5 email submissions
- 4 people at online sessions
- Conversations with 29 people at the Quadrant Shopping Centre, Swansea
- Conversations with 50 people at the Aberafan Shopping Centre, Port Talbot
- Feedback from the Accessibility Reference Group

At the request of Swansea Bay CHC additional targeted work was undertaken specifically with SBUHB patients on the CTMUHB Orthopaedic waiting list between 10th May 2023 and 26th May 2023 and the following responses were received:

- 26 survey responses
- 87 telephone calls / email queries

The engagement plan outlines our engagement intentions and what was delivered. In summary, two online events were stood down due to a lack of attendance and a two week focused patient engagement exercise was added to ensure the views of those most affected were included.

7.1 Feedback from the survey

42 out of 82, or 53%, of respondents were currently on an orthopaedics waiting list. Many respondents commented on the lack of information and communication from the Health Board, exacerbated by the difficulty in contacting the Health Board to find out what is happening, where they are in the process, what happens next, how long they are likely to have to wait. Many respondents provided information on their personal circumstances and explained the impact that being on a long waiting list, with limited information on what happened next had on their lives and their ability to plan their lives and their mental and physical wellbeing. Some explained the challenges of being in constant pain, the deterioration of their condition and the length of the wait for their operation. Some respondents commented they had paid to have treatment privately as they could not continue to suffer indefinitely.

36%, or 16 out of 44 respondents, were waiting for a hip operation and 41%, or 18 out of 44, respondents were waiting for a knee operation.

While on a long waiting list, regular communication and information was identified as critical.

‘Keep us informed of approximate how long to wait for appointments at regular intervals, as nearly 18 mths went by before follow up on the injection. Feels like we are being forgotten and being left to get on with our daily lives in constant pain.’

Opportunities for check-ups to support pain management, keeping mobile and reviewing potential deterioration was identified as key.

‘Provide better pain relief, give advice and assistance with keeping as active as is possible to do. I am really worried that at the moment I am losing fitness and capacity to do things because of having to manage the pain and effects on my nerve functioning’

‘I keep as active as possible and go to the gym when my joints allow, I just need an operation date to allow me to continue to lead a healthy life, so I will not need opiates etc’

52 out of 66, or 79%, of respondents agreed or agreed strongly with our proposals. Respondents identified several advantages to the proposal including

'Helping more people get operations in a timely manner.'

'Centralising- patients feel that Centres of Excellence for individual health issues under the same roof are easier to locate and know where to go'

'Less elective cancellations'

'Bridgend too far so Neath better.'

'All people will be treated closer to home, offered appropriate Prehab opportunities and ultimately wait no longer than 2 years for surgery.'

The major disadvantage / concern identified regarding the proposal was travel and transport to Neath Port Talbot Hospital

'access to Neath & Port Talbot is difficult for patients who don't drive and dependency on ambulances at the present time is not acceptable- many are elderly- transport is a problem'

'Having to attend Neath/Port Talbot Hospital. If you can drive or have someone to take you it's fine but public transport from most parts of Swansea is very poor so what provision will be put in place to get patients to Neath/Port Talbot'

Additional queries were raised regarding staffing of the service and the support for patients post operatively, the additional length of time some patients would have to wait and the challenge that a two year wait for an operation was not sufficiently ambitious by the Health Board.

'Staffing being available to run the service properly'

'some CTM W/L patients might be frustrated at having to wait longer. It will be important to ensure that lower priority patients don't get perpetually bumped down the list so that they wait an unreasonably long time for surgery because other higher priority patients jumped the queue.'

'A reduced waiting time of no more than two years for surgery is still far too long. A lot more resources will need to be employed to reduce surgery waiting times to an acceptable level.'

Respondents had the opportunity to provide further comments and matters raised included access to support services, the need to address parking issues at hospitals and the importance of post-op aftercare. The importance of communication and being treated with kindness and dignity was reiterated.

'I have just rung MCAS to see where I am on the list for pain relief injections and have been told there is at least 20 weeks waiting list more likely 6 months, not helpful with pain'

'My biggest complaint is the total isolation of not having contact with anyone who can keep me updated on the waiting list situation.'

'Please can you try and see patients like myself as human beings instead of just numbers on a waiting list as the effects on myself have been catastrophic and life changing.'

From an equalities perspective, consideration needs to be given to the impact these proposals may have on older people, people with disabilities, gender and minority groups.

7.2 Feedback received via email

The five written submissions predominantly focused on personal experiences of respondents regarding the current service. Concerns were expressed around

- long waiting times
- the impact the long waiting times have on an individual's physical and mental health and wellbeing
- access to services such as MCAS.
- transport
- how high risk patients who need surgery are managed and what can be done if surgery is not an option
- improving the response form so it is more accessible

7.3 Feedback from online sessions

Two scheduled online events were stood down as no participants had signed up. However, two took place on the 4th April 2023 and 11th April 2023 and four people attended these events.

The proposals were positively received, but some respondents requested clarification around their personal circumstances. Concerns were expressed around the lack of communication and updates from the Health Board, the difficulty of being in pain with no idea of when they will have the operation and the toll this takes on physical and mental wellbeing.

7.4 Feedback from the Quadrant Centre, Swansea

Information was shared with 29 people throughout the day. Concerns were raised about the transport between the hospitals and the lack of a direct route from Swansea to Neath Port Talbot Hospital. Bus route 31 to Morriston via Birchgrove was identified as a non-contracted service, so if there are staff shortages it is stopped at short notice and this has an impact on patients and staff who use the transport.

Most of the people we spoke with didn't understand the term 'orthopaedics' and this had to be simplified into plain English. One patient had to pay for a private operation and commented 'I've given up on the NHS'.

7.5 Feedback from the Aberafan Shopping Centre

Information was shared with 50 people throughout the day. Generally, people were very happy with the development, the use of Neath Port Talbot Hospital was welcomed and feedback was we should get on with making it happen.

Concerns were expressed about the long waiting times and people suffering in agony while waiting. One person explained they paid for a knee replacement in Lithuania last year as the waiting times for the NHS are so long and it has transformed her life. Another commented they had waited 5 years for a knee replacement, and the staff at Neath Port Talbot Hospital were fantastic.

7.6 Feedback from Accessibility Reference Group (ARG)

Members of ARG commented that access to secondary care services is dependent on GP referral, however access to a GP is increasingly difficult and this is not taken into account with the proposed changes.

The introduction of prehab was welcomed and the importance of side rooms for disabled people in the hospital setting was emphasised.

Transport was reiterated as an important issue, particularly those dependent on public transport, and socioeconomic impact for people on low income needs to be considered and addressed

7.7 Feedback from SBUHB Patients on the CTMUHB Waiting List

As part of the mid-point review, the Swansea Bay CHC proposed letters should be sent to SBUHB patients to gather their views as these patients are likely to be the most affected by the proposed changes. A letter was drafted and shared with CTMUHB but unfortunately, the letter was not sent out during the engagement period. The CHC confirmed this was considered a critical part of the engagement process, it was anticipated the letters would be sent out during the w/c 17th April and comments could be shared for a two-week period. A delay in the process meant CTMUHB did not send out letters until the week of 10th May, SBUHB was not advised of this and there were initial challenges for patients as the online form was no longer live but this was resolved as soon as the issue was identified. Some people who rang misunderstood the answerphone message and thought the number was unavailable but 87 individual callers contacted us over the two-week period, some phoning on multiple occasions.

26 patients completed the response form, they told us while on the waiting list they need help to manage their pain, physiotherapy, support groups, and most importantly, communication and being updated as to when they are likely to have their operation

'I have been waiting over three years for my operation, maybe a progress update on the waiting list every three months sent out to patients to give them some idea of how close or how far away a patient is for an operation, at the moment there has been no feedback in three years.'

'Find another hospital willing to take me as there has been no movement in terms of elective surgery happening in Prince of Wales in the 3 years I have been waiting.'

20 out of 26, or 77%, of patients agreed or strongly agreed with the proposals for orthopaedics. The benefits of the proposal included

'I suppose it would make it easier to have orthopaedics in a central place'

'After full implementation all residents of SBHB will get a better service'

'As it would shorten waiting lists it would be good'

'We the public will be made aware of the process'

'Being seen in my local area as opposed to travelling'

'No advantage.'

The concerns expressed about the proposals included fear they would be placed at the bottom of the waiting list and still have to wait for years for their operation, or no longer be with a consultant who has handled their care for many years.

'People being moved who are top of the list in their area will move to the bottom of the list of another area'

'The waiting lists will get even longer'

'Further delays having waited for over three years already'

‘had to go to the beginning of the waiting list again’

‘Possible change of consultant who I have been under for over 10 years’

While some patients will benefit from the proposed changes,

‘I would prefer to have the operation at Neath Port Talbot hospital for obvious reasons ie cost to family for visiting and easier for travelling to and from home’

Most of the patients who responded were frustrated by the long waits for operations, the impact this has on their life and the lack of communication from the Health Board. Quite simply, they wanted a date for their operation.

‘You cannot imagine the impact this is having on my emotional wellbeing. My children have to now care for me, they have to do shopping for me, there are times where I do not engage in life and would rather sleep away the days. This hip op is the only thing giving me hope.’

‘I was not informed at my recent visit to POW this would be happening. I only found out this by phoning the waiting list line. Nobody can tell me what is happening to me as nothing has been confirmed with the hospital.’

8. Mitigations

The overall response to the health board’s proposed recommendations – as outlined in the engagement document – would suggest the health board should proceed with the proposals contained in the “Changing Orthopaedic Services for the Future” engagement document subject to appropriate mitigation in certain areas where concerns were raised.

Issue	Proposed mitigation	By	Date
Sufficient staff to run the service	The staffing model for the orthopaedics service will take into account the additional capacity required to manage the transfer of patients and reduce the current waiting lists for orthopaedics. The recruitment has already taken place for the new theatres and these are opening in June,	Craige Wilson, SRO	30th Sept 2023
Patients are concerned about the transport options and access to services. There are significant challenges in getting public transport from	As part of the Changing for the Future implementation, it was agreed further work needs to undertaken regarding transport options for patients	Craige Wilson, SRO	on-going

<p>Swansea to Neath Port Talbot Hospital which is worrying for patients.</p> <p>There were further concerns regarding the costs of transport and how this may affect patients on low income accessing services</p>	<p>including opportunities with the voluntary sector. This work is ongoing and will need to be accelerated and take into account the needs of orthopaedic patients.</p> <p>The payment of expenses for patients on associated benefits needs to be reiterated to assist some patients on low incomes.</p>		
<p>Longer waiting times for SBUHB patients who transfer from the CTMUHB list</p>	<p>All patients who transfer will be clinically reviewed and slotted into the waiting list based on clinical need and prioritisation.</p> <p>While there may be an increase for individual patients in the short term, by March 2024, no patient should wait more than 2 years for an orthopaedic operation.</p>	<p>Craige Wilson, SRO</p>	<p>31st March 2024</p>
<p>Waiting times for operations are too long and even 2 years is unacceptable</p>	<p>The proposed change to orthopaedic services sought to ensure patients receive a consistent, equitable service and the long waiting times for orthopaedics operations are reduced.</p> <p>The commitment from the Health Minister is that 99% of patients will wait more than 2 years for an orthopaedic operation by 31st March 2024. Whilst this is a challenging target to meet the HB is developing plans to do so. Once we meet this target, we can review again to see if the</p>	<p>Chief Operating Officer</p>	<p>31st March 2024</p>

	target can be reduced further.		
<p>Fear of further delays in having their operation, or being put at the bottom of the waiting list</p> <p>Concern that patients who are identified as in a lower category of need won't always sit at the bottom of the waiting list and never be prioritised for an operation</p>	<p>We can reassure all patients transferring over they will not be added to the bottom of waiting list.</p> <p>All patients who transfer will be clinically reviewed and slotted into the waiting list based on clinical need and prioritisation along with current waiting time.</p> <p>Patients will receive regular updates and have access to the prehab service. As part of this information, confirmation of patients needing to contact their GP if they experience significant deterioration for escalation with their consultant will be included.</p>	Craige Wilson, SRO	September 2023
Some patients have a complicated history of care and have been with their consultant for a number of years and do not want to change consultants and lose that continuity of care.	When patients are being transferred back to SBUHB, where a patient expresses a preference to remain with a consultant for these reasons, every effort will be made to ensure the patient remains with that consultant.	Craige Wilson, SRO	This will be dealt with on a case by case basis based on patient request
Clear access and signposting to prehab and support services such as physiotherapy for patients while on the waiting list	The service will work with patients and the communications team to ensure accessible information is available to inform patients of how to access these services.	Craige Wilson, SRO	September 2023

<p>Patients need to be updated regarding the transfer to SBUHB, the clinical review and their new consultant.</p>	<p>Once the CTMUHB patient list is transferred over to SBUHB, a letter will be sent to all patients on the list specifying that a clinical review will be undertaken and confirmation of the allocation of managing consultant accordingly.</p>	<p>Craige Wildon, SRO</p>	<p>31st March 2024</p>
<p>Patients are on waiting lists for a significant length of time, with no updates on when their operation is likely to be. This makes patients feel forgotten. The lack of information makes it more difficult for patients to manage their care and lives and often causes significant anxiety and stress for patients</p>	<p>Due to the nature of waiting lists and patients being prioritised based on need, it is difficult to accurately predict when patients will have their operation at some points on the waiting list.</p> <p>The service will work with patients to develop regular, useful updates for patients, confirming they are on the waiting list and providing reassurance they have not been forgotten.</p> <p>The Prehab service will provide patients with access to services to make sure patients are as ready as possible for their operation.</p>	<p>Craige Wilson, SRO</p>	<p>September 2023</p>

9. Next Steps

Subject to the approval of the proposal to proceed with the service change and the above mitigations being progressed at pace, the implementation of the service change will need to review the EQIA to ensure there are no unintended consequences and should any arise then these will be addressed and reflected in this document.