

ELHSCP Single Point of Contact Access to Rehabilitation – Summary Report (IIA)

1. ELHSCP Single Point of Contact Access to Rehabilitation IIA final.

2. What will change (and has changed).

- The East Lothian Rehabilitation Service has developed a Single Point of Contact (SPOC) to allow all East Lothian residents the ability to self-refer for PT and OT across our Community and Outpatient services.
- Services provided via this single point of contact are community physiotherapy, community occupational therapy, and musculoskeletal physiotherapy.
- The number is accessible and has been shared across the region and is available of East Lothian council website.
- Access to SPOC:
 - Individuals – number accessed via websites, word of mouth, community information or previous contact with PT/OT services.
 - Advised to call by their GP Practice reception staff, when seeking a GP appointment.
 - Advised to contact us by GP or Health and Social Care staff, following a telephone or face to face appointment.
- Pre-covid - There were a variety of different ways to access a referral to Physiotherapy (PT) or Occupational Therapy (OT) in East Lothian. Primarily this was via their GP, secondary care clinician or through ELC routes for OT.

3. Briefly describe public involvement in this proposal.

A survey to review the service was distributed to a wide range of service users via the email list attached (Appendix A) and via all public libraries, and a day care facility.

There was a limited response but those who did respond in the digital survey stated they would like a digital option, those in day care facilities needed support to access due to hearing difficulties and choices when calling, and those applying on paper had a mixed response.

Those directly spoken to by 3rd sector supporting non-English speakers required support to access this service, and preferred face to face contact.

4. Is the proposal considered strategic under the Fairer Scotland Duty?

Yes


5. Date of IIA

25th March 2024, 1345-1445 in person.

6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. Council, NHS)



Name	Job Title	Date of IIA training
Ali Buchanan (Lead)	Occupational Therapy Clinical Lead Inpatients/ Community	
Allison Bell (Chair and Report Writer)	MSK Team Lead, ELHSCP	March 2023
Fiona Morrison	Live Well	
Maureen Allen	VCEL Chief Officer	
Rukhsana Ali	MILAN (Southeast Asian Community) Senior Welfare Manager	
Ryan Ferguson	Health Promotion Lead Exercise	
Louise Dickson	MSK Clinical Lead, Physiotherapy, ELHSCP	
Tony Crooks	Interim Clinical Lead Mental Health	
Kirstie White	Occupational Therapy Team Manager	
Lesley Berry	General Manager, East Lothian Rehabilitation Service	Yes- date unknown

7. Evidence available at the time of the IIA

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Data on populations in need	<ul style="list-style-type: none"> East Lothian Joint Strategic Needs Assessment report 2022 Presentation on Single Point of Contact  Single Point of Contact.pdf East Lothian IJB Strategic Plan 2022-25 Engagement Feedback report 	<p>Evidence from the Single Point of Contact presentation shows that ELHSCP rehabilitation team are considering the growing population and the increased need for accessing this service.</p> <p>Non-English speakers and BSL users access the service but are disadvantaged as they either require support of a family member or friend or are referred from their GP or practice nurse.</p> <p>To access the musculoskeletal service directly the “friend/ family member/ 3rd sector support” only need to help to book the triage appointment. An interpreter can be booked for the triage appointment, but it is noted that it is difficult to get face to face interpreters for certain languages and BSL to attend East Lothian in person.</p> <p>Both community physiotherapy and occupational therapy triage on the phone using an experienced member of</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		<p>staff to direct appropriately. Big word can be dialled into as a 3rd party or the leading therapist is able to escalate the patient to a face to face assessment if there are communication difficulties.</p> <p>Those with any speech or language impairments, hearing barriers, cognitive impairment and older people may also need support.</p> <p>There are advantages to phone calls to assess initial needs of patients, carers, or individuals so they can be directed appropriately. For some people, a face-to-face appointment might not be required.</p> <p>If onward referral is required the therapy services can accommodate people with learning disabilities, BSL users, non-English speakers or those with other communication needs on an individual basis.</p>
Data on service uptake/access	Page 3 presentation.	<p>There was a 22% increase in calls from 2023 to 2022. 25,102 patients – 2022 30,502 patients - 2023.</p>
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.	Ward Profiles and Snapshots East Lothian Council	<p>This indicates that Musselburgh, Tranent and Prestonpans have the highest levels of deprivation.</p> <p>Access to the rehabilitation services is via the telephone and this negates geography. Community rehabilitation, if required, is then at home, and musculoskeletal physiotherapy is accessible to all areas of East Lothian (see details in Musculoskeletal triage IIA).</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Data on equality outcomes	2022 Census and NRS updates	<p>The 2022 census informs us that the population on East Lothian is growing with a high percentage of over 65's. We are awaiting the detail with the next release in Spring 2024 bringing unrounded population estimates by age and sex for small areas.</p> <p>We await publication of the census data for individual topics. This will begin to show a detailed picture of who lives in Scotland including information on:</p> <ul style="list-style-type: none"> • Ethnic group, national identity, language and religion • Demography and migration • Armed forces veterans • Sexual orientation and trans status or history • Housing • Education, Labour market and travel to work • Health, disability, and unpaid care <p>In the meantime, we rely on other sources of information such as translation and interpretation requests, SEEMIS school's database and ESOL for information about ethnic minority and minority ethnic populations in East Lothian.</p>
Research/literature evidence	<p>How we've made NHS inform accessible to all NHS inform</p> <p>Access for all (healthscotland.scot)</p>	<p>Accessible information online primarily relates to information and not to booking systems.</p> <p>Access to many of ELHSCP health services is primarily via the telephone making this an inequitable service for the deaf community, non-English speakers, those with learning disabilities, and many older people who have communication difficulties.</p> <p>There are access disadvantages for those without a telephone, homeless people and those who cannot afford to pay for a telephone bill.</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p>NHSScotland: national access policy - gov.scot (www.gov.scot)</p> <p>Health and Wellbeing - British Sign Language (BSL): national plan 2023 to 2029 - gov.scot (www.gov.scot)</p>	<p>We need to further review our communication methods to meet the standards set out in this policy. Section 5.1 of this act states Communications with patients should be in a format appropriate to their needs e.g., large print, community language, and in a method agreed by them i.e. letter, phone or digitally.</p> <p>Further work needs to be done to make sure the access routes are fully accessible to BSL users. The BSL community needs to be included in any change.</p>
Public/patient/client experience information	<p> ELRS Single Point of Contact IIA Survey.pdf</p> <p> Single Point of Contact Access to Reh</p>	<p>A survey to review the service was distributed to wide range of service users via the email list attached (Appendix A) and via all public libraries, and a day care facility.</p> <p>There was a limited response but those who did response in the digital survey stated they would like a digital option (see attachment), those in day care facilities needed support to access due to hearing difficulties and choices when calling, and those applying on paper had a mixed response.</p> <p>Those directly spoken to by 3rd sector supporting non-English speakers required support to access this service, and preferred face to face contact.</p>
Evidence of inclusive engagement of people who use the service and involvement findings	Satisfaction surveys from patients already accessing service	95% of patients are satisfied with the rehabilitation service.
Evidence of unmet need	Feedback and discussion at IIA	Non-English speakers, BSL users, speech or language impaired clients, those with hearing loss and cognitively impaired clients access the service but are disadvantaged as they either require support of a family member or friend or are referred from their GP or practice nurse.

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		There are access disadvantages for those without a telephone, homeless people and those who cannot afford to pay for a telephone bill.
Good practice guidelines	See research section	
Carbon emissions generated/reduced data		Not applicable
Environmental data		Not applicable
Risk from cumulative impacts		Not applicable
Other (please specify)		-
Additional evidence required		-

8. In summary, what impacts were identified and which groups will they affect?

Equality, Health and Wellbeing and Human Rights	Affected populations
Positive	A single contact number for accessing all ELHSCP rehabilitation services is better than having a number of different routes and leads to ease of access for those able to communicate by telephone.
Negative	Those unable to communicate effectively by telephone receive an inequitable service.

Environment and Sustainability including climate change emissions and impacts	Affected populations
Positive	Telephone triaging for community physiotherapist and occupational therapists reduces travel.
Negative	Nil

Economic	Affected populations
Positive	Telephone triaging for community physiotherapist and occupational therapists reduces service costs as signposting may be the best option. There is a reduction in workload for GP practices in needing to make onward referrals. This also gives client faster access to service.
Negative	A telephone is required to access this service. This has a negative affect of socio-economically deprived clients, and homeless people.

9. Is any part of this policy/ service to be carried out wholly or partly by contractors and if so how will equality, human rights including children’s rights, environmental and sustainability issues be addressed?

No

10. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.

The single point of contact phone line will continue to be shared.
There will be communication of how to access via alternative routes after conclusion of the small working groups recommendations.
The information in many public areas of the single point of contact number via the East Lothian Council website will be updated and shared.

11. Is the plan, programme, strategy or policy likely to result in significant environmental effects, either positive or negative? If yes, it is likely that a Strategic Environmental Assessment (SEA) will be required and the impacts identified in the IIA should be included in this. See section 2.10 in the Guidance for further information.

No

12. Additional Information and Evidence Required

None

13. Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) Please complete:

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
A small working group to include those with lived in experience to be set up to review service accessibility for those with	Allison Bell	September 2024	December 2024

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
<p>communication needs and those with deprivation needs. As recommended in IIA review this group should consider the below.</p> <ol style="list-style-type: none"> 1. E referrals 2. Chat box options <p>Involvement should include but is not limited to.</p> <ol style="list-style-type: none"> 1. Non-English speakers 2. Carers 3. Dementia links 4. BSL links 5. Speech and Language links 6. Homeless service representatives 			
<p>Accessible information online primarily relates to information and not to booking systems.</p> <p>Access to many of ELHSCP health services and GP practises is primarily via the telephone making this an inequitable service for the deaf community, non-English speakers, those with learning disabilities, and many older people who do not feel confident.</p> <p>Results and implementation of new working methods in 1 will need shared with the wider healthcare community.</p>	ELHSCP Clinical Leads	December 2024	March 2025
<p>Although an interpreter can be booked it is noted that it is difficult to get face to face interpreters for certain languages and BSL to attend East Lothian in person. IIA lead for rehabilitation to share this with Equalities and Diversity Lead.</p>	Allison Bell	May 2024	N/A

14. Are there any negative impacts in section 8 for which there are no identified mitigating actions?

No

15. How will you monitor how this proposal affects different groups, including people with protected characteristics?

Through user uptake data and user experience information.

16. Sign off by Head of Service

Name 

Date 27/3/2024

17. Publication

Completed and signed IIAs should be sent to:
integratedimpactassessments@edinburgh.gov.uk to be published on the Council website
www.edinburgh.gov.uk/impactassessments
Edinburgh Integration Joint Board/Health and Social Care
sarah.bryson@edinburgh.gov.uk to be published at www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/

Appendix A

HWSG Contacts
COEL
Dementia Strategy Lead
ELHSCP Carers Strategy Lead
ELHSCP Planning and Performance Manager (Community Transformation)
VCEL
Chair, Primary Change Board (GP input)
Alzheimer Scotland Development Worker, East/Midlothian
Sight Scotland
CAB
Age Scotland
Deaf Social Worker, Deaf Action
Health in Mind (Polish and Ukrainian)
MILAN (South East Asian Community)
Older people's independent advocacy
CAPS Independent Advocacy
Partners in Advocacy
ELC Housing Strategy Officer