

EQUALITY IMPACT ASSESSMENT

BACKGROUND

Date of Assessment:	12 th August 2021		
Title of document being assessed:	Proposed redesign of Dundee and Angus Stroke Rehabilitation Pathway		
1. This is a new policy, procedure, strategy			
or practice being assessed.	practice being assessed?		
(If Yes please check box)	(If Yes please check box) □ X		
This is a new budget saving proposal	This is an existing budget saving proposal being reviewed		
(If Yes please check box)	(If Yes please check box)		
Please give details of the Lead Officer and the group responsible for considering the Equality Impact Assessment (EQIA)	Jillian Galloway, Head of Community Health and Care Services		
3. Please give a brief description of the policy, procedure, strategy or practice being assessed, including its aims and objectives, actions and processes.	Dundee and Angus Health and Social Care Partnerships are working together to review their stroke rehabilitation pathways to ensure they deliver modern, evidence based, high quality rehabilitation and support to everyone with a new stroke and those living with stroke in order to maximise their chance of making the best recovery and living their best life possible. The service redesign aims to deliver person-centred specialist stroke rehabilitation and ongoing support, provided by skilled and experienced health and social care staff supported by third sector partners, balancing our resources between hospital and community settings to best meet the needs of our patient and carer populations. This must be sustainable for the future. Within the new pathway we propose that this care will be delivered in the community setting as soon as safe and clinically possible. The service redesign was identified following an option appraisal process with six care delivery models being scored against the following criteria: Person Centred Care: Services are personalised with a programme of care that is aligned to a person's needs and choices, provided at home when clinically safe and appropriate Quality and quantity: Provision of evidence based, specialist stroke care, at an intensity		

- appropriate to the persons needs, in keeping with recommended levels of rehabilitation, focussing on the best possible outcomes and recovery with smooth transitions of care across the whole patient journey.
- Workforce: Right professional with the right skills at the right time in the right place. Availability of a flexible workforce with specialist stroke skills and training.
- Safety: Care is delivered in a safe and effective way within an appropriate environment where risks are assessed and managed safely.
- Accessibility: People recovering from stroke and their carers will have access to a care pathway, information and support they need to live a fulfilled life. This will be delivered in a flexible and person centred manner supported by third sector partners.
- Environment: The environment is suitable to accommodate specialist stroke rehabilitation considering estates and buildings and is sustainable for the future (5years +)

The preferred option was identified as:

- Home based rehabilitation for all Angus and Dundee residents where appropriate: People who require stroke specific in-patient rehabilitation will receive this within Royal Victoria Hospital, Dundee
- 4. What are the intended outcomes of this policy, procedure, strategy or practice and who are the intended beneficiaries?

The proposed service redesign focuses on modernising and improving rehabilitation standards to people who have had a stroke or are in caring roles.

Stroke is a leading cause of long-term disability with over a quarter of stroke survivors remaining disabled in basic activities of daily living and half being left with reduced mobility and function 1. Aphasia and depression are other frequent causes of long term disability 1. An increase in younger strokes (age 20 to 64 years) is also reported and expected to continue to rise²

Specialised stroke rehabilitation reduces long term disability with those with moderate disability benefiting more than those with mild or severe stroke severity 3,4,5

The number of patients who will require specialist stroke rehabilitation by clinicians with expertise in neurological conditions will continue to grow in the coming decades. This pathway redesign aims to benefit those diagnosed with stroke in the future as well as those who are currently living with stroke as a stroke survivor or as a carer.

Redesigning inpatient stroke rehabilitation from the current three stroke rehabilitation units into to a single Dundee and Angus Stroke rehabilitation unit will result

in a more efficient model of care which will overcome workforce recruitment challenges currently compromising safe and effective care on the Angus site.

The pathway redesign will also enable the release of resources to reinvest in a community based model of care which will facilitate earlier supported discharge from hospital for those with mild to moderate stroke as well as increasing the intensity and frequency of community based rehabilitation starting soon after hospital discharge.

Patients and their carers will therefore have improved access to high quality community based rehabilitation in place on discharge from hospital, supported by specialist and experienced health and social care staff working in partnership with third sector services to enable people to achieve their rehabilitation goal and live their best life possible after stoke. Carers and families will also have better access to specialist support and information as we invest further in meeting their needs.

Staff working in the combined unit will also benefit from working in a large specialist team with improved access to specialist training and education as well as support from the acute stroke team who are situated in close proximity to the unit. Staff will have options to work flexibly across acute and rehabilitation services to further improve their knowledge and skills in stroke care across the pathways.

5. Has any local consultation, improvement or research with protected characteristic communities informed the policy, procedure, strategy or practice being EQIA assessed here?

If Yes, please give details.

Engagement work has taken place with stroke survivors and carers across Dundee and Angus to identify their priorities in the future redesign of stroke services.

- Engagement sessions
- Focus groups
- Email and telephone feedback opportunities
- Patient and carer interviews

A Tayside stroke voices group was established to allow partnership working with people with lived experience of stroke. This is an active group who have shared their experiences and suggested care delivery improvements as well as provided feedback on suggested pathway changes.

A small group of patients with aphasia have given feedback on the proposed redesign. Further work with this client group is planned as we move on to the implementation stage of the redesign.

Staff engagement events and a staff survey completed by over 120 staff also identified their

priorities and suggestions for improvements to the pathway.
Public engagement sessions were also held which allowed members of the public to hear our suggested service redesign proposal.

EQUALITY IMPACT ASSESSMENT (EQIA) - RELEVANCE SCREENING

1. Has the proposal already been assessed via an EQIA process for its impact on ALL of the protected characteristics of: age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation?

No

1 a. Does the proposal have a potential to impact in ANY way on the public and/or service users holding any of the protected characteristics of age; disability; gender; gender reassignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation?

Yes Proceed to the Full Equality Impact Assessment (EQIA).

1 b. Does the proposal have a potential to impact in ANY way on <u>employees</u> holding any of the protected characteristics of age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation? This applies to employees of not only NHS Tayside and Angus Council, but also the 3rd sector.

Yes

2. Name: Sally Wilson

Position: Integration Improvement Manager



FULL EQUALITY IMPACT ASSESSMENT (EQIA)

Step 1.

Is there any reason to believe the proposal could affect people differently due to their protected characteristic? Using evidence (e.g. statistics, literature, consultation results, etc.), justify whether yes or no. If yes, specify whether impact is likely to be positive or negative and what actions will be taken to mitigate against the undesired impact of a negative discrimination. When considering impact, please consider impact on: health related behaviour; social environment; physical environment; and access to & quality of services of NHS Tayside, Angus Council or 3rd sector social justice.

1a. The <u>public and/or service users</u> holding the Protected Characteristics:

	POSITIVE IMPACT	NEGATIVE IMPACT	Intended mitigating actions against the b) Negative Discrimination
	a)Positive Action	b)Negative discrimination	
AGE			Where possible we will consider the profile of people who are users of stroke rehabilitation services, or likely of be stroke service users, against the profile of the general population. This should give a picture of where there are social groups that are likely to be disproportionately affected by the changes proposed.
		YES Stroke affects all ages but the number of younger strokes is increasing Younger patients currently receive their rehabilitation in the Centre of Brain Injury Rehabilitation which exclusively admits those around 65 years and under. Changes to the pathway will mean all age groups are admitted to a single unit.	Specialist skills and knowledge of younger strokes e.g. risk factors, treatments, rehabilitation interventions, evidence based care, vocational rehabilitation, psychological support, social and digital interventions which meet the needs of the younger age groups will be developed across the pathway to ensure everyone receives the high quality specialist care appropriate for their needs and wishes. Younger people will have access to peer and social support according to their wishes across the inpatient and community pathway. Care will continue to be organised in a

	Yes Many people with stroke are elderly with multiple co- morbidities and are at risk of acute deterioration in their health status following their initial stroke and during their rehabilitation phase. The location of the proposed inpatient rehabilitation unit is in close proximity to Ninewells Hospital meaning faster transfer time and access to emergency care		person centred way to ensure that age is not a limiting factor for any groups and peer support is available to patients and carers. Ongoing engagement with younger people affected by stroke to identify their feedback and ideas for the future pathway
GENDER DISABILITY	when required.	Yes The Scottish Governments Better	Inpatient rehabilitation: Patients and their carers will be involved in decisions affecting their
		together Inpatient Survey 6 presents qualitative data of the experience of 10,000 inpatients which reports that disabled people, people with translation, interpreting and communication support had a poorer experience of inpatient services. People receiving inpatient stroke rehabilitation care will have a range of physical, mental and psychological health	care Communication aids and support will be offered to those with communication difficulties to ensure their views and wishes are understood. Community Rehabilitation: We will work with local communities to identify local rehabilitation service needs, support services, transport options and buildings requirements to ensure rehabilitation is accessible and suitable for this client group.
		disabilities which may present increased challenges to this	

ETHNICITY/ RACE Yes I is well recognised in minority ethnic groups owned that minority ethnic groups owned in the minority ethnic populations and cultural groups and enaged with proposed pathway changes Organia engagement with local communities will be vital to ensure that minority ethnic populations and cultural groups are not disadvantaged by the pathway changes. SEXUAL ORIENTATION RELIGION/ BELLIEF GENDER REASSINGMENT PREGRANCY/ MATERNITY Angus residents who are diagnosed with stroke during pregnancy will receive their inpatient rehabilitation in close proximity to specialist obstettic services who can oversee their care when required OTHEE: CARERS OF OLDER AND/OR DISABLED PSOPULE (Although corrers are not considered as a PC in their electry family members and corres; givers. This may impact the ability of their electry family members to travel to the rehabilitation unit for visiting and involvement in core or discharge planning. Work with local communities to identify the proposed pathway changes Organia engagement with local communities will be dentified to ensure that minority ethnic groups and engage with them to identify any import the proposed pathway changes Organia engagement with local communities will be ensure that minority ethnic groups and engage with encounter objects and some proposed pathway changes Organia engagement with local communities to identify the proposed pathway changes Organia engagement with local communities will be ensure that minority ethnic groups and engage with entore until other proposed pathway changes Organia engagement with local communities to identify the proposed pathway changes Organia engagem		<u> </u>		
ETHNICITY/ RACE Yes well recognised that minority ethnic groups experience higher rates of disease and poorer heath related outcomes than the White British population. Other these poorer outcomes are attributed to genetic influences, socioeconomic deprivation, migration status, cultural procedures who are diagnosed with stoke during pregnancy will receive their inpollent rehabilitation in close proximity to specialist obstetitic services who can oversee their care when required OTHER: CARERS OF OLDER AND/OR DISABLED DISABLED CARENS OF COLDER AND/OR DISABLED FOULE (Although cares a not correst) are not considered as a PC in itself, they are not considered as a PC in itself, they are planning. We will work with local communities to identify any minority ethnic groups and engage with them to identify any impact the ability of their elederly family members and caregivers. This may impact the ability of their elederly family members to travel to the rehabilitation unit for visiting and involvement in care or discharge planning. We will work with local communities to dentify any minority ethnic groups and engage with them to identify any minority ethnic groups and engage with them to identify any minority ethnic groups and engage with them to identify any minority ethnic groups and engage with them to identify any minority ethnic groups and engage with them to identify any minority ethnic groups and engage with them to identify any minority ethnic groups and engage with them to identify any minority ethnic groups and engage with them to identify any minority ethnic groups and engage with them to identify any minority ethnic groups and engage with them to identify any minority ethnic groups and engage and the proposed pathway changes Ongong engagement with local communities to idensify and intensity ethnic paper and source and individual groups and insolve the proposed by the pathway changes OTHER: CARERS OF OLDER AND/OR DISABLED OTHER: CARERS OF OLDER AND/OR DISABLED OTHER: CARERS OF OLDER AND/OR				
# It is well recomised that minority ethnic groups and engage with an independent proposed pathway changes and poorer heath related outcomes than the White British population. Often these poorer outcomes are attributed to genetic influences, socioeconomic deprivation, migration status, cultural practices and lifestyle differences. SEXUAL ORIENTATION RELIGION/ BELIEF			reaesignea paniway.	
# It is well recomised that minority ethnic groups and engage with an independent proposed pathway changes and poorer heath related outcomes than the White British population. Often these poorer outcomes are attributed to genetic influences, socioeconomic deprivation, migration status, cultural practices and lifestyle differences. SEXUAL ORIENTATION RELIGION/ BELIEF				
# It is well recomised that minority ethnic groups and engage with an independent proposed pathway changes and poorer heath related outcomes than the White British population. Often these poorer outcomes are attributed to genetic influences, socioeconomic deprivation, migration status, cultural practices and lifestyle differences. SEXUAL ORIENTATION RELIGION/ BELIEF	ETUNIOTY /		Voc	Mo will work with look of a server with a
that minority ethnic groups experience higher rates of disease and poorer heath related outcomes than the White British population. Often these poorer outcomes are attributed to genetic influences, socioeconomic deprivation, migration status, cultural practices and lifestyle differences. SEXUAL ORIENTATION	_			
related outcomes than the White British population. Often these poorer outcomes are attributed to genetic influences, socioeconomic deprivation, migration status, cultural practices and lifestyle differences. SEXUAL ORIENTATION RELIGION/ BELIEF GENDER REASSINGMENT PREGNANCY/ MATERNITY MATERNITY MATERNITY OTHER: CARERS OF OLDER AND/OR DISABLED DISABLED DISABLED OTHER: CARERS OF OLDER AND/OR DISABLED CARERS OF OLDE	KACE			
injent rates of disease and pooren health related outcomes than the White British population. Orden these poorer outcomes are attributed to genetic influences, socioeconomic deprivation, migration status, cultural practices and lifestyle differences. SEXUAL ORIENTATION Ves				
related outcomes than the White British population. Often these poorer outcomes are attributed to genetic influences, socioeconomic deprivation, migration status, cultural practices and lifestyle differences. SEXUAL ORIENTATION RELIGION/ BELLIEF GENDER REASSINGMENT PREGNANCY/ MATERNITY Angus residents who are diagnosed with stroke during pregnancy will receive their inpatient rehabilitation in close proximity to specialist obstetric services who can oversee their care when required OTHER: CARERS OF OLIDER AND/OR DISABLED PEOPLE (Although care not considered as a PC in sizelf, they are inself, they are protected by the Equality Act 2010 from The providence of the providence of the rehabilitation on unit for visiting and involvement in care or discharge planning. Hong are not considered as a PC in the rehabilitation unit for visiting and involvement in care or discharge planning. Hong are not considered as a PC in the relabilitation of the rehabilitation of the rehability of t				
than the White British population. Often these poorer outcomes are attributed to genetic influences, sociaeconomic deprivation, migration status, cultural practices and lifestyle differences. SEXUAL ORIENTATION CENTRATION CENTRATION			•	proposed painway changes
population. Offen these poorer outcomes are attributed to genetic influences, socioeconomic deprivation, migration status, cultural practices and lifestyle differences. SEXUAL ORIENTATION RELIGION/ BELLIEF GENDER REASSINGMENT PREGNANCY/ MATERNITY Angus residents who are diagnosed with stroke during pregnancy will receive their inpatient rehabilitation in close proximity to specialist obstetric services who care oversee their care when required OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered are not considered are not considered to site of the rehabilitation or in the rehability of their elderty family members to travel to the rehabilitation unif for visiting and involvement in care or discharge planning. POPULATION OF THE THOUGH AND PROPILE to the rehabilitation or elderty family members to travel to the rehabilitation or elderty family more the ability of their elderty family transport options for patients, carers or discharge planning. POPULATION OF THE THOUGH AND PROPILE to the rehabilitation or elderty family members and caregivers. This may impact the ability of their elderty family transport options for patients, carers or discharge planning. POPULATION OF THE THOUGH AND PROPILE to the rehabilitation or elderty family more to travel to the rehabilitation or elderty family more than the propile to the rehabilitation or elderty family more than the propile to the rehabilitation or elderty family more to travel to the rehabilitation or elderty family more than the propile to the rehabilitation or elderty family more than the propile to the rehabilitation or elderty family more than the propile to				Ongoing angagement with local
these poorer outcomes are attributed to genetic influences, socioeconomic deprivation, migration status, cultrual practices and lifestyle differences. SEXUAL ORIENTATION RELIGION/ BELILEF GENDER REASSINGMENT PREGNANCY/ MATERNITY OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered by the pathway changes. The needs of families and carers will be identified and incorporated into the person centred care model for each individual patient. Communication delety family members on dare given by the delety family members to travel to the rehabilitation unit for visiting and involvement in care or discharge planning. Work with local communities to identify transport options for patients, carers and families to visit hospital settings or a care's or discharge planning.				
outcomes are attributed to genetic influences, socioeconomic deprivation, migration status, cultural proctices and lifestyle differences. SEXUAL ORIENTATION RELIGION/ BELIEF GENDRE REASSINGMENT PREGNANCY/ MATERNITY Angus residents who are diagnosed with stroke during pregnancy will receive their inpatient rehabilitation in close proximity to specialist obstettic services who can oversee their care when required OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although cares not considered are not considered are not considered are not considered by the pathway changes. Uniform pregnancy will receive their inpatient rehabilitation are elderly often with elderly family members and caregivers. This may impact the ability of their elderly family members to travel to the rehabilitation unif for visiting and involvement in care or discharge planning. Work with local communities to identify transport options for patients, carers and final involvement in care or discharge planning. Work with local carer support services with contact and visiting on involvement in care or discharge planning. Littrative pathway changes. Later pathway changes. United by the pathway changes. United by the pathway changes. Influences, socioeconomic deprivation, migration differences. Later pathway changes. Later pathway changes. Influences, socioeconomic deprivation, migration and influences. Later pathway changes.				
attributed to genetic influences. socioeconomic deprivation, migration status, cultural practices and lifestyle differences. SEXUAL ORIENTATION RELIGION/ BELIEF GENDER REASSINGMENT PREGNANCY/ MATERNITY Angus residents who are diagnosed with stroke during pregnancy will receive their inpotent rehabilitation in close proximity to specialist obstetric services who can oversee their care when required OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered by the Equality Act 2010 from				
influences, socioeconomic deprivation, migration status, cultural practices and lifestyle differences. SEXUAL ORIENTATION RELIGION/ BELIEF GENDER REASSINGMENT PREGNANCY/ MATERNITY Angus residents who are diagnosed with stroke during pregnancy will receive their inpottent rehabilitation in close proximity to specialist obstetric services who can oversee their care when required OTHER: CARERS OF OLDER AND/OR DISABLED PSOPLE (Although carers are not considered are not considered are not considered are not considered by the Equality Act 2010 from Influences, socioeconomic deprivation, migration status, cultural practices and lifestyle differences. The needs of families and carers will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified e.g. virtual, telephone, volunteer drivers to assist with contact and visiting, and families to visit hospital settings or access outpatient rehabilitation unif for visiting and involvement in care or discharge planning. Influences, socioexed with status, cultural prediction, migration status, cultural practices and lifestyle differences. Yes Most patients receiving stroke rehabilitation are identified and incorporated into the person centred care model for each identified and incorporated into the person centred care model for each identified and incorporated into the person centred care model for each identified and incorporated into the person centred care model for each identified and incorporated into the person centred care model for each identified and incorporated into the person centred care model for each identified and incorporated into the person centred care model for each identified and incorporated into the identified and incorporated into the person centred care model for each identified and incorporated into the person centred care model for each identified and incorporated into the identified and incorporated into the identified and incorporated into the identified and inc				
SEXUAL ORIENTATION RELIGION/ BELIEF GENDER REASSINGMENT PREGNANCY/ MATERNITY Angus residents who are diagnosed with stroke during pregnancy will receive their inpotient rehabilitation in close proximity to specialist obstetric services who can oversee their care when required OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (All'hough carers are not considered as a PC in itself, they are profected by the Equality Act 2010 from Act 2010 Tyes Angus residents who are diagnosed with stroke during pregnancy will receive their inpotient rehabilitation in close proximity to specialist obstetric services who can oversee their care when required Yes Most patients receiving stroke rehabilitation are lederly often with elderly family members and carers are not considered to the rehabilitation unit for visiting and involvement in care or discharge planning. Work with local communities to identify transport options for patients, carers and families to visit hospital settings or access outpatient rehabilitation services / support services / work with third sector partners to			influences,	zy me pamway ananges.
SEXUAL ORIENTATION RELIGION/ BELIEF GENDER REASSINGMENT PREGNANCY/ MATERNITY Angus residents who are diagnosed with stroke during pregnancy will receive their inpatient rehabilitation in close proximity to specialist obstetric services who can oversee their care when required OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from ISABLED Protected by the Equality Act 2010 from ISABLED Protected by the Equality Act 2010 from ISABLED Protected Sequence of the Equality Act 2010 from ISABLED Protected Sequence or discharge planning. IThe needs of families and carers will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified e.g. virtual, telephone, volunteer drivers to assist with contact and visiting. Work with local communities to identify transport options for patients, carers and involvement in care or discharge planning. Work with third sector partners to				
SEXUAL ORIENTATION RELIGION/ BELIEF GENDER REASSINGMENT PREGNANCY/ MATERNITY Angus residents who are diagnosed with stroke during pregnancy will receive their inpatient rehabilitation in close proximity to specialist obstettic services who can oversee their care when required OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from Interpretation				
SEXUAL ORIENTATION RELIGION/ BELIEF GENDER REASSINGMENT PREGNANCY/ MATERNITY OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from IRLIGION/ BELIEF SEXUAL ORIENTATION IRLIGION/ BELIEF Yes Most patients receiving stroke relabilitation are elderly often with elderly family members to travel to the rehabilitation are involvement in care or discharge planning. IThe needs of families and carers will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified e.g. virtual, telephone, volunteer drivers to assist with contact and visiting. Work with local communities to identify transport options for patients, carers and involvement in care or discharge planning. Work with third sector partners to				
SEXUAL ORIENTATION RELIGION/ BELIEF GENDER REASSINGMENT PREGNANCY/ MATERNITY Angus residents who are diagnosed with stroke during pregnancy will receive their inpatient rehabilitation in close proximity to specialist obstetric services who can oversee their care when required OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are not protected by the Equality Act 2010 from Act 2010 From Tyes Most patients receiving stroke rehabilitation are elderly family members and care model for each individual patient. Communication strategies will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified and incorporated into the person centred care model for each individual patient. Communication with the called the person centred care model for each individual patient. Communication with the person centred care model for each individual patient. Communication with the person centred care model for each individual patient. Communication with the person centred care model for each individual patient. Communication with the person centred care model for each individual patient. Communication with the person centred care model for each individual patient. Communication with the person centred care model for each individual patient. Communication with the delerty family membe				
RELIGION/ BELIEF GENDER REASSINGMENT PREGNANCY/ MATERNITY Yes Angus residents who are diagnosed with stroke during pregnancy will receive their inpatient rehabilitation in close proximity to specialist obstetric services who can oversee their care when required OTHER: CARENS OF OLDER AND/OR DISABLED PEOPLE (Although carers and carers or not considered as a PC in itself, they are not care discharge planning. Act 2010 Figure 1 Free Most patients receiving stroke rehabilitation are elderly offamily members and caregievers. This may impact the ability of their elderly family members to travel to the rehabilitation are involvement in care or discharge planning. Work with local communities to identifing an and families to visit hospital settings or access outpatient rehabilitation services / support services / Work with third sector partners to	SEXUAL			
BELIEF GENDER REASSINGMENT PREGNANCY/ MATERNITY Angus residents who are diagnosed with stroke during pregnancy will receive their inpatient rehabilitation in close proximity to specialist obstetric services who can oversee their care when required OTHER: CARERS OF OLDER AND/OR DISABLED SISABLED PEOPLE (Although cares not considered as a PC in itself, they are protected by the Equality Act 2010 from The needs of families and carers will be identified and incorporated into the person centred care model for each involvement in care or discharge planning. Work with local communities to identify transport options for patients, carers and families to visit hospital settings or access outpatient rehabilitation services or discharge planning.	ORIENTATION			
BELIEF GENDER REASSINGMENT PREGNANCY/ MATERNITY Angus residents who are diagnosed with stroke during pregnancy will receive their inpatient rehabilitation in close proximity to specialist obstetric services who can oversee their care when required OTHER: CARERS OF OLDER AND/OR DISABLED SISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from MATERNITY Yes Most patients receiving stroke rehabilitation are elderly family members and carers will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified e.g. virtual, telephone, volunteer drivers to assist with contact and visiting. Work with local communities to identify transport options for patients, carers and families to visit hospital settings or are or discharge planning. Involvement in care or discharge planning.	RELIGION/			
PREGNANCY/ MATERNITY Angus residents who are diagnosed with stroke during pregnancy will receive their inpatient rehabilitation in close proximity to specialist obstetric services who can oversee their care when required OTHER: CAREN OF OLDER AND/OR DISABLED PEOPLE (Although cares are not carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from PRESENDE (Although cares are not considered are not considered are protected by the Equality Act 2010 from PRESENDE (Although care and protected by the Equality Act 2010 from PEGPLE (Although care and protected by the Equality Act 2010 from PEGPLE (Although care and protected by the Equality Act 2010 from PEGPLE (Although care and protected by the Equality Act 2010 from PEGPLE (Although care and protected by the Equality Act 2010 from PEGPLE (Although care and protected by the Equality Act 2010 from PEGPLE (Although care and protected by the Equality Act 2010 from PEGPLE (Although care and protected by the Equality Act 2010 from PEGPLE (Although care and protected by the Equality Act 2010 from PEGPLE (Although care and protected by the Equality Act 2010 from PEGPLE (Although care and protected by the Person centred care and carers will be identified and incorporated into the person centred care model for each identified and incorporated into the person centred care model for each identified and incorporated into the person centred care model for each identified and incorporated into the person centred care model for each identified and incorporated into the person centred care model for each identified and incorporated into the person centred care model for each identified and incorporated into the person centred care model for each identified and incorporated into the person centred care model for each identified and incorporated into the person centred care model for each identified and incorporated into the person centred care model for each identified and incorporated into the person centred care model for each iden	-			
PREGNANCY/ MATERNITY Angus residents who are diagnosed with stroke during pregnancy will receive their inpotient rehabilitation in close proximity to specialist obstetric services who can oversee their care when required OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers or a not considered as a PC in itself, they are protected by the Equality Act 2010 from PROPICE (Although carers or discharge planning. Angus residents who are diagnosed with stroke during pregnancy will receive their claerty family members and caregivers. This may impact the ability of their elderly family members to travel to the rehabilitation unit for visiting and involvement in care or discharge planning. PROPICE (Although carers or discharge planning.	GENDER			
Angus residents who are diagnosed with stroke during pregnancy will receive their inpatient rehabilitation in close proximity to specialist obstetric services who can oversee their care when required OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from Angus residents who are diagnosed with stroke during pregnancy will receive their inpatient rehabilitation are elderly often with elderly family members and caregivers. This may impact the ability of their elderly family members to travely the sequence of discharge planning. Angus residents who are diagnosed with stroke during pregnancy will receive their inpatient rehabilitation are elderly often with elderly family members and caregivers. This may impact the ability of their elderly family members to travel to the rehabilitation unit for visiting and involvement in care or discharge planning. Work with local communities to identify and and families to visit hospital settings or access outpatient rehabilitation services. In vest in unpaid carer support services Work with third sector partners to	REASSINGMENT			
who are diagnosed with stroke during pregnancy will receive their inpatient rehabilitation in close proximity to specialist obstetric services who can oversee their care when required OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered are protected by the Equality Act 2010 from Who are diagnosed with stroke diagnosed with stroke during pregnancy will receive their inpatient rehabilitation in close proximity to specialist obstetric services who can oversee their care when required Yes Most patients receiving stroke rehabilitation are elderly often with elderly formly members and care model for each individual patient. Communication strategies will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified and incorporated into the person centred care model for each individual patient. Communication with cleerly family members and cares will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified and incorporated into the person centred care model for each individual patient. Communication individual patient person centred care model for each individual patient. Communication individual patient person centred care model for each individual patient person centred care model for eac	PREGNANCY/			
diagnosed with stroke during pregnancy will receive their inpatient rehabilitation in close proximity to specialist obstetric services who can oversee their care when required OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from diagnosed with stroke during pregnancy will receive their inpatient in care or discharge planning. The needs of families and carers will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified e.g. virtual, telephone, volunteer drivers to assist with contact and visiting. Work with local communities to identify transport options for patients, carers and families to visit hospital settings or access outpatient rehabilitation services / support services. Work with third sector partners to	MATERNITY	•		
stroke during pregnancy will receive their inpatient rehabilitation in close proximity to specialist obstetric services who can oversee their care when required OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although cares are not considered as a PC in itself, they are protected by the Equality Act 2010 from Stroke during pregnancy will receiving stroke rehabilitation are elderly family members and cares and involvement in care or discharge planning. The needs of families and carers will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified e.g. virtual, telephone, volunteer drivers to assist with contact and visiting. Work with local communities to identify transport options for patients, carers and families to visit hospital settings or access outpatient rehabilitation services / support services. Invest in unpaid carer support services Work with third sector partners to				
pregnancy will receive their inpatient rehabilitation in close proximity to specialist obstetric services who can oversee their care when required OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although care not considered as a PC in itself, at 2010 from OTHER: Yes Most patients receiving stroke receiving stroke rehabilitation are elderly often with elderly family members and carers will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified e.g. virtual, telephone, volunteer drivers to assist with contact and visiting. Work with local communities to identify transport options for patients, carers and families to visit hospital settings or access outpatient rehabilitation services. Invest in unpaid carer support services work with third sector partners to		_		
receive their inpatient rehabilitation in close proximity to specialist obstetric services who can oversee their care when required OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although Carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from Fedular Picture (Although care) Act 2010 The needs of families and carers will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified e.g. virtual, telephone, volunteer drivers to assist with contact and visiting. Work with local communities to identify transport options for patients, carers and families to visit hospital settings or access outpatient rehabilitation services. Invest in unpaid carer support services Work with third sector partners to				
rehabilitation in close proximity to specialist obstetric services who can oversee their care when required OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from From Individual patient patients receiving stroke rehabilitation are elderly family members to travel to the rehabilitation unit for visiting and involvement in care or discharge planning. Yes Most patients receiving stroke rehabilites and carers will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified and incorporated into the person centred care model for each individual patient. Communication with collection are elderly family members and caregivers. This may impact the ability of their elderly family members to travel to the rehabilitation unit for visiting and involvement in care or discharge planning. Work with local communities to identify transport options for patients, carers and families to visit hospital settings or access outpatient rehabilitation services. Invest in unpaid carer support services Work with third sector partners to				
close proximity to specialist obstetric services who can oversee their care when required Perform 1 Carers OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from 1 Close proximity to specialist obstetric services who can oversee their care with contact and visiting. Yes Most patients receiving stroke rehabilitation are elderly family members and care will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified e.g. virtual, telephone, volunteer drivers to assist with contact and visiting. Work with local communities to identify transport options for patients, carers and families to visit hospital settings or access outpatient rehabilitation services / support services. Invest in unpaid carer support services Work with third sector partners to		•		
to specialist obstetric services who can oversee their care when required OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from from Tyes Most patients receiving stroke rehabilitation are elderly family members and carers will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified e.g. virtual, telephone, volunteer drivers to assist with contact and visiting. Work with local communities to identify transport options for patients, carers and families to visit hospital settings or access outpatient rehabilitation services Invest in unpaid carer support services				
obstetric services who can oversee their care when required OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although cares are not considered as a PC in itself, they are protected by the Equality Act 2010 from OTHER: Yes Most patients receiving stroke rehabilitation are elderly family members and cares will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified e.g. virtual, telephone, volunteer drivers to assist with contact and visiting. Work with local communities to identify transport options for patients, carers and families to visit hospital settings or access outpatient rehabilitation services / support services. Invest in unpaid carer support services Work with third sector partners to				
who can oversee their care when required Yes Most patients receiving stroke rehabilitation are elderly often with elderly family members and carers. This may impact the ability of considered as a PC in itself, they are protected by the Equality Act 2010 from Yes Most patients receiving stroke receiving stroke rehabilitation are elderly often with elderly family members and caregivers. This may impact the ability of their elderly family members to travel to the rehabilitation unit for visiting and involvement in care or discharge planning. Yes Most patients receiving stroke rehabilitation are elderly often with elderly often with elderly of the needs of families and carers will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified and incorporated into the person centred care model for each individual patient. Communication with telephone, volunteer drivers to assist with contact and visiting. Work with local communities to identify transport options for patients, carers and families to visit hospital settings or access outpatient rehabilitation services / support services.				
OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from Yes Most patients receiving stroke receiving stroke rehabilitation are elderly often with elderly family members and caregivers. This may impact the ability of the rehabilitation unit for visiting and involvement in care or discharge planning. Yes Most patients receiving stroke rehabilitation are elderly family members on didentified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified e.g. virtual, telephone, volunteer drivers to assist with contact and visiting. Work with local communities to identify transport options for patients, carers and families to visit hospital settings or access outpatient rehabilitation services / support services. Invest in unpaid carer support services Work with third sector partners to				
OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from Yes Most patients receiving stroke rehabilitation are elderly family members and caregivers. This may impact the ability of to the rehabilitation unit for visiting and involvement in care or discharge planning. The needs of families and carers will be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified e.g. virtual, telephone, volunteer drivers to assist with contact and visiting. Work with local communities to identify transport options for patients, carers and families to visit hospital settings or access outpatient rehabilitation services / support services. Univest in unpaid carer support services Work with third sector partners to		oversee their		
OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from Yes Most patients receiving stroke rehabilitation are elderly often with elderly family members and cares vill be identified and incorporated into the person centred care model for each individual patient. Communication strategies will be identified e.g. virtual, telephone, volunteer drivers to assist with contact and visiting. Work with local communities to identify transport options for patients, carers and families to visit hospital settings or access outpatient rehabilitation services / support services. Invest in unpaid carer support services Work with third sector partners to				
CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from receiving stroke rehabilitation are elderly often with elderly family members and caregivers. This may impact the ability of their elderly family members to travel to the rehabilitation unit for visiting and involvement in care or discharge planning. receiving stroke rehabilitation are elderly often with elderly family strategies will be identified e.g. virtual, telephone, volunteer drivers to assist with contact and visiting. Work with local communities to identify transport options for patients, carers and families to visit hospital settings or access outpatient rehabilitation services / support services. Invest in unpaid carer support services Work with third sector partners to	OTHER	required	V 14 1 12 1	T
OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from			•	
elderly often with elderly family (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from			_	•
elderly family members and carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from elderly family members to travel to the relabilitation are planning. elderly family members and caregivers. This may impact the ability of their elderly family members to travel to the rehabilitation and families to visit hospital settings or access outpatient rehabilitation services. elderly family telephone, volunteer drivers to assist with contact and visiting. Work with local communities to identify transport options for patients, carers and families to visit hospital settings or access outpatient rehabilitation services / support services. Invest in unpaid carer support services Work with third sector partners to	•			•
(Although carers and caregivers. This may impact the ability of considered as a PC in itself, they are protected by the Equality Act 2010 from members and caregivers. This may impact the ability of their elderly family members to travel to the rehabilitation and families to visit hospital settings or access outpatient rehabilitation services. Work with local communities to identify transport options for patients, carers and families to visit hospital settings or access outpatient rehabilitation services. Invest in unpaid carer support services Work with third sector partners to			*	•
carers are not considered impact the ability of their elderly family members to travel to the rehabilitation are protected by the Equality Act 2010 from caregivers. This may impact the ability of their elderly family members to travel to the rehabilitation and families to visit hospital settings or access outpatient rehabilitation services. Work with contact and visiting. Work with local communities to identify transport options for patients, carers and families to visit hospital settings or access outpatient rehabilitation services. Invest in unpaid carer support services Work with third sector partners to	_			-
are not considered their elderly family as a PC in itself, they are protected by the Equality Act 2010 from impact the ability of their elderly family members to travel to the rehabilitation unit for visiting and involvement in care or discharge planning. impact the ability of their elderly family members to travel transport options for patients, carers and families to visit hospital settings or access outpatient rehabilitation services / support services. Invest in unpaid carer support services Work with third sector partners to				·
considered as a PC in itself, they are protected by the Equality Act 2010 from their elderly family members to travel to the rehabilitation unit for visiting and involvement in care or discharge planning. their elderly family members to travel to the rehabilitation unit for visiting and involvement in care or discharge planning. Work with local communities to identify transport options for patients, carers and families to visit hospital settings or access outpatient rehabilitation services / support services. Invest in unpaid carer support services Work with third sector partners to				comaci and risining.
as a PC in itself, they are to the rehabilitation unit for visiting and involvement in care or discharge from the members to travel to the rehabilitation to the rehabilitation and families to visit hospital settings or access outpatient rehabilitation access outpatient rehabilitation services. Invest in unpaid carer support services Work with third sector partners to				Work with local communities to identify
itself, they are unit for visiting and involvement in care or discharge planning. to the rehabilitation and families to visit hospital settings or access outpatient rehabilitation services / support services. Invest in unpaid carer support services Work with third sector partners to				,
are protected by the Equality Act 2010 from unit for visiting and involvement in care or discharge planning. unit for visiting and involvement in care or discharge planning. Invest in unpaid carer support services Work with third sector partners to				
protected by the Equality Act 2010 from involvement in care or discharge planning. services / support services. Invest in unpaid carer support services Work with third sector partners to				·
the Equality Act 2010 from or discharge planning. Invest in unpaid carer support services Work with third sector partners to	· ·			•
from Work with third sector partners to			or discharge	
T VOIK WITH IT III A SECTION PAINTINGS TO			•	Invest in unpaid carer support services
				Work with third sector partners to
"discrimination Earlier discharge identify support needs and services			Earlier discharge	
by home may impact Specialist stroke care support	by		_	

	,	
association" with the PCs of age and disability) OTHER: Socioeconomic deprived groups OTHER: Rural dwelling populations	Yes People with low income and financial constraints might be disadvantaged having to travel to visit loved ones in hospital or may have to travel to receive their treatment in a hospital setting Yes People living in remote rural areas in Angus will have further to travel to visit loved ones in hospital or attend outpatient appointments They may be disadvantaged financially or in equity of access to rehabilitation services within their local area	throughout pathway to identify carer needs and timely access to support. Ongoing engagement with patients and carers to identify support needs across the pathway. Work with local communities to identify transport options for patients, carers and families to visit hospital settings or access outpatient rehabilitation services / support services. Work with communities to deliver outpatient services locally and where appropriate in the persons own home. Work to ensure rehabilitation services must be affordable to all. Work with rural communities to identify their local needs and wishes. Ensure equity of high quality care and access to appropriate support services within safe physical reach of all sections of the population regardless of where they live.

1b. The $\underline{\text{employees}}$ holding the Protected Characteristics:

	POSITIVE IMPACT	NEGATIVE IMPACT	Intended mitigating actions against the b)
	a)Positive Action	b)Negative discrimination	Negative Discrimination
AGE			
DISABILITY		Yes Staff living with a disability who previously worked in Stracathro stroke unit may have further to travel to work if they choose to work in inpatient stroke rehabilitation in Dundee May have difficulties accessing appropriate transport	Review individual needs and adjustments to support staff groups affected Ongoing staff engagement in the implementation stage is vital. Consideration of staff preference and assurances that no staff will be disadvantaged in the quality of care environment they work in, access to training and development and access to work.
ETHNICITY/ RACE			
SEXUAL ORIENTATION			
RELIGION/ BELIEF			
GENDER REASSINGMENT			
MARRIAGE/CIVIL PARTNERSHIP			
PREGNANCY/ MATERNITY		Yes Staff on maternity leave may not have been consulted on proposed pathway changes Pregnant Staff choosing to work in inpatient rehabilitation care in Dundee may have longer journeys and suffer pregnancy related fatigue due to travel time increases	Write to staff on maternity leave to ensure they are aware of the proposed changes and have the opportunity to give feedback / attend engagement events if they wish to. Offer information and engagement on returning from maternity leave. Review individual needs and adjustments required to fulfil their role. Incorporate travel time and fatigue risks into any changes in work duties. Consideration of staff preference and assurances that no staff

OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from "discrimination by association" with the PCs of age and disability)	Yes Staff currently working in Angus may have increased distances to travel and experience increased difficulty fulfilling carer duties or responding timely to emergency situations	will be disadvantaged in the quality of care environment they work in, access to training and development and access to work. Engage with staff to identify those with carer roles to ensure they are not disadvantaged by any changes to their role / workplace.
OTHER: Angus staff (Stroke unit)	Yes Staff currently working in Stracathro Stroke Unit will be significantly impacted by the proposed services redesign	Engage and work in partnership with staff groups affected to identify their individual wishes and needs. Follow policy and work closely with trade unions and staffside colleagues to ensure that all staff affected are treated fairly and are not disadvantaged by the proposed changes.

1c. Does the proposal promote good relations between any of the Protected Characteristics?

YES X	NO \square	NOT SURE

Specify further (e.g. between which of the PCs, and in what way, or why not or not sure)

1d. What steps will you take to collect the Equality Monitoring information needed to monitor impact of this proposal on PCs, and when will you do this?

- Offer engagement and feedback opportunities to involve all PC groups affected and delivered in a range of ways in which people can share their thoughts and ideas
- Design appropriate data collection methods to inform and measure impact

Where will the Equality Impact Assessment (EQIA) be published?

Anaus Health	and Social	Care Partnership	page on Angi	us Council website
7 (11903 110 dili 1	aria sociai		page on ma	33 COOLICII ** CD311C

CONTACT INFORMATION

Name of Department or Partnership:	Angus Health and Social	Care Partnership
Type of Document		
Human Resource Policy		
General Policy		
Strategy/Service		
Change Papers/Local Procedure		
Guidelines and Protocols		
Other (please specify):		X
	1	
Manager Responsible	Author Responsible	
Name: Jillian Galloway	Name: Sally Wilson an	d Gillian Crighton
Designation Interim Head of Health and Community Care Services (North)	_	ent Manager, Angus Manager (Occupational py inpatients), Dundee
Base: Angus House, Forfar	Base: Angus House, Fo Hospital	orfar and Ninewells
Telephone 01307 492560	Telephone: 01307 4764	497, 01382 660111
Email: jillian.galloway@nhs.scot	Email: sally.wilson@nhs	

AGENDA ITEM 14 Appendix 1

Signature of author of the policy:	Date: 11/08/21
Sally Wilson / Gillian Crighton	
Signature of Director/Head of Service:	Date: 11/08/21
Jillian Galloway	
Name of Director/Head of Service: Jillian Galloway	
Date of Next Plan Review: N/A	

For additional information and advice please contact: tay.angushscp.scot.net

References

- 1 Kelly-Hayes M, Beiser A, Kase CS, Scaramucci A, D'Agostino RB, Wolf PA. The influence of gender and age on disability following ischemic stroke: the Framingham study. J Stroke Cerebrovasc Dis 2003; 12 (03) 119-126
- **2** Krishnamurthi RV, Moran AE, Feigin VL., et al; GBD 2013 Stroke Panel Experts Group. <u>Stroke prevalence, mortality and disability-adjusted life years in adults aged 20–64 years in 1990–2013: data from the global burden of disease 2013 study. Neuroepidemiology 2015; 45 (03) 190-202</u>
- **3** O'Connor RJ, Beden R, Pilling A, Chamberlain MA. What reductions in dependency costs result from treatment in an inpatient neurological rehabilitation unit for people with stroke?. Clin Med (Lond) 2011; 11 (01) 40-43
- 4 Turner-Stokes L, Williams H, Bill A, Bassett P, Sephton K. Cost-efficiency of specialist inpatient rehabilitation for working-aged adults with complex neurological disabilities: a multicentre cohort analysis of a national clinical data set. BMJ Open 2016; 6 (02) e010238
- **5** Murata K, Hinotsu S, Sadamasa N. , et al. <u>Healthcare resource utilization and clinical outcomes associated with acute care and inpatient rehabilitation of stroke patients in Japan</u>. Int J Qual Health Care 2017; 29 (01) 26-31
- 6. https://www.gov.scot/collections/inpatient-experience-survey/