

<p><b>Governing Body</b> <i>held in public</i></p>	<p><b>Report</b></p> <p>Date of Meeting: 19<sup>th</sup> September 2019</p>
--	---

<b>Report Title</b>	<i>MSK Hydrotherapy Service Report</i>	
<b>Report Author</b>	<b>Presented By</b>	<b>Responsible Director</b>
Various authors from Bedfordshire CCG and Bedford Hospital NHS Trust	<i>Mike Thompson, Chief Operating Officer – Bedfordshire CCG</i>	<i>Mike Thompson, Chief Operating Officer – Bedfordshire CCG</i> <b>Signature:</b>
<b>Purpose for presenting report</b>	<i>To provide a recommendation on the future provision of MSK Hydrotherapy</i>	
<b>Action Required:</b>	Approval of the recommendation	
<b>Approval Route:</b>	<i>Approval by BCCG Chair and Chief Operating Officer. Regular updates have been provided to the BLMK Joint Executive, BCCG Executive Management Committee, Integrated Quality and Commissioning Committee and Clinical Reference Group</i>	
<b>Further Assurance:</b>	<i>This is a joint report by Bedfordshire CCG and Bedford Hospital NHS Trust</i>	

<b>Which Strategic Objectives does this report provide evidence for?</b>	<b>Please Tick</b>
	✓
We will commission high quality, safe and sustainable models of care that deliver effective clinical outcomes and patient experience using evidence based decisions and best practice	✓
We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire.	✓
We will lead, engage and operate as an effective place based and STP wide system partner to achieve greater integration of care delivery.	✓
We will support local people and stakeholders to have an influence on services we commission to ensure our decisions are informed and shaped by local views and insights.	✓
We will operate and manage our Governing Body to the highest standards of accountability and transparency.	

<b>Implications/Assessments</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Have any financial implications been signed off by the Chief Finance Officer?	✓		
Have any quality implications been signed off by the Director of Nursing & Quality?	✓		
Have any privacy implications been signed off by the Head of Information Governance?			✓
Have any conflicts of interest implications been signed off by the Corporate Office?			✓
Have any public engagement implications been signed off by the Head of Communications & Engagement?	✓		
Has an Equality Impact Assessment been carried out?	✓		

<b>Key Risks</b>	1. Risk of service and access inequity for Bedfordshire patients
------------------	--

	<ol style="list-style-type: none"> <li>2. Risk of poor patient experience and impact to their physiotherapy healthcare requirements</li> <li>3. Risk to viability of Gilbert Hitchcock House hub</li> <li>4. Risk of impact to BHT capital commitments</li> </ol>
<b>Executive Summary</b>	Please refer to the Executive Summary of the main report.

# MSK Hydrotherapy Service Report

## 1. Executive Summary

Hydrotherapy is a combination of physiotherapy activities within a Hydrotherapy pool, delivered on either a one to one basis or in group sessions. The water is a higher temperature than conventional swimming pools, which can help relax and support the muscles and joints, while providing resistance to help patients gradually improve strength.

Hydrotherapy is used to treat a range of conditions and has been provided to Bedfordshire patients from a purpose built Hydrotherapy Pool facility on the North Wing site in Gilbert Hitchcock House. Due to repeated and unexpected closures, a decision was taken by Bedford Hospital NHS Trust (BHT) to temporarily close the pool in November 2018 whilst an options appraisal was undertaken.

The options appraisal, which included targeted engagement of patients, BHT Physiotherapy Team and Voluntary/Support Groups, focussed on the following three options:

- Option 1:** Refurbish the Hydrotherapy Pool and re-open at Gilbert Hitchcock House
- Option 2:** Close the Hydrotherapy pool at Gilbert Hitchcock House offering only land based therapies
- Option 3:** Provide Hydrotherapy Services at local facilities on a sessional basis

Bedfordshire CCG will be evaluating future provision of Hydrotherapy for non-MSK patients, but for the purposes of the options appraisal and patient engagement, the scope has been restricted to MSK patients as users of the Hydrotherapy Service prior to the pool closure

The report recommends that, subject to meeting the national standards on provision of Hydrotherapy, that Option 3 is considered as the preferred option on the following grounds:

- Improves access to patients due to choice of two locations
- Both Anjulita Court and the MS Therapy Centre meet the required standards for Hydrotherapy Services and provide good access to patients, including disability. Any additional locations would also be required to meet these standards
- Provides an immediate provision of Hydrotherapy Service by Bedford Hospital
- Does not require significant capital investment and therefore does not impact on the fully committed Bedford Hospital capital investment programme

As described in section 4, the Gilbert Hitchcock House estate is being scoped for the location of a Primary Care Hub. As part of this scoping work and site development, the longer term viability for the redevelopment of the Hydrotherapy Pool facility will be explored within the next 12-18 months.

Following presentation of this report and recommendation to Bedfordshire CCG Governing Body on 19<sup>th</sup> September 2019, the report will then be presented to the Bedford Hospital NHS Trust Board on 2<sup>nd</sup> October 2019.

## 2. Background

Hydrotherapy is used to treat a wide range of conditions including Rheumatoid arthritis, spondylo-arthropathy, chronic pain, neurological disorders and Musculoskeletal (MSK) conditions. Whilst the national evidence base for the use of Hydrotherapy in MSK conditions

on its own is limited, there is some evidence to support the use of Hydrotherapy alongside land based therapies.

Patients with MSK conditions referred to Bedford Hospital Physiotherapy Service have in the past been offered land based therapy, Hydrotherapy or a combination of the two based on the patient's individual physiotherapy requirements.

The Hydrotherapy Service is a combination of physiotherapy activities within a Hydrotherapy pool, delivered on either a one to one basis or in group sessions. The water is a higher temperature than conventional swimming pools, which can help relax and support the muscles and joints, while providing resistance to help patients gradually improve strength.

Bedfordshire CCG will be evaluating future provision of Hydrotherapy for non-MSK patients, but for the purposes of the options appraisal and patient engagement, the scope has been restricted to MSK patients as users of the Hydrotherapy Service prior to the pool closure.

### 3. MSK Hydrotherapy Services at Bedford Hospital

The Hydrotherapy Service is based at Bedford Hospital on the North Wing site of Gilbert Hitchcock House in a purpose built facility. The facility at Gilbert Hitchcock House is currently only used to treat MSK conditions and forms part of the Physiotherapy Service provided by Bedford Hospital.

Referrals are made to Bedford Hospital Physiotherapy Service from Circle MSK and Bedford Hospital consultants in Rheumatology and Trauma & Orthopaedics. The suitability of Hydrotherapy for each patient's physiotherapy treatment plan is made and recommended by the Bedford Hospital Physiotherapists.

#### 3.1. Hydrotherapy Pool utilisation

The following table details the number of patients using the Hydrotherapy Pool in 2017 and 2018. The closure of the pool in November 2018 resulted in a reduction of activity as demonstrated by the number of contacts.

Type	Measure	2017	2018
<b>NHS Patients</b>	Number of patients	525	476
	Number of contacts	2,981	2,531
	Number of hours	17	17
<b>Private Patients</b>	Number of patients	103*	103*
	Number of contacts	-	-
	Number of hours	7.5	7.5
<b>Private Groups</b>	Number of hours	9	9
<b>Total</b>	<b>Number of hours</b>	<b>33.5</b>	<b>33.5</b>

\*Based on 2017/18 patient users

Hydrotherapy patients access the Bedford Hospital Hydrotherapy Service from across Bedfordshire (Bedford Borough and Central Bedfordshire), but the main concentration is in central and west Bedford as per the access map illustration at **Appendix 1**. This is to be expected, as Hydrotherapy is currently only offered to patients accessing Bedford Hospital

Physiotherapy, following a discussion with each patient to determine their choice of provider and location.

In 2017, 25 patients (5%) required transport to be arranged by BHT to take them to the Gilbert Hitchcock House pool and in 2018, 9 patients (2%) required transport. Patient transport is provided by the East of England Ambulance Service NHS Trust (EEAST) who are contracted to transport patients to various NHS sites across the county.

### 3.2. Breakdown and Maintenance

The decision to temporarily suspend the Hydrotherapy Service was taken by Bedford Hospital Executive Team in November 2018 with an intention to review the position in Spring 2019.

Throughout 2018 the Bedford Hospital Hydrotherapy pool was closed on a number of occasions due to experiencing a faults and maintenance issues. The causes of these were multifactorial and often unpredictable. This was having an impact on service delivery with patients and external groups having their treatment cancelled, often with no notice, consequently having a negative impact on patient experience.

The boiler plant supporting the hydrotherapy pool requires significant investment to modernise and to isolate it from the main heating and hot water infrastructure in the Gilbert Hitchcock House building. In order to heat the pool, the heating in the whole of Gilbert Hitchcock House is required to operate 24/7 all year around.

One of the challenges facing the team upon re-opening is the balancing of the water quality, which on occasion has been difficult to correct. This has resulted in excess chlorine levels and unsuitable pH (acid/alkaline) levels. This carries a clinical risk, particularly with chlorine as high levels can cause irritation to skin and mucosa and low levels will fail to control the bacteria. It is suggested that if the plant were upgraded and refurbished, this would become less of an issue.

### 3.3. Hydrotherapy Pool closures

The pool was unexpectedly closed for a total of 27 days during 2018. The causes for the unexpected closures, as a result of faults and repairs, are as follows:

Dates	No of days	Reason
11 <sup>th</sup> July to 18 <sup>th</sup> July 2018	8 days	Pool growing a level of Pseudomonas that required a "shock chlorination" treatment and re balancing.
25 <sup>th</sup> July to 26 <sup>th</sup> July 2018	2 days	Annual service by external company left the pool chlorine levels adjusted slightly high and required readjustment.
9 <sup>th</sup> August to 15 <sup>th</sup> August 2018	7 days	Pool again growing a level of Pseudomonas that required "shock chlorination" treatment and re balancing
22 <sup>nd</sup> October to 31 <sup>st</sup> October 2018	10 days	Pool dosing equipment failed and required replacement.
<b>TOTAL</b>	<b>27 days</b>	

In addition, the pool was closed for two weeks in September for a routine maintenance closure, which occurs annually for servicing and repair.

### 3.4. Interim therapy arrangements

Since the pool closure, patients previously accessing the Bedford Hospital Hydrotherapy Service have subsequently been offered land-based treatment as an alternative. Bedford Hospital have been in discussions with local Hydrotherapy pool facilities to secure a temporary service arrangement pending the outcome of the local review. The temporary service commenced on Thursday 11<sup>th</sup> September at Anjulita Court for NHS patients who are deemed suitable for Hydrotherapy by the Bedford Hospital Physiotherapy Team.

Keech Hospice was cited as a potential location in the engagement document but has since been determined as an unsuitable location based on the appropriateness of mixing an adult Hydrotherapy Service with a Children's Hospice. The location of Keech Hospice is also outside of the core utilisation areas based on **Appendix 1** - Access map of Bedford Hospital Hydrotherapy Services.

## 4. Gilbert Hitchcock House Hub

As part of the Bedfordshire Primary Care Strategy and in line with the NHS Long Term Plan, Primary Care Networks (PCNs) of GP Practices are currently forming. One of the Networks in Bedford Borough has expressed interest in relocating some of their services into a Primary Care Hub, which would enable them to provide more services to patients within primary care such as multi-disciplinary long term condition and frailty clinics, integrated mental health services, and extended hours. This would require relocation into larger more suitable premises to deliver this enhanced model.

Bedfordshire CCG has been working with Bedford Hospital, primary care stakeholders, the Local Authority and external advisors to scope the Gilbert Hitchcock site which is currently the preferred location and premises for the hub.

The interdependency between the future Hydrotherapy pool arrangements and the availability of adequate and viable estate for the hub model is recognised within the options appraisal advantages and disadvantages. The options appraisal, engagement and recommendation however will not be predicated on the viability of the hub's success.

## 5. Approach

Bedfordshire Clinical Commissioning Group (BCCG) and Bedford Hospital Trust (BHT) jointly agreed to conduct an options appraisal based on the following reasons:

- The MSK hydrotherapy pool at Gilbert Hitchcock House has been temporarily closed since November 2018 due to repeated maintenance issues
- The major repairs that are required to maintain a safe service at the current MSK Hydrotherapy Pool
- Ensuring that patients across Bedfordshire have access to a sustainable and effective MSK hydrotherapy service

The approach to the options appraisal also included a targeted engagement process to understand the views of patient users, service clinicians and professional groups. The engagement process explored the impacts of the different options on patients and their ability to access services.

### 5.1. Options Considered

A review of available options was jointly considered by Bedford Hospital and Bedfordshire CCG based on the information available. The outcome resulted in the following three options.

#	Option	Description
1	<b>Refurbish the Hydrotherapy pool and re-open at Gilbert Hitchcock House</b>	Bedford Hospital to work with the Estates Team to refurbish the Hydrotherapy pool, update the plant and re-open.
2	<b>Close the Hydrotherapy pool at Gilbert Hitchcock House offering only land based therapies</b>	Bedford Hospital to permanently close the Hydrotherapy pool at Gilbert Hitchcock House and only offer land based therapies.
3	<b>Provide Hydrotherapy Services at local facilities on a sessional basis</b>	Bedford Hospital to close the pool at Gilbert Hitchcock House and offer this service to patients who are deemed to clinically require this treatment as an adjunct to land based treatment.

A fourth option to re-open the hydrotherapy pool at Gilbert Hitchcock House with immediate effect was considered. However it was determined by BHT that in its current state the pool was unreliable posing a risk to patient safety from a chemical imbalance and risk of clinical harm and poor patient experience as a result of short-notice cancellations. This option was therefore not considered a feasible option.

#### **Option 1: Refurbish the Hydrotherapy pool and re-open at Gilbert Hitchcock House**

This option proposes that the Hydrotherapy Pool at Gilbert Hitchcock House is refurbished and re-opened.

In order to refurbish the Hydrotherapy pool, Bedford Hospital would need to invest in a new boiler plant specific to the pool and adapt the current system so that the building heating is not running all year round. To secure a longer-term sustainable service, the pool itself would require refurbishment with significant capital investment.

BHT has recently commenced an interim Hydrotherapy Service at Anjulita Court. If this option is selected as the preferred approach, the interim engagement of local facilities would continue until refurbishment works have been completed.

#### **Option 2: Close the Hydrotherapy pool at Gilbert Hitchcock House offering only land based therapies**

This option provides no alternative hydrotherapy provision, however patients would still have access to land based therapies provided by Bedford Hospital Physiotherapy Team.

Patients currently receiving hydrotherapy at alternative facilities will continue to receive this treatment until their management plan completes. New patients, however, will not have access to NHS funded hydrotherapy.

Alternative options are available to patients still wishing to proceed with water based therapy within a short travelling distance as long as the patients have transport and the funds to pay for the use of the pools.

### **Option 3: Provide Hydrotherapy Services at local facilities on a sessional basis**

This would involve BHT subcontracting with alternative pools to provide individual and group sessions with a Bedford Hospital physiotherapist.

Six pools have been identified in the local area as suitable to treat patients who would benefit from hydrotherapy. Bedford Hospital is currently in discussion with two pools to provide an interim arrangement.

## **6. Options Appraisal**

The options appraisal takes into account the following key factors:

- Engagement Findings (5.1)
- Financial Impact (5.2)
- Quality and Equality Impact (5.3)

### **6.1. Engagement Process**

The engagement process commenced on 29<sup>th</sup> July 2019 and lasted five weeks, ending on 2<sup>nd</sup> September 2019. It consisted of the following four key components which have been summarised below with further detail captured within the Hydrotherapy Engagement Report at **Appendix 2**.

#### **a) Patient Questionnaire**

A questionnaire was sent to a targeted group of patients who had used the Hydrotherapy Pool in the last two years. Of 755 questionnaires that were sent to patients, a total of 221 responses were received which was a response rate of 29%.

#### **Patient Questionnaire - Key Findings:**

- Option 1 (refurbish and re-open the pool) was selected as the most preferred option (81%), Option 3 (close and re-provide) was selected as the second most preferred option (62%) and Option 2 (close with no re-provision) was selected as the least preferred (84%)
- 72% chose their preferred option as it ensures future provision of hydrotherapy services in Bedfordshire, 61% because of the convenience of accessing services, 56% because it enables them to continue accessing hydrotherapy services.
- 42% of patients received individual Hydrotherapy sessions, 42% received group sessions and 16% received a combination of both
- 37 respondents accessed private Hydrotherapy sessions at Gilbert Hitchcock House of which 9 accessed the pool more than 50 times
- 74% of respondents accessed hydrotherapy services independently with 7.37% accessing services with the support of a carer
- It was noted that patients would generally be willing to travel further to access hydrotherapy
- 86% of patients accessed Gilbert Hitchcock House by car, 14% accessing by Bus, 12% walking, 9.59% by taxi and 1.83% by bike. Four respondents used NHS patient transport and one respondent community transport.
- It was noted that patients would generally use the same form of transport to alternative Hydrotherapy Pools. An increased reliance on the use of NHS Patient transport and community transport is also noted in the answers to this question in comparison to the current modes of access to Gilbert Hitchcock House.



- Patients were asked to rate the effectiveness of hydrotherapy on their condition on a scale of one to ten, when one is not effective and 10 is very effective. The Average score for Hydrotherapy was 7.78 out of 10 and for land based physiotherapy was 5.40 out of 10.

### **b) Patient Focus Group**

Two Patient Focus Groups were held during the engagement phase which included attendance from 11 members of the public.

#### **Patient Focus Group - Key Findings:**

- Patients had been accessing hydrotherapy services for a variety of conditions, the group had found hydrotherapy beneficial to their symptoms and management of their conditions.
- Patients expressed concerns that having no access to hydrotherapy had resulted in their health worsening and in many cases whilst they had been managing their conditions and paying for hydrotherapy privately without access, they had either been referred back into the NHS physiotherapy service or had to increase their pain medication.
- Attendees of the patient groups had initially been referred for hydrotherapy on the NHS and following the six sessions provided had continued with hydrotherapy at Gilbert Hitchcock House on a private basis.
- A number of the patients commented they would be willing to pay more than they did previously for private sessions which was £8 per session in a group with a maximum of 5 patients.
- Since the closure of the hydrotherapy pool a number of patients within the group had tried to access hydrotherapy services at other local pools but were not able to use them, some had tried to complete their exercises in local leisure pools however the patients commented that the pools do not have the right facilities and the water is too cold to provide the benefits of hydrotherapy.
- The patient's preference regarding the options was Option 1, even though the groups highlighted some areas that could be improved with the service such as the changing room facilities.
- The groups had reservations with the hydrotherapy services being delivered from alternative pools (Option 3).
- The groups felt they would need more information and clarity on some of the details of how the service would be delivered, and information on the pools. The size, set-up and temperature of the pool were key concerns, the groups did not think the alternative pools would be large enough to hold group sessions which they found very beneficial or have the capacity to deliver the number of private appointments required alongside the NHS appointments.
- Option 2 for the groups was not a feasible option as many of them had found no benefit in land based therapy and for some it was not physically possible due to their condition.

### **c) Physiotherapist Focus Group**

A Physiotherapist Focus Group was also held during the engagement phase which included attendance from nine Bedford Hospital Physiotherapists.

### Physiotherapist Focus Group - Key Findings:

- The group felt that there were many more patients that could benefit from using the hydrotherapy pool which would also increase the utilisation of the pool.
- The team had recently been in discussion with the Rheumatology department at the Luton and Dunstable Hospital with a view to adding hydrotherapy to the range of treatments that could be offered to them. There is also the possibility to develop rehabilitation services for patients with fragility fractures.
- The group highlighted that without access to hydrotherapy many patients would either be referred into land based therapy with multiple referrals or for those patients for whom land based therapy is not possible would be increasing their medication to control their symptoms and to reduce ongoing pain.
- In the case of Ankylosing Spondylitis (AS) the pool is a good preventative measure which reduces the need for patients to have medical interventions and medication.
- The sudden closure of the pool has impacted directly on patients and staff and has increased the waiting time for land based therapy.
- The size of the pool, depth of the water and temperature of the water are key to enable the team to help patients with the full range of exercises in the water.
- The preferred option for the group was Option 1, when considering Option 3 the group highlighted areas that need to be considered further.
- The group highlighted that with the pool being based at Gilbert Hitchcock House and co-located with the wider Physiotherapy team there was flexibility in staffing and provision of services.
- If working at pools off-site the physiotherapists said they would need to arrive 15/20 minutes before the start of the session to ensure the temperature and chemical levels were suitable. With travel time for example to Keech Hospice, the group felt that it would take 4 hours to deliver a 2 hour session with patients.
- Using alternative pools would also require all staff to receive evacuation training for all of the alternative pools. The size and capacity of the alternative pools may also reduce the number of patients that would be referred to hydrotherapy, for example it was considered that Anjulita Court would not be large enough to deliver group sessions.
- Option 2 was not considered to be appropriate by the group.

#### **d) Voluntary / Support Group Feedback**

A letter was emailed to key voluntary organisations and support groups inviting them to discuss their views which led to a teleconference being held with the National Ankylosing Spondylitis Society (NASS).

### Voluntary / Support Group Feedback - Key Findings:

A conference call was held between BCCG, BHT and National Ankylosing Spondylitis Society (NASS) on Friday 6 September 2019. NASS raised three key areas;

#### **1) Context regarding Ankylosing Spondylitis (AS) and the National Institute for Health and Care Excellence (NICE) guidance**

The NICE policy guidance on AS states that hydrotherapy should be included in the treatment of the condition.

#### **2) The evidence base for hydrotherapy**

There is a lack of studies that look at the long term benefits of hydrotherapy for AS, however there is evidence that the short term benefits are significant. There is a significant evidence base of benefits for AS patients and the NASS survey of patients showed clear benefits.

Not providing access to hydrotherapy for AS patients is not considered to be acceptable to NASS.

### 3) Equality Impact Assessment

NASS referenced that there are a cohort of patients with AS for whom land based physiotherapy is not possible, not providing hydrotherapy to this cohort of patients would, they consider be discrimination on the grounds of disability.

Hydrotherapy has significant benefits on a patient's mood and to not provide hydrotherapy, NASS would deem to be discrimination on the grounds of mental wellbeing.

Therefore Option 2 is not considered to be an appropriate option by NASS.

NASS requested a copy of the Equality Impact Assessment (EIA), BCCG and BHT confirmed that the EIA would be included in the options appraisal paper which would be shared publicly.

When discussing Option 3 NASS felt they would need more information about the suggested provision. NASS highlighted the need for the pool to be heated to 34°C, this would need to be a prerequisite of providing the service at other pools. BCCG confirmed that through the patient engagement the temperature and size of the pools had been raised and more information on the pools would be provided as part of the engagement report.

NASS also raised the issue of what times the alternative pools would be available and their capacity and also what transport options are available to the alternative locations.

### e) Clarification Report

Due to some of the statements and questions raised during the engagement period, Bedfordshire CCG felt that further clarification was required from Bedford Hospital to clarify areas that presented as inconsistencies. The Clarification Report was therefore prepared with answers completed by Bedford Hospital. The report can be found at **Appendix 3** and responses have also been incorporated in the main body of this report.

## 6.2. Financial Impact

The costs of each of the three options have been profiled in the following table. For Option 3, it is unknown what the total uptake of Hydrotherapy would be, if fully mobilised, therefore two scenarios have been costed based on i) an uptake of 6 hours per week and ii) an uptake of 17 hours per week.

Expense	Type of Expense	Option 1	Option 2	Option 3	
				Low uptake	High uptake
<b>Facility:</b>					
Boiler/Plant Refurbishment	Capital	-£80,000	£0	£0	£0
Renovation of facility	Capital	-£40,000	£0	£0	£0
Hoist installation	Capital	-£15,000	£0	£0	£0
Premises cost/hire	Revenue	£0	£0	-£15,019	-£42,554
Running costs	Revenue	-£40,193	£0	£0	£0
<b>Workforce:</b>					
Additional staffing costs	Revenue	£0	£0	£0	£0

Travel reimbursement costs	Revenue	£0	£0	-£209	-£417
<b>Income:</b>					
Private/Group Hire Income	Revenue	£13,600	£0	£0	£0
<b>Sub-total Capital Cost</b>		<b>-£135,000</b>	£0	£0	£0
<b>Sub-total Annual Revenue</b>		<b>-£26,593</b>	£0	<b>-£15,228</b>	<b>-£42,972</b>
<b>Net Year 1 Cost</b>		<b>-£161,593</b>	<b>£0</b>	<b>-£15,228</b>	<b>-£42,972</b>

From a financial perspective and independent of the other factors of this report, Option 2 would be the most financially beneficial option as this would not require any investment and would release the current annual running costs for reinvestment by Bedford Hospital.

If as a result of this report, there was a commitment to delivering a Hydrotherapy Service, then Option 3 is the most cost-effective option in the short-term as this does not require any capital investment and utilises existing facilities based on the demand for the service. The facility cost would vary with demand but would start at 6 hours per week until additional capacity was required.

In the case of Option 1, the private income could offset the capital investment with a break-even position reached in 12 years. The capital investment however would be an immediate Year 1 cost pressure and could prevent investment into other committed Bedford Hospital capital developments.

There could be an opportunity to increase the private income for the Hydrotherapy Pool at GHH in Option 1 which would reduce the number of years required to reach a break-even position. This increased income could be achieved through increased promotion leading to a greater private uptake by individual patients/groups and by increasing the sessional rate charged.

### 6.3. Impact Assessment

#### a) Quality Impact Assessment

A Quality Impact Assessment was completed by Bedford Hospital at the time of closure. The assessment indicated that, due to safety concerns and occasional unexpected closure, the closure was deemed appropriate in the avoidance of harm and poor patient experience.

A copy of the Quality Impact Assessment can be found at **Appendix 4**.

#### b) Equality Impact Assessment (EqIA)

An Equality Impact Assessment was completed by Bedfordshire CCG based on the options that presented. It has indicated that due to a non-working hoist, patients with reduced mobility were unable to access Hydrotherapy at Gilbert Hitchcock House. The cost of a replacement hoist has therefore been incorporated into the financial impact of Option 1 (section 6.2.).

Key points highlighted by the EqIA are:

- Good access in terms of travel and location should be considered in relation to the service users
- The location and facilities must comply with the Equality Act 2010 including adequate disabled access and changing facilities
- Individual sessions or single sex sessions should be provided in order to support patients with particular religious beliefs and patients that have had gender reassignment or are transgender

A copy of the Equality Impact Assessment can be found at **Appendix 5**.

## 7. Recommendation

The recommendation following the outcome of the Options Appraisal has been split into two sections 1) Hydrotherapy Service and 2) Hydrotherapy Location.

For reference, the options are as follows:

- Option 1:** Refurbish the Hydrotherapy Pool and re-open at Gilbert Hitchcock House
- Option 2:** Close the Hydrotherapy pool at Gilbert Hitchcock House offering only land based therapies
- Option 3:** Provide Hydrotherapy Services at local facilities on a sessional basis

### 7.1. Hydrotherapy Service

The outcome from the Options Appraisal has demonstrated the benefits of Hydrotherapy to patients with MSK conditions and has supported patients in improving their condition and supporting pain management. There are instances where positive short-term benefits of Hydrotherapy are evidenced, for example in patients with Ankylosing Spondylitis and joint replacement rehabilitation.

Further, the result of the questionnaire has rated the perceived effectiveness of Hydrotherapy as 7.8 (out of 10) compared to their perceived effectiveness of land based therapy as 5.4.

It is therefore recommended that a Hydrotherapy Service is provided to Bedfordshire patients and therefore Option 2 is not supported.

### 7.2. Hydrotherapy Location

Option 1 was the preferred option by both the patient questionnaire and focus groups. However, feedback from the Patient Focus Group suggested that Option 3 – close the pool and re-provide, did not provide sufficient confirmation of the alternative facilities, including size of the pool, temperature, changing facilities, access and parking which were important determinants when selecting their option preference.

The engagement process highlighted the number of patients that were paying privately for Hydrotherapy as part of their self-management plan for a range of conditions. Some patients were using the pool on a weekly basis and have been unable to access alternative Hydrotherapy Pools as an independent user. It was acknowledged that some private patients are now seeking NHS services in the absence of Hydrotherapy, such as prescribed pain medication, referrals to the MSK Service and Physiotherapy.

Whilst the priority of Bedfordshire CCG and Bedford Hospital NHS Trust is to provide Hydrotherapy for NHS patients, who are deemed to clinically benefit from Hydrotherapy, it is recommended that the Trust and CCG will support the identification of opportunities for where privately funded Hydrotherapy may take place.

There are minimum requirements for Hydrotherapy Pools and this was also raised by NASS. The minimum standards include:

- Water temperature (34-35 degrees)
- Air temperature (30 degrees)

- PH levels (7.2-7.4)

Furthermore, the engagement process has also indicated the importance of access to the Hydrotherapy Pools, including providing disabled access, car parking facilities, good public transport access.

As indicated by the EqlA, individual sessions should be provided for NHS patients to ensure patients with particular religious beliefs or gender reassignment/transgender patients are not discriminated against. Location of the service must also be compliant with the Equality Act 2010.

Excluding Option 2, the preferred option financially is Option 3 as it provides a near like for like service but without the level of capital investment required in Option 1.

The report therefore recommends that, subject to meeting the national standards on provision of Hydrotherapy, that Option 3 is considered as the preferred option on the following grounds:

- Improves access to patients due to choice of two locations
- Both Anjulita Court and the MS Therapy Centre meet the required standards for Hydrotherapy Services and provide good access to patients, including disability. Any additional locations would also be required to meet these standards
- Provides an immediate provision of Hydrotherapy Service by Bedford Hospital
- Does not require significant capital investment and therefore does not impact on the fully committed Bedford Hospital capital investment programme

As described in section 4, the Gilbert Hitchcock House estate is being scoped for the location of a Primary Care Hub. As part of this scoping work and site development, the longer term viability for the redevelopment of the Hydrotherapy Pool facility will be explored within the next 12-18 months.

## 8. Next Steps

Following approval of the recommendation at Bedfordshire CCG Governing Body on 19<sup>th</sup> September 2019 and Bedford Hospital NHS Trust Board on 2<sup>nd</sup> October 2019, arrangements will then be made to secure capacity at the alternative pools and ensure that the minimum standards for Hydrotherapy are complied with and maintained on a regular basis.

An update on the recommendation will be presented to both Bedford Borough and Central Bedfordshire Overview and Scrutiny Committee's in October.

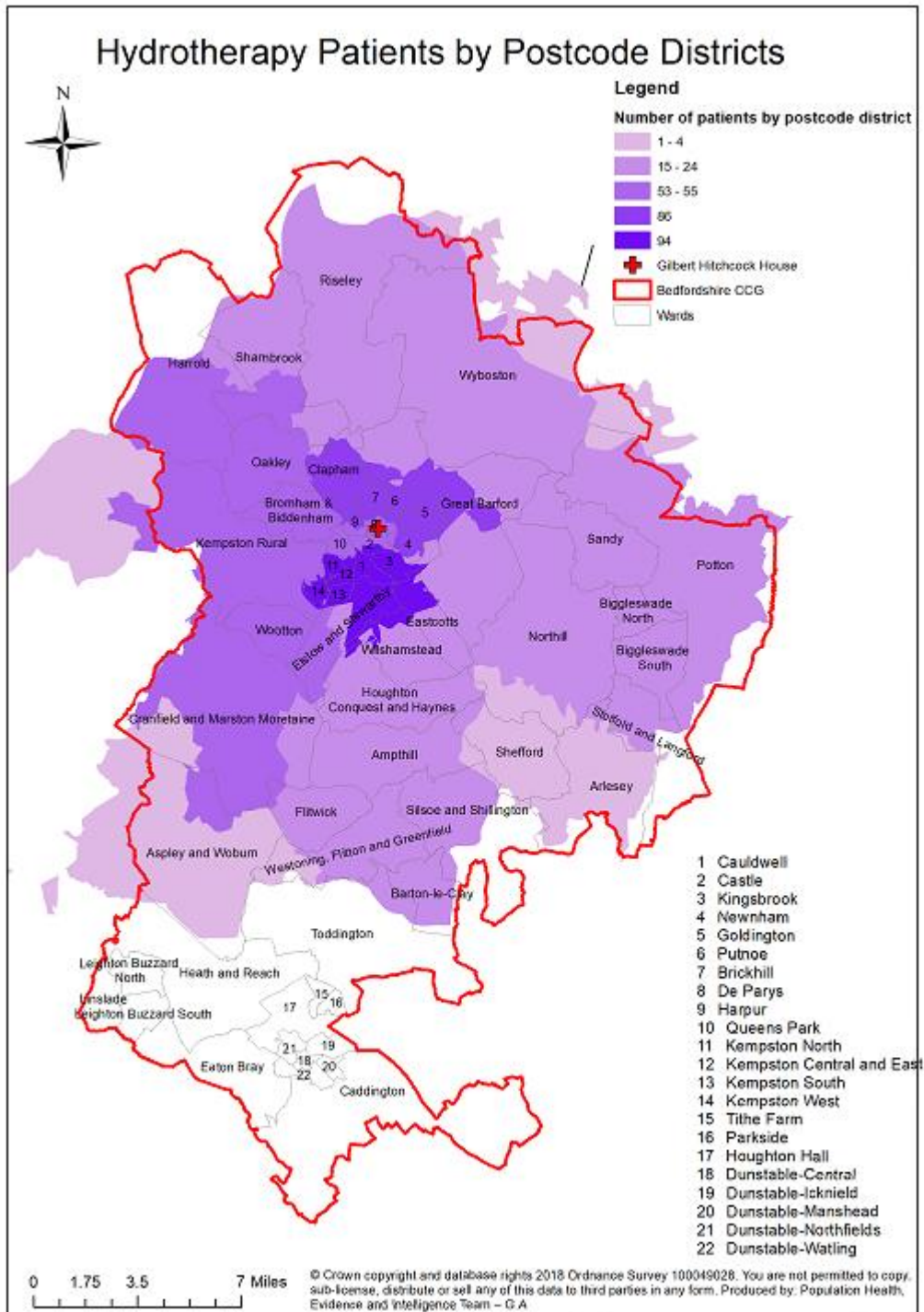
Scoping work for Gilbert Hitchcock House will be ongoing over the next 12-18 months and the viability for inclusion of a Hydrotherapy Pool will be tested as part of the Primary Care Hub development.

## 9. Supporting papers

- Appendix 1 – Access map of Bedford Hospital Hydrotherapy Services
- Appendix 2 – Hydrotherapy Engagement Report (including Appendices A to Q)
- Appendix 3 – Hydrotherapy Clarification Report
- Appendix 4 – Hydrotherapy Quality Impact Assessment
- Appendix 5 – Hydrotherapy Equality Impact Assessment

## Appendix 1 Access map of Bedford Hospital Hydrotherapy Services

The following map indicates where patients, who access the Bedford Hospital Hydrotherapy Service, reside.



## **Appendix 2 – Communications and Engagement Plan for MSK Hydrotherapy Services**

Please refer to the separate PDF attachments.



### Appendix 3 – Hydrotherapy Service – Clarification Report

The following questions have been collated by Bedfordshire CCG following the engagement period for the Bedford Hospital Hydrotherapy Service. The questions seek to clarify the comments and feedback received during the engagement period, including patient questionnaire, patient engagement events and the Physiotherapy Service engagement event.

The answers were provided by Bedford Hospital NHS Trust on 11<sup>th</sup> September 2019.

<b>General Questions:</b>
<b>1. A number of patients stated that they were using the pool the day before it closed so questioned why it was closed so abruptly? Others were part way through their course of 6 sessions when the pool was closed and questioned why they were not allowed to complete their sessions</b>
<p>The initial decision to temporarily close was taken by the Executive team based on a report written following a prolonged closure at the end of October. It took almost 3 weeks to get everything in place (Quality Impact Assessment, letter to BCCG, comments back from CCG and paper to EDs). That then took us to late November.</p> <p>The longer term sustainability, condition, maintenance, affordability and cost of the pool were key drivers. Whilst, the pool was functioning at the specific time it was closed it was judged highly likely to experience the issues that were being managed such as fluctuating PH levels (due to difficulties filtrating etc.) and maintaining temperatures &amp; failures of the heating system etc. meaning that short notice cancellations would be likely.</p> <p>In total there were 27 days where the pool was out of action for plant or water quality reasons in 2018 up to the closure in December 2018.</p>
<b>2. If issues were known and on-going, why was pre-notice of closure not given?</b>
<p>On reflection, the closure could have been handled better and we have learned from this; however, the issues were being closely monitored to ensure patients were not put at any risk and alternative land based exercises were provided. The Executive team made the decision based on the frequent break downs and the estimated costs of bringing the service up to full and sustainable standards.</p>
<b>3. A press statement provided by Bedford Hospital stated that one of the reasons for pool closure was due to staffing needs over the winter period, can this be explained please?</b>
<p>There have not been any press stakeholder statements issued by BHT communications team that have included this reasons for the temporary closure of the pool. Reasons for the closure are: patient safety, previous history of breakdowns and sustainable cost effectiveness.</p>
<b>4. How far back does the data go in terms of NHS patients and private patient's usage of the pool?</b>

We have 8 years of NHS patients' records in the pool as we keep all records for 8 years.  
The private patient records we have since they started in 2016.

**5. What was the total number of private patients using the pool per year for at least 2017 and 2018?**

The total number of private patients using the pool for 2017/18 was 103.  
The majority of these patients were regular attenders across these 2 years

**6. What was the total income from all private sessions during 2017 and 2018, including individual sessions, group sessions and private hire?**

Financial year 2016/2017  
Income from private patients (Hydro) = £6,611 (Gross income)

Financial year 2017/2018  
Gross income from private patients & private pool hire (Hydro) =£13,600

**7. What was the waiting list time for hydro and land based when the pool was operational?**

This is a variable throughout the year but would be between 4-6 weeks with an average 30 patients waiting. These patients were given land based therapy programmes bespoke to their condition so that there was no delay in corrective therapy commencing.

**8. What is the current waiting list for land based physio?**

The waiting time is variable throughout the year.  
The current waiting time for land based physio is 11 weeks.

**Option 1 Questions:**

**9. What are the current restrictions preventing re-opening of the pool today?**

From an estates perspective the pool needs recommissioning; a total chlorination of the infrastructure is required, valves need recommissioning and of course the pool needs filling. This would take up to 4-weeks to complete. In addition, the second boiler would need to be operational in order to keep the temperatures up on the pool. A replacement burner is required on the boiler.

**10. It was felt that the pool only required minor facelift improvements as part of ongoing maintenance and requested a breakdown of the £120k costs cited in the paper of which £80k was for the new plant and £40k for facelift? Are the costs based on estimates or written supplier quotations?**

The costs are budget estimates.

**11. Is the boiler/plant replacement need purely based on the Hydrotherapy Pool upgrade or is this required to enable the GHH site to run more efficiently?**

The pool infrastructure is towards the end of its useful life and the operation of the pool, due to the design, it requires the boiler plant to be running 24/7 365-days a year which due to the age of the property regularly sees parts of the building being heated in the summer as valves fail due to the inherently poor design. Replacement would be required in the near future (no longer than 5 years). Dedicated (smaller) plant to keep the pool operational all-year around would be required and smaller separate boilers to run the heating and hot-water load as required for the rest of the building; this would require extensive re-design of the pipework to support but reduce the revenue costs and carbon emissions.

**12. Has the potential income from private bookings been considered in costings in Option 1 to offset the running costs? Including increase in private bookings if the pool was fully utilised, including evenings and weekends?**

Yes, Private patient income (after the costs have been taken off) has been considered; however, it is insufficient to offset the full running costs.

**13. What does the £40k running costs cover in Option 1? Can you provide a detailed breakdown of this cost?**

All figures either direct costs or taken from the ERIC data. The current elevated cost of heating the remainder of the pipework 24/7 365 has not been factored in.

**Hydrotherapy pool direct running cost (based on the period 18/19).**

**N.B. There will be indirect costs, such as Trust overheads – which have not been included in the figures below.**

**Gas**

Pool heating	8166
Pool area heating	3344

**Electricity**

Pool circulation pumps	1499
Ventilation fans	4088
Lighting/small power	300

**Water**

Pool (includes annual drain down, weekly backwash, make up and an allowance for non-routine chlorination)	1069
---	------

**External service cost**

Service contract and parts	1441
Additional remedial work	2664
Annual contribution to 5 yearly filter media change	600

**BHT maintenance**

Direct labour (includes PPM and reactive maintenance)	15451
Materials	360

<b>Chemicals</b>	1210
------------------	------

<b>Total</b>	40193
--------------	-------

**14. If Option 1 goes ahead and the pool is closed, what work would still be needed on the boiler at GHH and what would be the difference in cost if the pool re-opened?**

There are two boilers, the building can run on one but the pool requires both to be operational; over the winter one burner has failed which does require replacement at circa £10K. Therefore, there are no additional costs in this option.

The cost is circa £120K to refurbish the pool so that it is suitable for the next 15+ years. This includes replacing all the infrastructure that supports it (which will separate it from the main heating system for the building), finishes to the pool environment etc. £10K is to get the second boiler up and running.

**Option 2 & 3 Questions:**

**15. What is the maximum capacity (hours per week) that can be secured at Anjulita Court?**

Bedford Hospital will initially provide 6 hours of hydrotherapy time for NHS patients which will be increased as more patients are referred. The Anjulita Court sessions commenced on 11th September 2019 and the initial feedback is good.

Regrettably, Keech Hospice has confirmed that, due to the fact that they are a children's hospice, they do not wish to have adults utilising the hydrotherapy pool facility.

**16. What is the maximum capacity (hours per week) that can be secured at Keech Hospice?**

Keech Hospice has confirmed that, due to the fact that they are a children's hospice, they do not wish to have adults utilising the hydrotherapy pool facility. However, Bedford Hospital will work with all providers of hydrotherapy and will aim to match the patients to the facilities available. There are on-going discussions and we are optimistic that we can make suitable alternative arrangements as the demand increases. We are also conscious of supporting those who require hydrotherapy outside of NHS criteria. To this end, there is a visit by BHT and CCG representatives to an alternative pool to discuss the suitability and availability for non-NHS patient groups.

**17. Would Bedford Hospital propose to offer private Hydrotherapy sessions for self-funding patients?**

Primary consideration of the NHS patient demand within the available capacity (Physiotherapists as well as pool availability).

**18. What is the capacity at the pools in Option 3 for the patients that currently pay for private sessions and would like to continue accessing care privately? Without such access patients said they would go back into the NHS referral process.**

This has not been requested as our main priority is to the NHS users.

**19. What are the implications of staffing to deliver sessions at the off-site pools in terms of time spent travelling vs time spent treating patients? How would you address the emergency protocols should a non-ambulant patient require pool evacuation?**

Currently plans are a 1 x 2 hour session being run and the travel time is 15 mins each way, therefore it is 30 minutes travel: 120 minutes treatment. The travel costs for physio staff is affordable in comparison to the GHH pool running costs.

This would vary depending on pool availability and site protocols.

**20. What is the cost of decommissioning the pool? Patients considered that this would need to be factored into the costings to give a true reflection of the costs of the options, for example to utilise the Hydrotherapy estate for different purposes, it would require capital expenditure to re-purpose.**

There is no additional cost for decommissioning the GHH pool as the area would essentially be mothballed.

## 2018/19 Quality Impact Assessment Screening Tool

### Overview

This tool involves an initial assessment to quantify potential impacts (positive or negative) on patients / staff / organisations against the 7 areas of risk in relation to Quality from any proposal to change the way services are commissioned and/or delivered. Where potential negative impacts are identified further explanation is required in section 2.

Temporary closure of the hydrotherapy pool at Gilbert Hitchcock House

### Description of scheme:

Due to on-going breakdown and un-reliability of the pool and difficulty with balancing infection control risks with appropriate chlorine and ph levels, it is proposed that the hydrotherapy pool be temporarily closed to re-focus resources through the winter of 2018/19.

Section 1 – Potential Impact Answer positive or negative (P/N) in each area. Please use the guidance in section two to determine if the impact is +ve or –ve or N/A

Area of Risk	Positive	Negative	N/A
Duty of quality	x		
Patient experience	x		
Patient safety	x		
Clinical effectiveness	x		
Prevention of self-care/health inequality			x
Productivity/Innovation	x		
Equality and Diversity		x	

If positive impact, please add in supporting comments in field below:

The pool has been repeatedly closed through 2018. This has had a significant negative impact on patient experience due to the uncertainty around consistency. Some of these closures have been due to infection control issues followed then by errors with chlorine overdosing secondary to faulty plant

Patient safety is our priority and it is felt that due to the aged nature of the plant and the potential risks to patient, the pool be temporarily closed.


**Hydrotherapy from an MSK perspective has very little evidence to support its use. Recent audit of our services show that only 50% of patients respond to treatment in the pool and that self-care through land based activity leads to better outcomes.**

It is accepted that closure will generate some challenge from stakeholders and suggested that alternate options be given to patients. Some patients already choose to self-fund there sessions once they have completed .treatment. These prices are aligned to local pools so those patients will not be financially disadvantaged.

Section 2 - If negative impact identified, please provide more detail in relevant area of quality in table below.

Area of Quality	Comments
Duty of Quality	<p>Over the past year, the pool has become, with increasing frequency, less reliable. Elements of the plant equipment have failed in addition to levels of bacterial growth rising.</p> <p>This has meant that we have had to repeatedly close the pool, cancel patients (both NHS and self-funding).</p> <p>There is sparse evidence supporting hydrotherapy for MSK conditions. NICE guidance for the management of MSK lower limb conditions on the whole suggests self-care, general aerobic fitness and weight management.</p> <p>Temporary closure of the pool will not have a negative impact on the quality of treatment being undertaken in the department and patients' achievement of their goals.</p>
Patient Experience	As already discussed, frequent closure and the cancellation of patients has a negative impact on patient experience. The pool and its plant have become unreliable
Patient Safety	<p>The decision to cancel patients is always centred on patient safety. There are thresholds that need maintaining in relation to infection control and prevention.</p> <p>When positive results are identified, the pool equipment often struggles then to regain the correct levels of chlorine and ph balance. This is significant in relation to patient safety.</p>
Clinical Effectiveness	<p>There is currently no validated clinical evidence that supports the use of hydrotherapy for MSK conditions.</p> <p>A recent audit carried out using MSK-HW methodology showed that from the sample collected, a minority showed improvement in their condition.</p>
Prevention	Not applicable
Productivity and Innovation	<p>From a productivity perspective, hydrotherapy is an expensive resource. The pool thus far since April, 2018 has cost upwards of £10k to repair in addition to the background running costs of around £40k.</p> <p>Hydrotherapy is not considered innovative as a treatment modality in relation to the MSK patient cohort.</p>
Equality and Diversity	<p>Hydrotherapy could be considered as a 'nice to have' treatment for some chronic MSK / pain conditions. Whilst this does not support the NICE guidance around self-management and exercise there will be some patient groups who will be very passionate about any closure (even temporary) of the pool.</p> <p>There are local, council run facilities and patients will be given details of these facilities until the pool re-opens.</p>

Completed by:

Signature: 	Designation: Deputy Director – Integrated Medicine	Date: 23 <sup>rd</sup> November, 2018
--	---	--

### Section 3 – Approval

---

Divisional Director & Deputy Chief Operating officer

Signed: *Shane Morrison-McCabe* Print Name: Shane Morrison-McCabe Date: 24/11/2018

**Appendix 5 – Equality Impact Assessment**

<b>Title of policy, service, proposal etc. being assessed:</b> Hydrotherapy Services for Bedfordshire Patients
---

<p><b>What are the intended outcomes of this work?</b></p> <p>Bedford hospital closed the Hydrotherapy pool at Gilbert Hitchcock House (GHH) on the North Wing site in November 2018 due to constant breakdowns and chemical balance issues caused by an outdated plant and boiler system.</p> <p>Bedfordshire CCG (BCCG) has been working with Bedford Hospital (BHT) to look at the options available.</p> <p>The options are:</p> <ol style="list-style-type: none"> <li>1. Refurbish the Hydrotherapy pool and re-open at Gilbert Hitchcock House</li> <li>2. Close the Hydrotherapy pool at Gilbert Hitchcock House offering only land based therapies</li> <li>3. Provide Hydrotherapy Services at alternative local facilities on a sessional basis</li> </ol> <p>The intended outcome of this work is to ascertain if any of the proposed options would directly discriminate against any patients with the protected characteristics. This will then be fed into the decision making process around the future provision of Hydrotherapy Services in Bedfordshire.</p>
<p><b>Who will be affected by this work?</b></p> <p>Physiotherapy Patients, their carers and BHT's physiotherapy staff will be affected by any decisions made on the hydrotherapy service provision.</p>

<p><b>Evidence</b></p> <p><b>What evidence have you considered?</b> Against each of the protected characteristics categories below list the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic).</p> <p>This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them in the Evidence based decision making section on page 9 of this template.</p> <p>If you are submitting no evidence against a protected characteristic, please explain why.</p>
<p><b>Age</b></p> <p>Hydrotherapy services are provided to over 18s only. None of the options directly discriminate against people of different ages.</p> <p>Option 1: No effect on the patients due to age</p> <p>Option 2: No effect on the patients due to age</p> <p>Option 3: Possibility of travel issues for elderly patients due to different location and timings of the sessions available may differ and patients may not have carers or transport available to attend</p>
<p><b>Disability</b></p> <p>Option 1: Non mobile patients are unable to use the GHH pool due to the hoist being broken. If this option is chosen the hoist must be made operative</p> <p>Option 2: No effect on the patients due to disabilities</p> <p>Option 3: Possibility of travel issues for patients with physical disabilities due to location change and timings of the sessions available may differ and patients may not have carers or transport available to attend.</p> <p>Any utilised premises would have to comply with the Equality Act 2010.</p>



<p><b>Gender reassignment (including transgender)</b></p> <p>None of the options directly discriminate against transgender people or those going through gender reassignment.</p> <p>It must be noted however that for each option, the patients' feelings regarding group sessions and wearing swimming/gym clothes in front of other people must be considered. Individual sessions must be available and individual changing facilities provided</p>
<p><b>Marriage and civil partnership</b></p> <p>This proposal does not directly discriminate against marriage or civil partnership status.</p>
<p><b>Pregnancy and maternity</b></p> <p>This proposal does not directly discriminate against people who are pregnant however, the timings of the sessions available may differ and patients may not be available to attend due to childcare responsibilities</p>
<p><b>Race</b></p> <p>None of the options directly discriminate against people of different races</p> <p>However, group sessions would be a particular concern for certain faith groups since mixed bathing would not be considered appropriate.</p> <p>Individual or single sex sessions would be required for these patients. If mixed sessions are to be considered engagement with local faith groups would definitely be required.</p> <p>Individual changing rooms must be provided.</p>
<p><b>Religion or belief</b></p> <p>None of the options directly discriminate against people of different races</p> <p>However, group sessions would be a particular concern for certain faith groups since mixed bathing would not be considered appropriate.</p> <p>Individual or single sex sessions would be required for these patients. If mixed sessions are to be considered engagement with local faith groups would definitely be required.</p> <p>Individual changing rooms must be provided.</p>
<p><b>Sex</b></p> <p>None of the options directly discriminate against people of different races</p> <p>However, group sessions would be a particular concern for certain faith groups since mixed bathing would not be considered appropriate.</p> <p>Individual or single sex sessions would be required for these patients. If mixed sessions are to be considered engagement with local faith groups would definitely be required.</p> <p>Individual changing rooms must be provided.</p>
<p><b>Sexual orientation</b></p> <p>There is no evidence of any impact on patients with different sexual orientation.</p>
<p><b>Carers</b></p> <p>None of the options directly discriminate against carers</p> <p>Option 1: No effect on carers</p> <p>Option 2: No effect on carers</p> <p>Option 3: Possibility of travel issues for carers due to location change and timings of the sessions available may differ and carers may not be able to attend. There may also be an impact from additional travel time.</p>
<p><b>Other identified groups</b></p> <p>This proposal does not directly discriminate against other identified groups however, patients in the South of the County currently have to travel to Bedford for Hydrotherapy. If services are provided elsewhere there may be facilities closer to home and therefore easier for patients to attend.</p> <p>If the service is discontinued and patients are asked to seek and fund their own therapy, patients with a lower income may not be able to access it.</p>

## Engagement and involvement

How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

During the Summer of 2019 BCCG and BHT have carried out an engagement programme with the patients that have used the pool in the last 2 years to inform the decision on the preferred option.

During the engagement process, specific questions have been asked about travel, timings and group/mixed sessions in order to specifically engage with those groups identified above as possibly being affected.

How have you engaged stakeholders in testing the policy or programme proposals?

BCCG and BHT have carried out an engagement programme during Summer 2019 to inform the decision on the preferred option

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Focus Groups were held as follows:

- All the patients that have used the Hydro Pool in the last 2 years - 19 and 22 August 2019
- BHT physios – 22 August 2019
- All Stakeholder organisations were invited to a face to face meeting with BCCG and BHT. NASS were the only organisation to take up the offer and a telephone conference was held on 6 September 2019

## Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work.

If the service moves to different premises, transport and carers arrangements may be difficult for some patients but it may also improve access for others in the South of the County.

Provision must be made for individual or single sex sessions where required.

Individual changing facilities must be provided

Now consider and detail below how the proposals could support the elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.

### Eliminate discrimination, harassment and victimisation

This would be an equal service offer to all patients who access Bedford Hospital Physiotherapy services.

### Advance equality of opportunity

At present patients have to attend GHH to receive Hydrotherapy. If the service moves, it would be available in different premises which may be easier for patients in the south of the county to access.

### Promote good relations between groups

Not Applicable

## Next Steps

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include

action(s) to eliminate discrimination issues, partnership working with stakeholders and data gaps that need to be addressed through further consultation or research. This is your action plan and should be SMART.

Once the engagement process has been completed, a more in-depth EQIA will be completed for the preferred option.

How will you share the findings of the Equality analysis? This can include sharing through corporate governance or sharing with, for example, other directorates, partner organisations or the public. The completed EQIA will be published on the Bedfordshire CCG website either as part of the report on the proposals or separately on the equality and diversity pages.

The EQIA will be shared through the corporate governance routes.