## Summary of Equality Analysis on Plans to Improve Stroke Care in West Surrey

<table>
<thead>
<tr>
<th>EQUALITY GROUP</th>
<th>Negative Impact YES / NO</th>
<th>Positive Impact YES / NO</th>
<th>ADJUSTMENTS PROPOSED YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Disability</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
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<tr>
<td>Ethnicity / Race / Ethnic Group</td>
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<tr>
<td>Gender</td>
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<tr>
<td>Gender Reassignment</td>
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<tr>
<td>Religion &amp; Beliefs</td>
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<tr>
<td>Marriage &amp; Civil Partnership</td>
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<tr>
<td>Pregnancy &amp; Maternity</td>
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<td>Sexual Orientation</td>
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<tr>
<td>Carers</td>
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</tr>
<tr>
<td>Areas of Deprivation/Geographical Location</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>
### Who is this ‘activity’ aimed at? Please delete and explain further if relevant.

| Patients/Public | Staff/Workforce |

### What are the main aims and objectives of the ‘activity’?

Our strategic plan for transforming stroke services centres on moving the emphasis from traditional divisions between health and social care and acute and community to a much more integrated and seamless delivery of services. It reflects the intention to shift the setting of care from lengthy acute hospital stays to community provision whenever appropriate and to raise the quality and improve the sustainability of the services provided in all settings, focused on prevention of illness, timely access to expert care and effective rehabilitation.

Plans have been developed to improve clinical and patient experience outcomes following stroke in West Surrey.

The Surrey Stroke Review was commenced due to the outcome measurements from services, including the London models, which indicated mortality rates reduced from 17% to 12% for patients who were cared for within a Hyper Acute Stroke Unit (HASU) and experienced Early Supported Discharge (ESD) models of care.

In Surrey the mortality rates were in excess of 15% and some areas did not have models of HASUs or ESD. The expert panel concluded that a model of 3 HASUs should be developed. The panel recommended that Frimley Park Hospital, Ashford and St Peter’s or Royal Surrey County Hospital and Surrey and Sussex Healthcare Trust be the preferred sites for HASU services. An options analysis was carried out by ASPH and RSCH to select a preferred site for the third HASU.

The future stroke pathway in West Surrey will include the following benefits that have an impact on equity:

- Access to the best care is improved. All people in West Surrey that are eligible for ESD will receive the rehabilitation and support they need in their homes.
- Discharge up to 50% of people home with intense support.
- The length of stay in hospital reduced.
- Better quality of service provision for patients with equity of access across Surrey.
- Standardised pathways of care regardless of where they live.
• Each team appropriately staff with the right specialist skills to deliver care, including access to speech and language therapy and psychology
• Carers will liaise with a single team throughout each phase of the rehabilitation; so less duplication
• Service provision can be based on patient need rather than prescribed by time

It is planned to consolidate hyperacute and acute stroke services in Frimley Park Hospital and St. Peter’s Hospital. By doing this, workforce requirements aimed at providing high quality stroke care will be met and outcomes will be expected to improve.

It is also proposed that inpatient stroke rehabilitation is consolidated at two community hospitals rather than spread across four sites, with Farnham Hospital being one of these sites. This will concentrate stroke specialist rehabilitation clinicians in the required numbers to provide the right care at the right time to enable people who have a stroke to recover more quickly.

An increase in early supported discharge is also proposed which means that a greater number of eligible patients will be able to go home sooner with specialist intensive stroke rehabilitation. Stroke Navigators will meet patients and families on the acute wards, providing a single point of contact for life.

Describe the current situation:
Currently, people who are suspected of suffering a stroke can be treated at three hospitals in West Surrey: the Royal Surrey County Hospital, St. Peter’s Hospital and Frimley Park Hospital. Of those that are diagnosed with a stroke and require further inpatient rehabilitation, they may be transferred to four different locations: Ashford Hospital, Farnham Hospital, Milford Hospital or Woking Hospital. Some patients are discharged with early supported discharge arrangements.

Intensity and quality of care across the different sites varies. The plans to improve stroke care aim to increase access to higher quality stroke care overall for people in West Surrey, regardless of where they live.

Clarify what exactly is being analysed:
Provision of hyperacute and acute stroke care in Frimley Park Hospital and St. Peter’s Hospital.
Provision of community inpatient stroke rehabilitation at Farnham Hospital and one other community hospital in West Surrey, the decision to be based on where we can best consolidate services.
Please describe what ENGAGEMENT AND/OR CONSULTATION that has taken place to inform this equality analysis?

The Surrey Stroke Review included a number of public meetings and questionnaire returns (350) across Surrey. In addition, prior to the public consultation on these plans, both CCGs have spoken with a number of voluntary organisations, Patient & Public Engagement Group and Patient Participation Group chairs.

Does the ‘activity’ described above already impact negatively or positively on different equality groups or would the activity1:

- Have a POSITIVE impact (benefit) on any of the equality or vulnerable groups?
- Have a NEGATIVE impact / exclude / discriminate against any of these groups?

AGE

Age is the single most important risk factor for stroke1. The risk of having a stroke doubles every decade after the age of 55. By the age of 75, 1 in 5 women and 1 in 6 men will have a stroke. 1 in 4 (26%) of strokes in the UK occur in people under 65 years old.

Approximately a fifth of the population of Guildford and Waverley (18%) are older adults, aged 65 years and over. 1 in 6 residents in North West Surrey (16%) are aged 65yrs and over. The number of people aged 65 and over is projected to rise in line with the national picture of an ageing population. It is estimated that the number of people aged 65 years and over across both CCGs will increase by 20%. Hence, there will be a larger number of people at risk of suffering a stroke although people aged 85 years and over will continue to be a small proportion of the overall population.

Younger people also suffer strokes and so it is important that stroke services meet their needs too. The number of people having strokes aged 20 to 64 increased by 25% from 1990 to 2010 worldwide. Around 1 in 150 strokes in the UK occur in people under 20 years old. It is therefore important that a broad range of rehabilitation therapies are available to meet the needs of different age groups.

Quality of stroke care in the immediate 72 hours has the most impact on the overall mortality and morbidity rate, regardless of age. By consolidating services in two hospitals, to enable challenging workforce requirements to be met, people will experience better care outcome. Setting up larger specialist stroke units (acute and community) will enable a broader range of stroke rehabilitation therapy to be provided to all age groups; this applies to early supported discharge as well.

Conclusion: The proposed change will have a positive impact on stroke care and outcomes regardless of age.

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Equality Analysis/PLANS TO IMPROVE STROKE CARE IN WEST SURREY
**DISABILITY**

Stroke is the largest cause of complex disability - over half of all stroke survivors are left with a disability. Stroke has a greater disability impact on an individual than any other chronic disease. Over a third (41%) of stroke survivors in England, Wales and Northern Ireland are discharged from hospital requiring help with activities of daily living.

Hence, it is important that stroke services are organised to reduce this risk of disability as well as being able to meet the needs of patients with disabilities. Consolidation of hyperacute and acute stroke care in two hospitals will ensure greater access over 7 days to high quality stroke specialist care, which reduces risk of disability. It will also enable a greater range of equipment to meet the needs of people with disabilities to be provided. Increased access to early supported discharge will enable patients to return home sooner to rehabilitate in their own environment for up to 6 weeks. For people with disabilities following stroke, this has been shown to improve level of independence at the end of the 6 week period.

**Conclusion:** The proposed changes will have a positive impact on people with disability.

**ETHNICITY / RACE / ETHNIC GROUP**

Black people are twice as likely to have a stroke and at a younger age than white people. South Asian people have strokes at a significantly younger age than white people. This is due to a greater prevalence of risk factors for stroke amongst these two ethnic groups such as sickle cell anaemia (black people), diabetes, high blood pressure and high cholesterol (both ethnic groups). There is no known difference in risk in other ethnic groups such as gypsy, Roma and traveller communities. West Surrey is home to a growing number of people of Nepalese origin that would carry these risks so it is important that services meet their needs.

The proposed changes are aimed at providing expertise in a smaller number of sites. This enables the workforce to consolidate skills in primary prevention (through being able to link more extensively with primary care) and secondary prevention (through having a greater number of stroke consultants and nurses who review risk of further stroke). The plans will establish larger teams that are generally found to attract health care professionals who wish to extend their skills; with a limited workforce of specialists, stroke units and teams need to be able to attract these specialists.

**Conclusion:** The proposed changes will have a positive effect on people from different ethnic groups.
**GENDER**

Men are at a 25% higher risk of having a stroke and at a younger age compared to women. However, as women live longer there are more total incidences of stroke in women. By the age of 75, 1 in 5 women and 1 in 6 men will have a stroke. The population of women aged 65 years and over in West Surrey is greater than men, hence stroke services in this area treat more women than men overall.

Single sex accommodation is required in all hospitals. Given the slightly greater proportion of women that suffer stroke than men, there may need to be greater number of female bedded bays than male. The plans will establish greater bed numbers in a smaller number of sites, which overall makes it more feasible for single sex accommodation to be safeguarded.

| Conclusion: | The proposed changes will have a neutral effect on people of different gender. There may be some additional protection of single sex accommodation. |

**GENDER REASSIGNMENT**

Trans-gender people experience poorer health outcomes and barriers to accessing services that providers need to make adjustments for in their systems and processes.

Risk of stroke is linked to epidemiology e.g. gender, ethnic group and age as well as to environmental risk factors. It is not known whether there is a greater or lesser risk of stroke amongst people that have undergone or are going through gender reassignment.

The plans are unlikely to have an impact on this equality group but services need to ensure that their staff are skilled and knowledgeable in caring for them.

| Conclusion: | The proposed changes will have a neutral impact on people who have undergone gender reassignment. |

**RELIGION & BELIEFS**

There is no link between religion and risk of stroke. People of different religions may share the same ethnic group, which does affect risk of stroke, but this is not absolute. Stroke services need to ensure that the beliefs and spirituality of people in their care are respected and considered in the construct of rehabilitation and recovery.

The plans under consideration are unlikely to have either a positive or negative impact on people who practice different religions. All hospitals have multi-faith rooms for patients and visitors as well as chaplaincy for all people whatever their religious beliefs or if they do not have...
religious beliefs and are required to take steps to meet the needs of patients relating to religion and belief as part of existing equality duties. There could be some positive impact from patients being cared for by community based rehabilitation teams that are linked operationally with the acute trusts that have chaplaincy services who can advise professionals on different aspects of religious belief as it impacts recovery and rehabilitation.

| Conclusion: | The proposed changes will have a neutral impact on people of different religious faiths. There may be a slight positive impact in the rehabilitation phase of care. |

**MARRIAGE & CIVIL PARTNERSHIP**

There is no evidence linking marriage and civil partnership to risk of stroke. Stroke services must cater for the needs of people in these relationships equally well, as should all services.

| Conclusion: | The proposed changes will have a neutral impact on people who are married or in civil partnerships. |

**PREGNANCY & MATERNITY**

Pregnancy and the postpartum period are associated with an increased risk of ischemic stroke and intracerebral haemorrhage, although the incidence estimates have varied. There are several causes of stroke that are unique to pregnancy and the postpartum period, such as preeclampsia and eclampsia, amniotic fluid embolus, postpartum angiopathy and postpartum cardiomyopathy. It is therefore important that stroke services have effective and efficient access to obstetric specialist advice and support for pregnant women who have a stroke.

All three hospitals in West Surrey provide the full range of maternity services, including consultant led obstetrics and gynaecology teams and midwives. There will therefore be no change in access to this care for pregnant women with these plans. The community hospitals that are proposed for inpatient rehabilitation will be linked via the proposed stroke care pathway to acute trusts with this expertise.

Stroke services need to be able to provide single-bedded rooms for a variety of clinical reasons which will also enable women with young babies, in the maternity period, to care for their babies in cots next to their beds. The plans will not reduce access to this amenity and may increase it.

| Conclusion: | The proposed changes will have a neutral impact on women who are pregnant or in the maternity period. Services need to accommodate caring needs and wishes regarding breastfeeding amongst this equality group. |

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2 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3137888/
Equality Analysis/PLANS TO IMPROVE STROKE CARE IN WEST SURREY
<table>
<thead>
<tr>
<th>SEXUAL ORIENTATION</th>
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</thead>
<tbody>
<tr>
<td>It is estimated that the LGBT population is 5-7% of the population. Members of the lesbian, gay, bisexual and transgender communities (LGBT) have been found to have higher levels of certain health behaviours such as excess alcohol consumption, drug use and smoking, as well as lower uptake of screening programmes. The former three are linked to an increased risk of stroke. The proposed changes are unlikely to impact either positively or negatively on people with different sexual orientations.</td>
</tr>
</tbody>
</table>

**Conclusion:** The proposed changes will have a neutral impact on people of different sexual orientation.

<table>
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<tr>
<th>Other categories relevant to CCG’s statutory duty to reduce health inequalities:</th>
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**CARERS**

Carers provide unpaid care for family partners or friends in need of help because they are ill, frail or have a disability. The physical and mental health of carers can suffer as a result of their caring. 40% of carers have been found to suffer from mental distress or depression, with levels of distress increasing with the amount of time spent in caring activities. There is evidence that carers have an increased risk of back injuries and may have higher blood pressure and increased risk of stroke. In addition to risk associated with the number of hours spent caring, carers reporting ‘strain’ appear to have worse health outcomes. Young carers may suffer particularly from the health effects of their caring responsibilities.

The impact of a loved one having a stroke can be huge. Stroke services must be able to work in conjunction with carer support services and the local authority to ensure that carers are supported as much as possible to adjust to their new circumstances. Decisions need to be taken regarding how much care a person can provide without impacting negatively on their own health and wellbeing. All stroke services as they are currently provided have established links with these agencies.

The plans include Stroke Navigators, who will meet patients and families on the acute wards, providing a single point of contact for life. They will link carers with carer support organisations where they live and ensure they are aware of provision available through the Carer Prescription.

**Conclusion:** The proposed changes will have a positive impact on carers due to the new provision of Stroke Navigators, who will provide a single of contact for patients and families, for life. It is recognised that some carers may need to travel further to visit; this is covered in the section below regarding...
geographical location.

### AREAS OF DEPRIVATION and GEOGRAPHICAL LOCATION (urban, rural, isolated)

Social deprivation is linked to a greater risk of stroke. People from the most economically deprived areas of the UK are around twice as likely to have a stroke as those from the least deprived areas\(^3\).

Surrey as a whole is the fifth least deprived county in England ranking 144th out of 149, with 60.9% of the population falling into the least deprived quintile. However, there are pockets of significant deprivation and variation across the county. Included in these areas are parts of North West Surrey (Maybury and Sheerwater, Goldsworth East, Stanwell North, Walton Ambleside and Walton North), and Guildford and Waverley (Westborough, Godalming Central, Ockford and Stoke).

The proposed changes will ensure that patients diagnosed with stroke on admission to the two hospitals will have quicker access to the stroke specialist care required. This will be equitable across West Surrey.

**Access**

Guildford and Waverley has a large rural area, in the south of the CCG patch in Waverley. There are challenges for people living there in terms of a reduced public transport service. There is concern locally regarding access for emergency ambulances down narrow country lanes.

The plans have been supported by South East Coast Ambulance Service which advises that they will be able to transport patients from all parts of West Surrey to the two sites in the required time for all expected stroke care to be delivered within the required timeframes. For people visiting friends and relatives that have had a stroke, journey times will be extended and if by public transport more circuitous. The impact of this on overall stroke outcomes is not known. Further work will be needed to assess the impact on patients travelling to and parking at the two sites. It will be important under these plans for the two hospitals to ensure information is provided on different transport options from a greater geographical area. One of these trusts (Frimley Park Hospital) already provides specialist cardiac care (primary angioplasty/PPCI) for people living in Waverley so would be expected to have this information available already.

**Conclusion:** The plans could have a negative impact on people living in the more rural area of Waverley but this impact would be less on people that have a stroke and more on people in Waverley wishing to visit those that have had a stroke;
this includes carers. For those who are living in more socially deprived areas, there will be a positive impact from these plans as they will ensure all people living in West Surrey will have greater access to high quality stroke care.

### Name of person completing EA
Liz Patroe

### Job Title
Head of Partnership & Engagement

### Name of lead Manager / Director

### Signature

### Date completed
16th December 2016

**CONCLUSION:** Summarise your findings.

Overall, the plans to reconfigure stroke services in West Surrey will have a positive impact on the majority of equality groups. Where negative impact could be felt, amendments and reasonable adjustments have been suggested.

Further work is needed with different equality groups to inform the operational delivery of the proposed changes should they be approved following formal public consultation.