

To be completed when the initial impact assessment indicates a high or extreme risk and a more detailed assessment is required

Please contact the Quality Team if you require further support in completing this pro forma

On identification of a high or extreme risk PID, business case, commissioning decision or business plan this pro forma must be submitted along with the proposed change to inform the decision making process and ensure informed choice. A copy of the complete impact assessment must be submitted to the next available Quality Committee to ensure scrutiny from a quality perspective.

Background and context of the proposal

Brief Description of project:

Hydrotherapy is the use of water in the treatment of different conditions, including arthritis, muscular skeletal and neurological conditions. Hydrotherapy differs from swimming because it involves special exercises completed in a pool with a physiotherapist, with the water temperature at 33-36C, which is warmer than a typical swimming pool. Hydrotherapy is a specialist service which can be of clinical benefit (albeit limited – see report) to a small number of patients for a limited period as part of their rehabilitation.

The Covid pandemic has led to changes to the way patients can access services and receive treatment, and some services have been stopped to keep patients safe. From March 2020 the Hydrotherapy service provided at the Royal Berkshire Hospital (RBH) has been closed in line with their Covid infection control policy. Due to ongoing challenges and potentially open-ended nature of this pandemic it has prompted the CCG to examine the future options for commissioning hydrotherapy.

It was agreed in July 2020 by the Berkshire West CCG Governing Body that, given the context above, a 12 week full public consultation should be undertaken to determine the future of this service. The consultation commenced on the 10th August and concluded on the 2nd November 2020. In total 498 responses were received to the survey; 496 using the Survey Monkey link online and 2 received either by hard copy or email, as well as 9 additional full written responses from organisations/individuals representing patients. Of this number 217 (or 44%) had used the NHS Hydrotherapy services and 279 (56%) hadn't.

Of this total number of responses, only a small number (59) identified as being an NHS patient who had been prescribed Hydrotherapy by a clinician. However, 11 have suggested in their response they haven't used the pool and a further 11 used the pool but with a voluntary organisation. Therefore, it cannot be assumed their answers wholly relate to the NHS service. The vast majority responded in a personal capacity as an interested member of the public (258) or other (124) which included a mix of health professionals and voluntary groups.

The analysis report following these responses alongside clinical evidence and patient reported benefits have been considered in proposing the following 3 options for consideration:

Option 1 - Continue to commission Hydrotherapy services as part of the block contract arrangement with RBFT. EQIA completed for this option.

Option 2 – Continue to commission hydrotherapy services but on an alternative purchasing basis – an EQIA would need to be undertaken as part of the process to identify alternative providers.

Option 3a - Continue to commission hydrotherapy services but on an alternative purchasing basis with clear clinical criteria and a prior approval process prior to treatment to confirm compliance with criteria - an EQIA would need to be undertaken as part of the process to identify and confirm alternative provider(s) but has been completed for the second part of this option.

Option 3b – Commission Hydrotherapy services but on an alternative purchasing basis only when exceptionality can be demonstrated via an individual funding request - an EQIA would need to be undertaken as part of the process to identify and confirm alternative provider(s) but has been

completed for the second part of this option.

For options 3 a number of assessment fields in the stage 1 EQIA indicate an impact rating of 8 or above for both Quality and Equality. This has triggered the requirement for a stage 2 impact assessment.

Against each of the protected characteristics outlined in the Equalities Act 2010 data has been reviewed to determine impact on each equality group (protected characteristic). 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.

In conducting the EQIA the CCG took full account of data provided by RBFT on the demographics of patients who had accessed the Hydrotherapy service in the financial year 2019/20. Based on the evidence it considered it is concluded that differential and adverse impact could not be construed in relation to any equalities groups. This report includes suggestions regarding mitigating actions for consideration which include the provision of land based therapy and access to Hydrotherapy on an exceptions basis (Red IFR).

RBFT routinely collect information relating to the variety of equalities domains for those that use their services (to note that data collected excludes sexual orientation, gender re-assignment, pregnancy and maternity). Information regarding patients who utilised the service in 2019-20 indicates that the majority of patients defined themselves as White, Female and Single however the range for age was equal spread from aged 1 to 100. No information was available regarding disability however it can be assumed from the hospital specialities that use the service in the main, for example MSK and Neurology that a number of the patients would have a registered disability. In addition, whilst no direct information was collected on pregnancy/maternity, one of the groups accessing the service was aqua natal which indicates usage by pregnant women.

A Quality Impact Assessment has also been completed. The assessment indicated that, due to safety concerns (COVID) and occasional unexpected closure, the current closure was deemed appropriate in the avoidance of harm and poor patient experience.

In terms of access to a service to support the management of a particular condition or as part of rehabilitation programme land-based physiotherapy would continue to be offered to all patients as an alternative. In addition, continued access to hydrotherapy would be available, albeit on an exceptionality basis, via an IFR. This ensures that patients have continued access to the correct service to meet their clinical need.

Implications and risks – Option 3

Patients would still have access to land based therapies provided by RBH Physiotherapy Team and hydrotherapy on an exceptions basis. Red polices relate to procedures not routinely funded by the Commissioner (CCG). These are procedures that will not be funded by the commissioning CCG due to a lack of evidence for clinical benefit, limited resource or the responsibility of specialised commissioning. Other management options should be considered. In exceptional circumstances, IFR may be made to the CCG for consideration.

There is the risk that those patients that are unable to engage in land based physiotherapy will not have an alternative treatment available to them, thus impacting on their physical and mental health and wellbeing. However, implementation of a red IFR policy would allow access to Hydrotherapy on an exceptions basis if there was sufficient individual clinical evidence to support.

What are the benefits?

- Hydrotherapy would still be available in exceptional circumstances as per the stated IFR policy and criteria.
- IFR will judge that the intervention is of sufficient value in terms of benefit and outcome when the patient meets the set criteria
- Patients would still have access to land based therapies provided by RBH Physiotherapy Team.
- Potentially releases funds to further support other evidence based treatments for the Berkshire West population or invest further in land based Physiotherapy.

What are the risks if the proposal is not approved?
Patients are currently unable to access hydrotherapy due to the ongoing pool closure at RBH. However, patients are able to access land based physiotherapy as an alternative. If a decision is not taken on the future commissioning arrangements then alternative arrangements for the provision of this service would need to be explored.
What plans are in place to ensure identified risks are mitigated?
Land base physiotherapy will continue to be available to patients and an IFR can be submitted in exceptional circumstances.
After mitigation, what are the remaining residual risks?
<p>There are very strong patient reported benefits from hydrotherapy despite the lack of clinical evidence. There is a risk that the changes to hydrotherapy services funded by the NHS could impact significantly on mental and emotional wellbeing of patients and indeed their willingness to engage with land based support. There is a risk that this affects a patient's recovery process and/or ability to manage their condition effectively.</p> <p>Nevertheless, patients do have access to the IFR process and will also be signposted to other organisations who provide this service, albeit chargeable.</p>
Recommendations for the Quality Committee to consider
<p>The report recommends that Option 3b is considered as the preferred option on the following grounds</p> <ul style="list-style-type: none"> - The need to prioritise treatments which provide the greatest benefits to patients. - The lack of robust clinical evidence to support water based therapy above land based - Cost of service provision is very high in comparison to land based physiotherapy - Equivalent patient outcomes can be achieved with land based physiotherapy. - Hydrotherapy will be available in exceptional circumstances via an IFR.