

Integrated Impact Assessment (IIA) Summary

Inpatient Rehabilitation Services Relocation Proposal (Orthopaedic injury and Amputee and Neurorehabilitation)

Date: Wednesday 11th June 2025 1:30pm-3:30pm

Venue: Astley Ainslie Hospital (in person), Cunningham Unit, Lorna Cay Room

Summary of the IIA

In conclusion	The group reached a general agreement that the proposed relocation of inpatient rehabilitation beds currently accommodated at the Astley Ainslie Hospital to ELCH was a viable option.
Equality and Fairness Impacts	The group identified a number of potential equality and fairness impacts and advised that these be considered carefully by decision makers alongside the remaining general concerns and opportunities.

General concerns

- Participants are keen to understand in more detail the funding available to deliver the service under the proposed changes (bed reduction and relocation) and care models. Further information and reassurance would be welcomed.
- Impacts on acute bed capacity – participants expressed support for adjacent acute services that may be impacted by the proposed changes via delayed discharges and the additional staff resources this requires. A suggestion was made that additional funding be explored to support acute services to cope with any changes in their area arising as a result of this proposal.
- Transport for outpatients to attend clinics and appointments was discussed. Difficulties with availability of Scottish Ambulance Services resources to transport patients are significant under current arrangements and it is anticipated that under proposed changes (e.g. Home First approach) that these capacity pressure may increase. Participants would welcome detailed information on any plans or discussions with Scottish Ambulance Service prior to changes to the rehabilitation service.

Opportunities

Facilities	Under the proposed relocation, patients would have access to modern, comfortable and functional facilities, reliable digital connectivity (wireless internet throughout ELCH) weekly ELCH Health and Wellbeing Hub activities including visits from Citizens Advice Bureau and a range of accessible indoor and outdoor communal spaces.
Single occupancy bedrooms (inpatients only)	Single occupancy bedrooms with ensembles (in contrast to current AAH multi-occupancy shared accommodation) provide a number of opportunities for enhanced privacy. This may have positive impacts on people for a wide variety of reasons including personal preference, rest and reflection time, fewer conflicts with other patients and a private space for religious worship or other activities a patient would prefer to undertake privately. It may also provide opportunities to preserve self-perception of dignity as patients adjust to their changed bodies and abilities and their concept of body image. Direct equality positive impacts will be listed beside the 9 protected characteristics in the Equality and Fairness Impacts section.
Social needs and wants	The proposal offers an opportunity to reassess how the service provides for the social needs of inpatient and home-based rehabilitation patients. It was recognised that being with other patients that are working through similar challenges can be very beneficial for those undertaking rehabilitation and reduce isolation. Several suggestions arose for ways to improve patient experience. It was noted that some funding was available for activity coordination.
Clearer and more frequent communication	<p>There is an opportunity and an expressed need from participants for better communication, and more detailed information on the progress and planning of the proposal.</p> <p>We have identified a number of ways to achieve this with internal and external stakeholder groups. More detail on this point will be available in the full IIA report.</p>

Equality and Fairness Impacts

Fairer Scotland Duty

Inpatient Rehabilitation	Mitigations
<p>Key fairness negative impacts identified centred around the costs and travel times for patient family and friends to visit them at ELCH. It was identified that these impacts could disproportionately effect people on the lowest incomes, unpaid carers and people located in rural communities with less frequent or more expensive transport links intensifying household financial pressures and making it more difficult for people to reconcile their caring and employment requirements. It was also identified that this could disproportionately effect patients from West Lothian, the Lothian area furthest from ELCH.</p>	<p>A range of methods of subsidising patient visitor transport costs is being explored. Detail on these will be included in the full IIA report and will evolve in the coming weeks.</p> <p>Communication of these resources with all third sector, patient and clinical staff will be key to mitigating this impact in the short (pre-relocation) and long-term (during the whole course of service delivery if the proposal goes ahead).</p> <p>The role of technology was discussed in supporting good connections between patients and their loved ones (e.g. via video or telephone calls). Reliable and modern wireless internet connectivity at ELCH was identified as positive for this. Support for using technology will be explored.</p>
Outpatient (home-based) Rehabilitation	Mitigations
<p>Issues related to Scottish Ambulance Service transport for home-based patients was discussed as a general concern (see above). If transport issues were encountered for home-based patients, this could create a difference in care and opportunities between those referred for inpatient or home-based rehabilitation and potentially impact rehabilitation goals.</p>	<p>It was agreed that patient transport details would be explored in detail prior to relocating patients and that issues with transport and patient rehabilitation opportunities and outcomes should be closely monitored on an ongoing basis.</p>

Equality Act 2010/Public Sector Equality Duty

Protected Characteristics

Age	<p>Inpatient Rehabilitation: some of the older patients and their loved ones may be disproportionately affected by any mitigations that require the use of technology if they do not currently use it or own devices. Opportunities to share devices and support their use will be explored.</p> <p>Younger people may be impacted by the proposed changes in relation to their roles as young carers. We will work closely with young carers and third sector organisations that support them to plan mitigations to this impact and monitor impacts over time.</p> <p>There is an ambition to maximise the positive experiences of the youngest patients (a very small minority) by exploring opportunities for them to socialise with other younger patients at ELCH.</p>
Sex	<p>It was noted that unpaid carers were often women and that we should plan for and monitor impacts on this groups prior to relocation and over the course of service delivery if the proposal goes ahead.</p> <p>It was noted that there may be more male patients than women in inpatient rehabilitation beds due to the higher prevalence of some conditions in men (e.g. stroke, amputations, traumatic brain injury). Consideration for the impacts of this patient sex breakdown should be considered during planning, especially in relation to potential need for patients to be restrained by staff. Impacts should be monitored over the course of service delivery if the proposal goes ahead.</p>
Race and ethnic background	<p>No direct impacts were identified related with race and ethnicity but some indirect impacts were identified associated with speaking languages other than English and cultural practices.</p> <p>It was noted that positive impacts associated with single occupancy bedrooms were:</p> <ul style="list-style-type: none">• Improved comfort to speak in languages other than English with relatives, friends and through interpreters with staff.• More privacy to follow cultural practices that may draw attention in shared wards.• More privacy to keep one's personal life and culture confidential if the patient prefers this (e.g. if the patient feels they will experience stigma if their culture is identified such as

	<p>the Gypsy, Traveller, Roma community).</p> <p>We will work with health and social care organisations and the third sector to do our best to plan for and meet the needs of people from all races, ethnicities and cultural backgrounds.</p>
Religion, belief or lack of it	<p>ELCH has a multi-faith sanctuary which may assist people that are religiously observant or living spiritual lives to feel more comfortable to meet their worship needs. There are similar positive impacts of single occupancy rooms for patients that would like to worship in a private space and those that follow sex-linked religious or cultural segregation rules.</p>
Sexual orientation	<p>Similar privacy positive impacts exist for people that are Lesbian, Gay, Bisexual or of another sexual orientations (LGB+). Patients that prefer to keep their sexual orientation private would have more opportunity to do so in single occupancy rooms than on shared wards. This may be especially important to people in older age groups or those from cultural or religious backgrounds that outlaw or discriminate about LGB+ people or whose family are not aware of their orientation.</p>
Pregnancy and maternity	<p>There were positive impacts identified for patients that were pregnant or in the six months after birth to single occupancy rooms. It was raised that this offered more potential for either bringing a baby with them or having visitors bring babies to the mother. It was also noted that there is a Community Midwifery unit onsite that may be able to further support any pregnant or recently delivered patients.</p>
Disability	<p>There is an ambition to work more closely with third sector organisations that support people with different disabilities to enhance patient experiences, remove barriers to participation and eliminate direct and indirect discrimination.</p> <p>We will plan for and co-design models of care with patients and third sector organisations that advocate for people with disabilities and monitor disabled patient's experience on an ongoing basis if the proposal goes ahead. We will focus on meeting the communication needs of all patients including those that require different formats of media to receive information about their care (BSL users, people that are blind or partially sighted, people with learning disability or cognitive impairment etc).</p>
Gender reassignment	<p>There were positive impacts identified for single occupancy rooms for patients that were undergoing gender reassignment. Patients that preferred more privacy may benefit from a single occupancy space and toilet/shower facilities. For those that are generally identified by</p>

	strangers as their chosen gender, it may preserve dignity by reducing the likelihood of other patients or staff that did not need to know that the patient has a transgender background from receiving this information accidentally in the process of the patient receiving care or visitors.
Marriage or civil partnership	This characteristic is not applicable to this scenario. No impacts were identified.

The full IIA report will be available from 18 June at: www.eastlothian.gov.uk/elhscp/ia.