



EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE THIS IS A PUBLIC DOCUMENT

Title of Policy: Cessation of Phlebotomy Hubs	
Lead Manager: Mandy Gormley	Title: Pathology Services Manager
Directorate: Acute	Department: Pathology
Contact details: Address: Laboratory, South Wing, Altnagelvin Hospital, Tel: 028 71 345171 Ext 213970 Email: mandy.gormley@westerntrust.hscni.net	
Short Description <p>To recognise the need of patients requiring blood to be taken, to support the rebuild of outpatients as a result of COVID and to increase virtual clinics across Trust specialties, Phlebotomy Hubs were opened in Gransha Park, Londonderry, in July 2020 and Beech Villa, Omagh, in February 2021. Patients used this service to ensure vital blood samples were taken in a timely manner to ensure continuity and monitoring of conditions and treatments. It was also recognised that patients had to travel to other Trusts for their bloods test, if they could not access their Health Centres/GP's Practices treatment room, for example Patients receiving cancer treatment in Belfast. The Pathology Hubs helped to facilitate blood tests closer to the patient's home.</p> <p>Regional funding for the hubs ended on 31 March 2023. The service pressure was raised with the Strategic Planning & Performance Group (SPPG), however it was confirmed that regional funding was not available for any Trusts going forward. The Western Trust went at risk from April to July 2023, however funding was not available to sustain the hubs beyond 31 July 2023. Therefore the Phlebotomy Hubs were closed that day. Letters were handed out to patients attending Phlebotomy Hubs Services from mid July 2023 advising them that the hubs would be closing. There was also communication to Western Health & Social Care Trust (WHSC) Consultants, WHSC Service Managers, WHSC Directors, Health Centres and GP Practices informing them of the closure of Phlebotomy Hubs.</p>	
Final Recommendations: (please tick as appropriate)	
1.	GREEN: No equality issues/impact: no further action
2.	AMBER: Minor equality issues/impact: actions identified X
3.	RED: Major equality issues/impact: full EQIA recommended
<p>Please send draft completed form for quality assurance to equality.admin@westerntrust.hscni.net For further information on quality assurance see page 3, section 3.</p>	
Final Approval Date:	

(1) INFORMATION ABOUT THE POLICY OR PROPOSAL**1.1 Title of policy or proposal**

Cessation of Phlebotomy Hubs

1.2 Description of policy or proposal

Prior to the introduction of the Phlebotomy Hubs, bloods were taken either in out-patient clinics in Altnagelvin Area Hospital, Omagh Hospital and Primary Care Complex, South West Acute Hospital or Health Centres/GP Practices in County Londonderry, County Fermanagh and Tyrone. From March 2020 and throughout the COVID-19 pandemic there has been reduced capacity for taking secondary bloods in primary care.

The hubs provided a service which included the following:

- Virtual clinic patients;
- Patients on biologics;
- Pre-chemo and venesection bloods (pre-COVID bloods were done by GPs);
- Diabetic bloods;
- Pre MRI and CT bloods.

Patients Numbers Seen in Phlebotomy Hubs

Year	2020/2021	2021/2022	2022/2023
Gransha	290	5943	7202
Omagh	39	1252	1734
Total	329	7195	8936

The hubs were off site, reducing footfall across the acute hospital sites and resulting in patients not having to attend the hospital unnecessarily. Patients attending Belfast Trust or other hospitals had bloods taken in the hubs to prevent having to travel. GP practices had also been raising concerns around capacity to undertake secondary care bloods.

The Department of Health funding ceased to support the Phlebotomy Hubs, as it was linked to COVID funding. Therefore an exit strategy was developed. This impacted on phlebotomy staff, referring staff and patients/carers. Patients now have to attend additional hospital out-patient appointments to have bloods taken. Prior to COVID a number of these patients would have attended their GP practices, which could no longer be supported in the majority of instances. As an outcome of this patients were impacted, resulting in 37 Datix Incidents being logged by WHSCT staff (patients being refused to have blood taken in Health Centres/GP's Practices from 08.08.23 to 04.10.23, of which 17 incidents were graded as Extreme Risk to Patient Safety and 20 incidents graded as High Risk to Patient Safety). There were also 11 complaints received by the WHSCT Complaints Department in relation to closure of the hubs from 17.07.23 until 04.10.23. This potentially highly affected rural patients as they could no longer access close to home blood taking appointments through their Health Centres/GP Practices, instead having to attend an Outpatients Appointment in their nearest hospital. As a result of the closure of Phlebotomy Hubs patients that were having treatment in other trusts had to travel to have bloods taken e.g. Altnagelvin Hospital to Belfast Royal Victoria Hospital (70 miles one way).

1.3 Main stakeholders affected (internal and external)

For example, staff, actual or potential service users, other public sector organisations, GPs, primary care providers, voluntary and community groups, trade unions or professional organisations or private sector organisations or others. **Start to consider how you might involve them in the development of the policy/decision.** This will also help you to meet the Trust's obligations under Personal and Public Involvement (PPI).

The main stakeholder in this project are as follows:

- Patients / Clients and Carers;
- Consultant Medical staff;
- Nursing Staff;
- Phlebotomy Staff;
- Service Managers;
- Human Resources ;
- General Practitioners (GP's);
- Trade Unions;
- Strategic Planning & Performance Group (SPPG).

1.4 Other policies or decisions with a bearing on this policy or proposal

- Health & Wellbeing 2026: Delivering Together (Region)
- Priorities for Action (PFA) Targets (Region)
- Integrated Elective Access Protocols (Region)
- Corporate Communication Plan (Trust)
- Disability Discrimination Act 1995 (DDA)
- Redeployment Guidance (Human Resources, Trust)
- Management of Change Framework (Human Resources, Trust)

The funding provided was only for COVID. We are however expanding our current service to support increasing requirements for virtual clinics and secondary care bloods.

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data Gathering

2.1.1 What information did you use to inform this equality screening? For example, previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints, etc.

The service compiled a survey from both service users and referring consultants etc. The aims and objectives were to gather information on the impact of closing the hubs both on patients and referring services.

Patients, which were living rurally, who attended Phlebotomy Hubs Services had been randomly selected for survey. As an outcome of the survey performed 30% (3 patients/of 10 total patients surveyed) confirmed that the closure of Phlebotomy Hubs Services impacted both economic and social needs. As stated below:

- they had limited access to blood taking appointments;
- delay in accessing the blood taking appointment,;
- additional stress was caused to patients as GP's were refusing blood taking, therefore patients didn't know where to go to access blood taking services;
- Patients had to travel further away e.g. Belfast, so this also caused additional time taken from work and higher cost.

Overall the patients' survey highlighted that the increase in time the process takes for example waiting longer in an outpatient's queue, causes additional stress.

Also consultants that referred to Phlebotomy Hubs Services were surveyed. Below were the main impact to patients:

- Patients have to travel to Belfast, which may impact increased cost and time, patient stress and inconvenience;
- extreme risk to patients health due to delay in obtaining blood tests, which was noted as a 4 weeks delay, especially to those very vulnerable whose blood is being monitored;
- delay in blood taking may mean a break in their treatment;
- risk to cancer patients;
- may impact in reduction of other Trust Services and missing of appointments due to lack of blood results.

37 Datix Incidents logged by WHSCT were taken into consideration, which were in relation to patients being refused bloods being taken via Health Centres/GP's Practices from 08.08.23 to 04.10.23, of which 17 incidents were graded as Extreme Risk to Patient Safety and 20 incidents were graded as High Risk to Patient Safety.

Complaints and feedback were also been reviewed as well as discussions with the SPPG and GP Medical Assistant Director.

2.1.2 How did you involve people?

The Trust requires evidence of engagement with stakeholders to fulfil its statutory obligations under its Equality scheme, Consultation Scheme and Personal and Public Involvement strategy. Provide details of how you involved stakeholders e.g. views of colleagues, service users, carers, Trade Unions, Section 75 groups or other stakeholders.

Consultation and Engagement Statement: In your policy/proposal include a paragraph titled Consultation and Engagement and summarise this section. If there was no engagement, please explain why.

Patients were involved through the service user survey. This was a short term service based on Covid-19 funding and the circumstances at that time therefore an initial impact assessment was not completed.

The impact of potentially standing down the service was shared with referring staff via a questionnaire. Responses were received from areas such as Genetics in Belfast, Endocrinology, Rheumatology, Cardiology and Mental Health.

The meeting with the GP Associate Medical Director took place on 21st June 2023. The current position was discussed and advise given that temporary funding was coming to an end. The GP Associate Medical Director advised that GP Practices did not have capacity to return back to previous arrangements.

A communication plan was developed in conjunction with a Trade Union consultation document.

A Trade Union (TU) meeting was arranged for 4 July 2023, following this:

- Meetings were held with phlebotomy hub staff to discuss and consider solutions for posts going forward;
- Letters were shared with GPs and Health & Social Care (HSC) referrers;
- A briefing paper was issued to patients with follow up phone calls and guidance provided if required;
- Information was issued for repeat patients via GPs and HSC referrers.

A meeting took place with Paul Cavanagh, Director of Hospital Care, SPPG, on 17 August 2023, who confirmed there was no funding for Phlebotomy Hubs.

2.2 Equality Profile

Who is affected by the policy or proposal? What is the makeup (%) of the affected group? Please provide a statistical profile. Could you improve how you gather Section 75 information? Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group? If the policy affects both staff and service users, please provide information on both. If not, merge the 2 columns.

Category	Service Users, etc. Census Information 2011 Western Health and Social Care Trust Population:	Staff Due to small Phlebotomy staff numbers the below information cannot be provided as it could identify individuals.
Gender	Male: 146,051 Female: 148,366	
Age	0-4: 20,445 5-7: 11,322 8 – 9: 7,668 10 – 14: 21,186 15: 4,467 16 – 17: 9,266 18 – 19: 8,097 20 – 24: 19,865 25 – 29: 20,097 30 – 44: 61,230 45 – 59: 56,781 60 – 64: 15,380 65 – 74: 22,101 75 – 84: 12,301 85 – 89: 2,878 90+: 1,333	
Religion	Catholic: 182,996 (32.16%) Presbyterian: 29,353 (9.97%) Church of Ireland: 37,154 (12.62%) Methodist: 4,900 (1.66%) Other Christian: 7,212 (2.45%) Other religions: 1,475 (0.50%) No religion: 12,199 (4.14%) Religion not stated: 19,128 (6.50%)	
Political Opinion	Political Opinion - Based on first choice votes held by electoral office. Nationalist: 86,834 (53%) Unionist 61,995 (38.06%) Other: 14,025 (8.62%) Overall total: 162,854	
Marital Status	Marital Status: All usual residents aged 16 and over (229,329) Single: 87,557	

	<p>Married: 106,383 In registered same-sex civil partnership: 161 Separated but still legally married: 9,678 Divorced or formerly in a same-sex civil partnership which is now legally dissolved: 11,063 Widowed or surviving partner from a same-sex civil partnership: 14,487</p>	
Dependent Status	<p>All families in households: 77,758 Households with no dependent children: 37,650 Households with children: 76,204</p> <p>Residents who: Provide 1-19 hours unpaid care per week: 17,538 Provide 20-49 hours unpaid care per week: 5,859 Provide 50+ hours unpaid care per week: 9,096 Provide no unpaid care: 261,924</p>	
Disability	<p>Persons with: Long-term health problem or disability: Day-to-day activities limited a lot: 37,988 Long-term health problem or disability: Day-to-day activities limited a little: 26,351 Long-term health problem or disability: Day-to-day activities not limited: 230,078</p>	
Ethnicity	<p>White: 290,923 (98.81%) Chinese: 486 (0.17%) Mixed: 740 (0.25) Irish Traveller: 251 (0.09%) Indian: 893 (0.30%) Other Ethnic Group: 294 (0.10%) Pakistani: 99 Black African: 115 (0.04%) Black Caribbean: 64 (0.02%) Black Other: 58 (0.02%) Bangladeshi: 21 (0.01%) Other Asian: 473 (0.16%)</p>	
Sexual Orientation	<p>Rainbow Research (2008) estimates that approximately 10% of the population is LGB. This equates to approx. 29,442 people in the Western area.</p>	

2.3 Assessing Needs/Issues/Adverse Impacts, etc.

What are consequences of the policy/proposal on Users/Carers and staff? What are the different needs, issues and concerns of each of the equality groups? Are there any adverse impacts? If the policy affects both staff and service users, please specify issues for both. If not, merge the 2 columns. Please state the source of your information, e.g. colleagues, consultations, research, user feedback, etc.

	Needs and Experiences	
Equality Group	Service Users, etc.	Staff
Gender	No Identified Issues	No Identified Issues
Age	It may be more difficult to attend the hospital site than being able to park outside the hubs.	No Identified Issues – HR involved in this process
Religion	No Identified Issues	No Identified Issues
Political Opinion	No Identified Issues	No Identified Issues
Marital Status	No Identified Issues	No Identified Issues
Dependent Status	Impact of additional travel	Change of work base or work patterns may impact
Disability	<p>More easily accessed due to parking / drop off directly at the hubs rather than hospital sites. Information in alternative formats and use of interpreters.</p> <p>Documents will be made available in alternative formats and interpreters available as per Trust Policy</p>	<p>Changes in base or work patterns. Information in alternative formats and use of interpreters.</p> <p>Documents will be made available in alternative formats and interpreters available as per Trust Policy</p>
Ethnicity	Information on change – translation and interpreter arrangements will continue as per Trust Policy	Information on change will be available in alternative languages as per Trust Policy
Sexual Orientation	No Identified Issues	No Identified Issues
Other Issues: e.g. Rurality	<p>Residents in the Omagh area have greater distances to travel to South West Acute or Altnagelvin Hospital, therefore this may affect travel cost and time.</p> <p>Patients may experience longer waits to get bloods done and for their associated hospital appointment.</p> <p>May impact travel arrangements due to increased distance, use of Transport links and travel costs.</p> <p>Currently parking / access facilities in hospital sites, additional travel time, help with transport cost and suitable appointment times?</p>	<p>Changes in work base or work patterns although there may be alternative posts will be sought (this will also include consideration of travel costs).</p> <p>May impact travel arrangements due to increased distance, use of Transport links and travel costs.</p> <p>Currently parking / access facilities in hospital sites, additional travel time, help with transport cost and suitable appointment times.</p>

2.4 Multiple Identities:

When considering this policy/proposal, are there any additional issues relating to people with multiple identities? For example: older women, disabled minority ethnic people, young Protestant men, disabled people who are gay, lesbian or bisexual.

It may impact older disable people with multiple identities.

2.5 Making Changes: Promoting Equality of Opportunity/Minimising Adverse Impacts

Based on the equality issues you identified in 2.2, 2.3 and 2.4, what do you currently do that meets those needs? What additional changes do you intend to make that will improve how you promote equality of opportunity or minimise adverse impacts?

Equality Group	Actions that promote equality of opportunity or minimise (mitigate) adverse impacts
Age Service Users	It may be more difficult to attend the hospital site than being to park outside the hubs.
Disability Service Users	More easily accessed due to parking / drop off directly at the hubs rather than hospital sites. Information in alternative formats and use of interpreters. Documents will be made available in alternative formats and interpreters available as per Trust Policy
Disability Staff	Changes in base or work patterns. Information in alternative formats and use of interpreters. Documents will be made available in alternative formats and interpreters available as per Trust Policy
Ethnicity Service Users	Information on change – translation and interpreter arrangements will continue as per Trust Policy
Ethnicity Staff	Information on change will be available in alternative languages as per Trust Policy
Other issues: Rurality Service Users	Residents in the Omagh area have greater distances to travel to South West Acute or Altnagelvin Hospital, therefore this may affect travel cost and time. Patients may experience longer waits to get bloods done and for their associated hospital appointment. May impact travel arrangements due to increased distance, use of Transport links and travel costs. Currently parking / access facilities in hospital sites, additional travel time, help with transport cost and suitable appointment times?
Other issues: Rurality Staff	Changes in work base or work patterns although there may be alternative posts will be sought (this will also include consideration of travel costs). May impact travel arrangements due to increased distance, use of Transport

	<p>links and travel costs.</p> <p>Currently parking / access facilities in hospital sites, additional travel time, help with transport cost and suitable appointment times.</p>
--	---

2.6 Good Relations

Does the policy/proposal have any impact/consequences for Good Relations? What changes to the policy or proposal or what additional measures could you suggest to ensure that it promotes good relations (if any)? (Refer to Guidance Notes for guidance on impact).

Group	Impact/Consequences	Suggestions
Religion	Not Applicable	
Political Opinion	Not Applicable	
Ethnicity	Not Applicable	

(3) CONSIDERATION OF DISABILITY DUTIES

How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?

Parking / access facilities available in hospital sites

(4) CONSIDERATION OF HUMAN RIGHTS

**4.1 Does the policy or proposal adversely affect anyone's Human Rights?
Complete for each of the Articles.**

Article	Positive Impact	Negative Impact - human right interfered with or restricted	Neutral Impact
Article 2 – Right to life			X
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			X
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			X
Article 5 – Right to liberty & security of person			X
Article 6 – Right to a fair & public trial within a reasonable time			X
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			X
Article 8 – Right to respect for private & family life, home and correspondence.			X
Article 9 – Right to freedom of thought, conscience & religion			X
Article 10 – Right to freedom of expression			X
Article 11 – Right to freedom of assembly & association			X
Article 12 – Right to marry & found a family			X
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			X
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			X
1 st protocol Article 2 – Right of access to education			X

If you have answered either 'Positive Impact' or 'Neutral Impact' to all of the above, please move on to Section 5.

4.2 If you have identified any potential negative impacts to any of the articles, please complete the following table.

Article Number	What is the negative impact and who does it impact upon?	What do you intend to do to address this?	Does this raise any further legal issues?* Yes/No
	Not applicable		

**It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this.*

4.3 Outline any further actions which could be taken to promote or raise awareness of human rights or, to ensure compliance with the legislation in relation to the policy or proposal.

Not applicable

(5) SHOULD THE POLICY OR PROPOSAL BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full Equality Impact Assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity. Base your decision on information from sections 2.2, 2.3, 2.4 and 2.5.

How would you categorise the impacts of this proposal or policy? (refer to Guidance Notes for guidance on impact)

Do you consider that this policy or decision needs to be subjected to a full Equality Impact Assessment?

Please tick:

GREEN: No impact	
AMBER: Minor impact	x
RED: Major impact	

Please tick:

Yes	
No	x

Please give reasons for your decision. (See Guidance Notes, page 28, for sample paragraph).

The funding for this service was limited to support COVID-19 virtual clinics therefore it was not intended to continue in the long term. However, WHSCT is expanding the current service to support increasing requirements for virtual clinics and secondary care bloods.

The closure of the hubs may cause inconvenience to patients who have to attend the hospital site on more regular occasions. There could be additional costs and inconvenience due to travel. This could potentially delay treatment in routine cases. However, patients will still have bloods taken and treatment provided. Arrangements will go back to pre-COVID with plans put in place for those patients who can no longer have bloods taken in GP practices.

Additional pressure may be put on service providers as they will need to take more bloods in out-patient and other settings. Service areas were asked to put plans in place following communication on 4 July 2023.

Phlebotomy and booking staff offered alternative employment.

The closure Phlebotomy Hubs was communicated through a letter sent to clinical areas who referred to the Altnagelvin and Omagh Phlebotomy Hubs. Patients were handed a letter during Phlebotomy Hubs July 2023 attendance.

This Equality and Human Rights Screening document will be also communicated through WHSCT Communication and will be available on WHSCT Intranet and Internet under Equality Department.

➤ **NOTE: Equality and Human Rights Statement:** The policy/proposal that this screening relates to **MUST** include the above paragraph. In addition, this paragraph should be used in the briefing note to Trust Board and will also be included in the Trust’s Equality Screening Report.

(6) EQUALITY AND HUMAN RIGHTS MONITORING

What data will you collect in the future in order to monitor the effect of the policy or proposal, on any of the equality groups, for equality of opportunity and good relations, disability duties and human rights?

- Complaints from GPs in relation to requests for secondary care related bloods in their practices.
- Complaints from service users who cannot be seen in Treatment Rooms, who have to wait longer for an appointment than they would in the hubs or have to attend hospital sites.
- GP's and service users can submit complaints to Western Health and Social Care Trust Complaints Department
- Waiting times and core business delivery will be monitored by Western Health and Social Care Trust the Outpatient Department etc.

Approved Lead Officer: Mandy Gormley

Position: Pathology Services Manager

Policy/Proposal Screened By: Una Cardin

Date:  22nd October 2024

Quality Assurance: Please send the final draft for quality assurance to the Equality and Human Rights Unit, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS or email: equality.admin@westerntrust.hscni.net. **Quality Assurance can take up to three weeks.**

Directorate SMT Approval: The completed Equality Screening Form **MUST** be presented along with the policy/proposal to your Directorate SMT for approval.

Quarterly Equality Screening Reports: When final Trust approval is received, ensure that you send the completed screening form and associated policy/proposal, etc. to the Equality and Human Rights Unit, for inclusion in the WHSCT's quarterly equality screening reports. As a public document, the screening form will be available for downloading on both the Trust's website and intranet site.