

## Equality Impact Assessment

<b>Title of work:</b> <b>Review of the North Highland Gynaecology Services Enhanced Strategy 2020 -2023.</b>	<b>Date of completion:</b> <b>End December 2023</b>	<b>Completed by:</b> <b>Tracey Gervaise. Head of Operations Women and Children`s Directorate NHS</b>
<b>Description of work:</b> <p>Each year more than 8000 women within NHS Highland are reviewed in gynaecology clinics across all NHS Highland sites with more than 1700 gynaecological procedures performed. Around 10% of these reviews and procedures performed in the north of Highland rural hospital sites.</p> <p>Gynaecology services provided in Raigmore Hospital; is NHS Highland`s only District General Hospital and is located in Inverness. All acute Obstetrics and Gynaecology emergencies and admissions, ante natal clinics, caesarean sections, routine gynaecology, cancer services and surgeries occur in Raigmore Hospital. We also provide antenatal clinics, routine gynaecology clinics, colposcopy, early pregnancy clinics, gynaecology intermediate and day care procedures in our Rural General Hospitals: Caithness General in Wick (North &amp; West); and Belford in Fort William (North and West).</p> <p>The North Highland Gynaecology Services Enhanced Strategy 2020 -2023 completed in October 2019 outlined the ambitions and actions NHS Highland would take to enhance gynaecological services in the north of Highland by focusing on the quality of services provided and ensuring equitable and efficient access to these services.</p> <p>A review of the strategy is required to enable and ensure the continued provision of high quality, safe and sustainable gynaecology services across North Highland which is responsive to local population need and risk.</p> <p>In addition, the review of the strategy will include and respond to national policy, targets and improvement programmes e.g. Women`s Health Plan (2021) <a href="http://www.gov.scot">Women's health plan - gov.scot (www.gov.scot)</a>, Planned Care TTG`s and Centre for Sustainable Delivery (CfSD).</p> <p>This EQIA is focused on the strategic decision-making process adopted to review strategy. The EQIA will be reviewed and</p>		

updated on a regular basis as the review of the strategy is progressed, aligned with key decision points, governance and performance management reporting arrangements.

A short life working group (SLWG) has been established to lead on the review of the strategy co-chaired by the Head of Operations Women and Children`s Directorate and Clinical Lead for Gynaecology. SLWG representation includes: Clinical Director, Divisional General Manager, Senior Service Manager, Business Manager, Programme Manager (NHSH Strategy and Transformation Team).

**Current Challenges:**

- Limited resources
- Increasing shortage of obstetrics and gynaecology trained nursing, midwifery & medical staff
- Recruitment and retention
- Rural and Remote Geography
- Population distribution
- Travel Infrastructure

**Service Priorities:**

- Acute obstetrics and gynecology emergencies and planned/elective admissions.
- Antenatal Clinics and Obstetric Theatre
- Cancer Services (Fast Track, Post-Menopausal Bleeding, Colposcopy and Cancer Surgery)
- TOP Services
- Routine gynaecology outpatient services and surgeries

**Outcome of work:**

NHS Highland delivers care in line with Scottish Government policy and initiatives e.g., Women's Health Plan (2021) objectively designed to improve health and reduce inequalities for women.

There are 5 initial priorities covered in the Women's Health Plan:

1. Ensure rapid and easily accessible postnatal contraception
2. Improve access to abortion and contraception services for young women
3. Improve services for women undergoing the menopause, including increasing the understanding and knowledge of women, families, healthcare professionals and employers
4. Reduce inequalities in health outcomes which affect women, such as endometriosis and antenatal care
5. Reduce inequalities in health outcomes for women's general health, including work on cardiac disease

The Women's Health Plan includes a suite of Actions for Health Boards to deliver and report progress made.

The review of the strategy presents an opportunity to:

- Improve access to gynaecology care for women who live in North Highland
- Make best use of all locally available resources by adopting a best value approach.
- Improve gynaecology services for the service user and service providers.

The desired outcomes of the strategy:

- Gynaecology care is person-centered, adaptable, effective and efficient.
- Gynaecology care is sensitive, trauma informed, accessible, inclusive and unilaterally competent.
- A more proactive approach to gynaecology care designed to reduce the likelihood of medical interventions.
- Improved access to individualised support during key stages in a woman's life course.
- A service model with enhanced approaches and a focus on early intervention, prevention and self-care.

**Who:**

**Stakeholders:**

The review of the strategy will primarily impact women and girls, has the potential to affect women in North Highland during key stages of their life course e.g., menstruation and control of fertility.

The review of the strategy may impact on people with protected characteristics. It may also impact on people living in rural and remote communities and those living in areas recognised to be disadvantaged (SIMD). Specific impacts on protected characteristics are described subsequently in this EQIA.

Staff may also be temporarily affected by changes to services and workspace.

Via review of the strategy there are opportunities to improve staff experience as well as creating a safe and sustainable model of service.

Other key stakeholders include:

1. NESH Acute Division
2. NESH Sexual Health Services
3. Primary Care Contractors
4. Wider NHS Highland service providers not exclusive to delivering gynaecology/women`s health care.
5. Community led groups e.g. CHAT and North Highland Women`s Wellbeing Hub (NHWWBH)
6. Isolated rural communities and individuals

**How do you know:****Stakeholder engagement:**

Established, joint NESH Women and Children`s Directorate and Community Led Groups Meeting Groups e.g. CHAT and NHWWBH.

Gynaecology Inpatient feedback tool being utilised.

NESH Feedback Services including Care Opinion

Highland Pregnancy and Birth Health Needs Assessment (2023) national and local data and intelligence relating to women who share protected characteristics and a series of findings to improve health and reduce inequalities as part of continual service improvement.

Lived Experience - Maternity & Neonatal Survey – Highland-based

Together We Care Survey – Highland-based

Together, the outputs from stakeholder engagement and the findings and recommendations within the Highland Pregnancy and Birth Health Needs Assessment (2023) provide an overview of how women in North Highland may be impacted by the improvements to gynaecology services and the potential opportunities to improve service planning and delivery to address inequalities as referenced in the strategy.

### **NB. Appendix 1. Stakeholder Engagement Meeting Arrangements**

#### **What will the impact of this work be?**

There is generally a lack of data which is disaggregated and analysed by protected characteristic, particularly with regards to the theme of women's health.

#### **Age:**

The Royal College of Obstetricians and Gynaecologists (RCOG) distinguish three key stages in a woman's life course, while recognising 'that many issues in women's health may be present in several life stages, such as those related to menstruation and control of fertility.

**Adolescents and young adults (puberty to 25 years)**, this is a crucial stage in the female life course with the onset of menstruation, sexual activity and fertility.

**Middle Years (From 25 to 50 years)**, in addition to the ongoing need for contraception and promoting healthy lifestyle advice, many women will require specific help to manage menstrual disorders such as heavy bleeding and pelvic pain.

**The later years (From 51+ years)**, historically, this stage of a woman's life course has received little attention and many women

find themselves without support from health care services until they present with an acute episode or medical problem. Managing the transition through the menopause including treatment of symptoms where appropriate provides further opportunities to promote healthy lifestyles and decrease the likelihood of the early onset of chronic diseases such as osteoporosis, cardiovascular disease, frailty and dementia. This period of later life, women often experience increasingly complex health needs.

### **Gender:**

There is generally a lack of data disaggregated and analysed by protected characteristic, including sex.

- 51% of Scotland's population are women.
- 61% of unpaid carers are women.
- Average life expectancy at birth for a woman in Scotland is 81.1 years.
- It is estimated that endometriosis affects 1.5 million (1 in ten) women in the UK of reproductive age, and it takes an average of 8.5 years to diagnose.
- In the most affluent areas of Scotland, women experience 25.1 more years of good health compared to the most deprived area.
- Women's life expectancy at birth in the most deprived areas is 75.6 years compared to 85.6 years in the least deprived areas.
- Death from stroke is more common for women than men.

### **Gender reassignment:**

There is limited evidence on the experiences of transgender people in Scotland. Many surveys and data sources do not include questions on a person's trans status or provide a non-binary response to the sex/gender question. It is not possible to find a precise estimate on the number of trans people in Scotland, the most commonly used figure is 0.5% of the population

There are specific barriers faced by trans, intersex and non-binary people in accessing health services.

### **Sexual orientation:**

Women have specific health needs throughout their lives, both sex-specific such as menstrual health, endometriosis and menopause.

According to data published by the Office for National Statistics:

- An estimated 2.7% of the UK population aged 16 years and over identified as lesbian, gay or bisexual (LGB) in 2019.
- Between 2018 and 2019, the number of men identifying as LGB increased from 2.5% to 2.9% and women identifying as LGB increased from 2.0% to 2.5%.
- Younger people (aged 16 to 24 years) were most likely to identify as LGB in 2019 (6.6% of all 16 to 24 year olds, an increase from 4.4% in 2018).
- Between 2018 and 2019, the proportion of people who identified as LGB increased in Scotland from 2.0% to 2.7%.
- Public Health Scotland reports that there is evidence that lesbian, gay, bisexual, transgender and intersex (LBGTI) people are particularly at risk of negative sexual health outcomes such as STIs and unintended pregnancies. There is also evidence of low uptake of, or late access to services, and that stigma and discrimination is experienced by LBGTI people in Scotland.

### **Pregnancy and maternity:**

Pregnancy, for women who become pregnant, is presented as a key opportunity to support women and improve health.

Highland Pregnancy and Birth Health Needs Assessment (2023) includes national and local data and intelligence relating to women who share protected characteristics and a series of findings to improve health and reduce inequalities as part of continual service improvement.

**Disability:**

There is limited data available regarding disabled women in Highland/Scotland and understanding of disabled women's experiences is extremely limited, particularly learning-disabled women.

**Race:**

General research and experience highlights that additional race and cultural sensitivity and awareness is required to ensure services are accessible.

According to the 2011 census, 92% of the Scottish population identify as White Scottish/British. Scotland's population has become increasingly ethnically.

Different ethnic population groups can often experience very different health outcomes, representing stark inequalities.

Public Health Scotland reports that there are significant inequalities between ethnic groups in Scotland when it comes to health needs and outcomes.

Cultural competence, being respectful of, and responsive to, people's beliefs, behaviours and needs in order to deliver effective healthcare, is an important theme.

**Religion or belief:**



General research and experience highlights that additional religious and cultural sensitivity and awareness is required to ensure services are accessible.

Successful economic and social generation and regeneration can only be achieved through a whole system approach, of which NHS Highland is a key player and contributor.

**Action:**

The established SLWG will take the forward the following actions to progress with the review of The North Highland Gynaecology Services Enhanced Strategy 2020 -2023:

- Adopt the identified RCOG three key stages in a woman`s life course to inform, plan and deliver gynaecology services
- Use the term ‘women’/‘woman’ throughout, this is being used broadly and includes: girls and teenagers, trans, intersex and non-binary people.
- Include and confirm that it is not only people who identify as women for whom it is necessary to access women’s health and reproductive services in order to maintain their gynaecological health and reproductive wellbeing.
- Clarify and confirm the delivery of gynaecology care will be appropriate, inclusive and sensitive to the needs of those individuals whose gender identity does not align with the sex they were assigned at birth
- Aim to reduce health inequalities and improve gynaecology services for women.
- Identify opportunities to prevent disease and promote health at key stages of life from pre-pregnancy through pregnancy.
- Respond to the needs of disabled women as highlighted The Equality Act 2010.
- Engage and consult with service users residing in North Highland, including those belonging to equality groups, will continue throughout the review of the strategy. This will ensure that decisions made in relation to the strategy will respond, where

possible, to the needs of the local population including people who experience lower health and wellbeing outcomes/protected characteristics.

- Review this EQIA on a bi-monthly basis, update it accordingly.

**Appendix 1: Stakeholder Engagement - Meeting Arrangements**

Every 6 weeks NESH WCD and CHAT Group Meeting.

Every 6 weeks NESH WCD and NHWWBH Group Meeting.

Every 2 weeks Review of the North Highland Gynaecology Services Enhanced Strategy 2020 -2023 SLWG Meeting.

Weekly Acute Senior Leadership Team Group Meeting

Every 2 weeks Joint Senior Leadership Team (Acute Division and Highland Health and Social Care)

Primary Care and Secondary Care Interface Group (meeting cycle TBC)

**Approved by:**

*Tracey Gensie*