

Report to: SINGLE COMMISSIONING BOARD

Date: 14 November 2017

Officer of Single Commissioning Board: Jessica Williams, Interim Director of Commissioning

Subject: ANGIOGRAPHY SERVICE

Report Summary: Angiography is a type of X-ray used to check the blood vessels. It is an invasive test used for people with chest pain to investigate the risk of a heart attack or stroke. As a result of the angiography test, some patients require treatment. This treatment is to open up a narrowed artery and this is called angioplasty.

Stockport Clinical Commissioning Group are currently the lead commissioners for the angiography service and Tameside and Glossop Clinical Commissioning Group, East Cheshire Clinical Commissioning Group and North Derbyshire Clinical Commissioning Group co-commission this service.

For the period 1 July 2016 to 30 June 2017, 712 patients used the angiography service at Stockport Foundation Trust; 282 of these patients were registered with a Tameside and Glossop GP practice (39%). Approximately 35% of patients undergoing angiography would go on to have a further procedure. Stockport Foundation Trust is accredited to provide angiography but not angioplasty services. This means that currently patients requiring further procedures have to be transferred to specialist centre and require a second invasive procedure.

This report outlines the proposal from Stockport Clinical Commissioning Group to de-commission the angiography service at Stepping Hill Hospital (Stockport NHS Foundation Trust) and relocate services to Specialist Centres in Greater Manchester¹. University Hospital of South Manchester is the nearest specialist treatment centre for most Tameside and Glossop patients but they can be referred to the other specialist centres around Greater Manchester. The other specialist centres are Central Manchester Foundation Trust (MRI) and Pennine Acute Hospital.

The Tameside and Glossop Integrated Care Foundation Trust are closely involved in this process and are supportive of the relocation of services to specialist centres in Greater Manchester¹. This is also being reported via Theme 3 at Greater Manchester level.

Stockport Clinical Commissioning Group along with the other co-commissioners are in support of this proposal and have all sought approval to the proposal outlined in this paper via their governance structures. The feedback from all the co-commissioners will be considered at the Stockport Clinical Commissioning Group Governing Body meeting to be held on 29 November 2017.

¹ Specialist heart centres provide both angiography for diagnosis and angioplasty for treatment, on one site. This means that patients are able to have angiography and angioplasty at the same time i.e. one invasive procedure for diagnosis and treatment. Based on evidence that specialist centres deliver the best outcomes for people at risk of heart attacks,

Recommendations:

The Single Commissioning Board are asked to feedback on the decision of Single Commissioning Board to Stockport Clinical Commissioning Group for their consideration at their Governing Body meeting on 27 November 2017.

Financial Implications:

(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Budget Allocation (if Investment Decision)	This is not an investment proposal and would be cost neutral as activity and cost transfer out of Stockport Foundation Trust and into the 3 proposed specialist providers at the same price.
CCG or TMBC Budget Allocation	Angiogram procedures and diagnostic cost are wrapped up in the Healthcare Resources Group (HRG) pricing system once the patient is referred on for further treatment and would depend on the determined pathway for each HRG outcome. As we do not contract based on Primary Diagnosis, then the financial allocation/budget for this service with Stockport Foundation Trust has been based on a proxy forecast using the Month 1-5 data from Secondary Use Services in 2017/18 using a defined set of primary diagnosis covering both angiography and arteriography that has been mapped to the HRG. Based on the data at month 5 and using a straight-line profile, the budget resource to be de-commissioned would be circa £276,766. This needs to be consistent with the approach taken by Stockport Clinical Commissioning Group.
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	SCB
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	Cost Neutral
Additional Comments – none.	

Legal Implications: (Authorised by the Borough Solicitor)	An open and transparent engagement process is required to attract maximum public engagement in order to ensure the public sector equality duty has been complied with. This should be reflected in the Equality Impact Assessment which decision makers must have due regard to before making any decision.
How do proposals align with Health & Wellbeing Strategy?	The proposals align with the living and ageing well elements of the Health and Wellbeing Strategy.
How do proposals align with Locality Plan?	The proposals align with the Locality Plan through the delivery of improved management of conditions which will reduce the incidence and impact of heart related long term health conditions.
How do proposals align with the Commissioning Strategy?	The Care Together programme is focused on the transformation of the health and social care economy to improve healthy life expectancy, reduce health inequalities and deliver financial sustainability. The Angiography Service enables improvement in quality of life and reduction in the incidence of heart related long term health conditions which aligns with the locality Commissioning Strategy.
Recommendations / views of the Health & Care Advisory Group (HCAG):	<p>This paper was considered by the HCAG with the following recommendations:</p> <ul style="list-style-type: none"> • That the views of the Tameside and Glossop Cardiology Consultant was sought. <i>This was subsequently received, and in summary it he felt that this service should remain at Stepping Hill until such a time that CT coronary angiography (a non-invasive way of performing coronary angiography using modern CT scanners) can be viably offered locally to patients at Tameside (as per the latest NICE guidance) - this would be dependent on the appropriate business case.</i> • A copy of the joint consultants' letter to Stockport Foundation Trust was requested for the Single Commissioning Board to review. • Clarification was also sought on the number of patients who needed a second procedure.
Public and Patient Implications:	This report outlines the engagement process which Stockport Foundation Trust have carried out on behalf of the co-commissioners. The report includes a full Equality Impact Assessment.
Quality Implications:	Stockport Foundation Trust, as Lead Commissioners have not carried out a separate Quality Impact Assessment, this forms part of the Equality Impact Assessment.
How do the proposals help to reduce health inequalities?	The proposal will ensure the delivery of the Angiography Services which to meet individuals' needs across the locality and addresses health inequalities.
What are the Equality and Diversity implications?	A full Equality Impact Assessment has been undertaken by Stockport Clinical Commissioning Group and is attached to this report.
What are the safeguarding	In the de-commissioning of the service from Stockport Foundation

implications?

Trust and relocation of the Angiography Service to Specialist Centres in Greater Manchester the commissioners and Foundation Trusts will ensure that the service meets all appropriate safeguarding requirements.

What are the Information Governance implications? Has a privacy impact assessment been conducted?


Stockport Foundation Trust, as lead commissioners have considered the information governance implications. The commissioner will seek assurance from all parties involved in the delivery of Angiography Services that appropriate arrangements are in place.

Risk Management:

This re-location will be managed by Stockport Foundation Trust and therefore they will report and monitor any risks and advise co-commissioners as appropriate. Currently, following angiography, if angioplasty is required, patients are risk stratified by the consultants before the choice of hospital is determined. This is to reduce the likelihood of the patient needing to be transferred to another hospital for an additional invasive procedure.

Access to Information :

The background papers relating to this report can be inspected by contacting Heather Palmer, Commissioning Business Manager :

 Telephone: 07791570979

 e-mail: hpalmer@nhs.net

1. BACKGROUND AND INTRODUCTION

- 1.1 Angiography is a type of X-ray used to check the blood vessels. It is an invasive test used for people with chest pain to investigate the risk of a heart attack or stroke.
- 1.2 An angiography investigation involves a thin flexible tube to be inserted into a patient's artery, a dye is then injected into the area being examined (e.g. heart), and the flow of blood (e.g. to the heart muscle) can then be assessed. Images can then be taken and reviewed. The results may show that the patient will require a further procedure (e.g. this treatment is to open up a narrowed artery and this is called angioplasty) which in some hospitals can be undertaken at the same time as the angiography. However, this cannot be done at Stockport Foundation Trust and the patient will require two invasive procedures instead of one.
- 1.3 Stockport Clinical Commissioning Group is currently the lead commissioner for the angiography service and Tameside and Glossop Clinical Commissioning Group, East Cheshire Clinical Commissioning Group and North Derbyshire Clinical Commissioning Group are co-commissioners.
- 1.4 For the period 1 July 2016 to 30 June 2017, 712 patients used the angiography service at Stockport FT; 282 of these patients were registered with a Tameside and Glossop GP practice (39%).
- 1.5 Approximately 35% patients undergoing angiography would go on to have a further procedure. Stockport Foundation Trust is accredited to provide angiography but not angioplasty services. This means that currently patients requiring further procedures have to be transferred to a specialist centre and require a second invasive procedure.
- 1.6 The specialist centres are:
 - Cardiothoracic Critical Care Unit - University Hospital of South Manchester (UHSM) (Wythenshawe Hospital);
 - Manchester Heart Centre Central Manchester Foundation Trust (MRI) – Central Manchester Foundation Trust (MRI);
 - Silver Heart Unit – Pennine Acute Hospital.
- 1.7 This report outlines the proposal from Stockport Clinical Commissioning Group to de-commission the angiography service at Stepping Hill Hospital (Stockport NHS Foundation Trust) and relocate services to Specialist Centres in Greater Manchester¹. University Hospital of South Manchester is the nearest specialist treatment centre for most Tameside and Glossop patients but they can be referred to the other specialist centres around Greater Manchester. The other specialist centres are Central Manchester Foundation Trust (MRI) and Pennine Acute Hospital.
- 1.8 Stockport Clinical Commissioning Group (as lead commissioners), together with the other co-commissioners, East Cheshire Clinical Commissioning Group and North Derbyshire Clinical Commissioning Group are in support of this proposal and have all sought agreement via their governance structures to approve the proposals outlined in this paper.
- 1.9 The Integrated Care Foundation Trust are closely involved in this process and are supportive of the relocation of services to Specialist Centres in Greater Manchester¹. This is also being reported via Theme 3 at Greater Manchester level,

2. PROPOSED TIMESCALE AND MILESTONES

- 2.1 The proposal to decommission this service was based on recommendations produced by the Greater Manchester and Cheshire Cardiovascular Network, which has now been replaced by the Strategic Clinical Network. This was reported to the Tameside and Glossop Professional Reference Group in April and June 2015.
- 2.2 Stockport Clinical Commissioning Group (as Lead Commissioners) are considering this proposal at their Governing Body meeting to be held on 29 November 2017. All the co-commissioners have been requested to take this proposal through their governance structures prior to the Stockport Clinical Commissioning Group Governing Body meeting at which the feedback from all the co-commissioners will be reported on prior to a final decision being made.
- 2.3 If the proposal is agreed and ratified at the Stockport Clinical Commissioning Group Governing Body meeting on 29 November 2017, Stockport Foundation Trust would be provided with 6 months' notice of intention to decommission as per the requirements of the contracting arrangements.

3. DEFINITION OF THE ANGIOGRAPY SERVICE

- 3.1 Angiography is a type of X-ray used to check the blood vessels. It is an invasive test used for people with chest pain to investigate the risk of a heart attack or stroke².
- 3.2 An angiography investigation involves a thin flexible tube to be inserted into a patient's artery, a dye is then injected into the area being examined (e.g. heart), and the flow of blood (e.g. to the heart muscle) can then be assessed. Images can then be taken and reviewed. The results may show that the patient will require a further procedure (e.g. this treatment is to open up a narrowed artery and this is called angioplasty)

4. CASE FOR CHANGE

- 4.1 Following recommendations made by the Greater Manchester Cardiac Strategy (2012-2015), Stockport Clinical Commissioning Group (as lead commissioner) have registered their intent to decommission Angiography services from the Stepping Hill site.
- 4.2 A series of meetings took place with Co-Commissioners, North West Commissioning Support Unit and the local Strategic Clinical Network, and the recommendations for change were considered. The case for change considered the available capacity/waiting times/travel times to the following Specialist Centres in Greater Manchester:
 - Cardiothoracic Critical Care Unit - University Hospital of South Manchester (Wythenshawe Hospital);
 - Manchester Heart Centre Central Manchester Foundation Trust (MRI) – Central Manchester Foundation Trust (MRI);
 - Silver Heart Unit - Pennine Acute Hospital.
- 4.3 Currently if angioplasty is required, patients are risk stratified by the consultants before the choice of hospital is determined. This is to reduce the likelihood of the patient needing to be transferred to another hospital for an additional invasive procedure. However, this stand-alone service is no longer in line with recommendations, such as those made by the GM

² <http://www.nhs.uk/Conditions/Angiography/Pages/Introduction.aspx>

Cardiac Strategy (2012-2015) this is based on evidence that specialist centres deliver the best outcomes for people at risk of heart attacks.

- 4.4 In some hospitals the angioplasty can be undertaken at the same time as the angiography. However, this cannot be done at Stockport Foundation Trust and the patient will require two invasive procedures instead of one.
- 4.5 This proposal will enable patients to be referred directly to one of the specialist centres and will be seen by a specialist, diagnosed and, if necessary, treated immediately after diagnosis rather than being transferred to another hospital.
- 4.6 NICE Guidelines recommend the use of non-invasive functional imaging³ – such as Computed Tomography (CT) angiography – and therefore as the capacity for CT angiography increases, the need for coronary angiography will decrease.
- 4.7 The University Hospital of South Manchester (UHSM) would be the main provider of the service, they have confirmed (**Appendix A**) that they would be able to meet the demand following the decommissioning of services from Stockport Foundation Trust. They have further confirmed that they have developed plans to ensure there would be sufficient capacity within the Trust to enable the safe and effective transfer of this activity.

5. STRATEGY DEVELOPMENT AND ENGAGEMENT

- 5.1 A four week engagement process commenced on 11 August 2017 which was led by Stockport Clinical Commissioning Group as the lead commissioners. Tameside and Glossop Clinical Commissioning Group (along with the other co-commissioners) advertised the on-line survey which was based on the Stockport Citizen's web page and linked this to their own Clinical Commissioning Group websites. The survey was also available in hard copy on request. Face to face interviews with current service users was carried out. Communication with local patient groups was also initiated by Stockport Clinical Commissioning Group.
- 5.2 Forty-four people took part in the survey including ten existing users of the angiography service. They were registered with a GP in Stockport (55%), Eastern Cheshire (25%), Tameside and Glossop (9%), North Derbyshire (9%) and Other (1%). Fifty-percent of the respondents were female, forty-three percent were male and seven percent declined to say. Eleven percent of the respondents advised that they were an NHS staff member.
- 5.3 Ten patients (who were current service users), had face to face interviews. These were registered with GP's in Eastern Cheshire and Tameside and Glossop. Existing users' responses were added to the online survey by Stockport Clinical Commissioning Group staff following the interviews.
- 5.4 The results of the survey were that 66% did not agree with the proposals; 34% agreed with the proposals to decommission the service from Stockport Foundation Trust. The full copy of the engagement responses is appended as **Appendix B**.
- 5.5 Those who agreed with the proposal indicated that:
 - If they were able to receive the best diagnostics and treatment then they would travel to a Specialist Centre.
 - If they were able to have the angiography and angioplasty on the same day then this would be beneficial to them.

³ <https://www.nice.org.uk/sharedlearning/ct-coronary-angiography>

5.6 Following evaluation of the stakeholder responses, several key themes and were identified, which were:

- Waiting times;
- Travel;
- Case for Change.

Waiting Times/Capacity

5.7 Stockport Clinical Commissioning Group have consulted with the local providers (e.g. Central Manchester Foundation Trust, University Hospital of South Manchester and Pennine Acute Hospitals Trust), to understand if they would be able to achieve the key performance indicators required and have the capacity to meet the demand if the service was re-located to their sites. The primary provider of this service would be the University Hospital of South Manchester who have provided a capacity assurance letter (**Appendix A**) indicating that they would be able to meet the demand if the angiography service was relocated to their site.

Travel

5.8 A review of travel times for Tameside and Glossop residents to support the proposal has been carried out by Stockport Clinical Commissioning Group (**Appendix C**). Information from this has indicated that 'Direct public transport routes to the airport means it is relatively easy to get around between Tameside and Wythenshawe with all routes starting from near Ashton-Under-Lyne'

Case for Change

5.9 The engagement highlighted local people to 'the case for change' i.e. the reasons why the changes were being proposed to the way the Angiography Service is delivered.

5.10 Stockport Clinical Commissioning Group has completed an Equality Impact Assessment (**Appendix D**) for the proposal which included Tameside and Glossop patients. They also included Healthwatch Stockport in the pre-engagement work.

6. PROPOSED MODEL FOR ANGIOGRAPHY SERVICES FOR PATIENTS OF TAMESIDE AND GLOSSOP

6.1 The proposal is to decommission Stockport Foundation Trust for the angiography services and relocate the angiography service to specialist centres in Greater Manchester.

6.2. Three such specialist centres are available:

- Cardiothoracic Critical Care Unit - University Hospital of South Manchester (UHSM) (Wythenshawe Hospital);
- Manchester Heart Centre Central Manchester Foundation Trust (MRI) – Central Manchester Foundation Trust (MRI);
- Silver Heart Unit – Pennine Acute Hospital.

6.3 Patients would be offered a choice of these three centres.

6.4 This proposal will enable patients to be referred directly to one of the specialist centres and will be seen by a specialist, diagnosed and, if necessary, treated immediately after diagnosis rather than being transferred to another hospital.

7. FINANCIAL MODEL

7.1 Angiogram procedures and diagnostic cost are wrapped up in the HRG pricing system once the patient is referred on for further treatment and would depend on the determined pathway for each Healthcare Resource Group outcome. As such, the cost of carrying out these diagnostic tests will be no different at the proposed specialist centres to those charged by Stockport Foundation Trust. The key principal of payment by results (PbR) is that price should not be a factor when making a referral into secondary care and as such each provider is to charge the same price for the same test or procedure.

7.2 As we do not contract based on Primary Diagnosis/Procedure the financial allocation/budget for this service with Stockport Foundation Trust has been based on a proxy forecast using the Month 1-5 data from SUS in 17/18 using a defined set of primary procedure covering both angiography and arteriography that has been mapped to the Healthcare Resource Groups. These are detailed below;

- K631 Angiocardiology of combination of right and left side of heart;
- K632 Angiocardiology of right side of heart NEC;
- K633 Angiocardiology of left side of heart NEC;
- K634 Coronary arteriography using two catheters;
- K635 Coronary arteriography using single catheter;
- K636 Coronary arteriography NEC.

7.3 Based on the data at month 5 and using a straight-line profile, the budget resource to be de-commissioned would be circa £276,766 full year. This would be the annual cost we would see in the other associate providers on a like for like basis. This approach needs to be consistent with that taken by Stockport Clinical Commissioning Group.

8. ENGAGEMENT

8.1 The proposal included in section 6 includes the intention by Stockport Foundation Trust to de-commission the existing angiography service at Stepping Hill and re-locate this service to a specialist centre in Greater Manchester. This is not a level of change to service delivery which requires a period of formal consultation and Stockport Foundation Trust have carried out the required four week engagement period.

9. EQUALITY IMPACT ASSESSMENT

9.1 A Equality Impact Assessment have been undertaken by Stockport Clinical Commissioning Group (including Tameside and Glossop patients) to support the proposals included in this document, which has been used to support the engagement process. This can be seen at **Appendix D**.

10. RECOMMENDATION

10.1 As set out on the front of the report.

Wythenshawe Hospital
Southmoor Road
Wythenshawe
Manchester
M23 9LT

0161 998 7070

www.uhsm.nhs.uk

12th July 2017

Dear Gillian,

Thank you for inviting us to meet with you on the 4th July to discuss the provision of Cardiology services in light of the decision to decommission angiography services at Stockport NHS Foundation Trust.

UHSM first received notification from Stockport CCG of this intention in 2015, and as such developed plans to ensure there would be sufficient capacity within the Trust to enable the safe and effective transfer of this activity. As part of the existing partnership with Medtronic Integrated Healthcare Solutions Ltd, UHSM commissioned a new cardiac catheter laboratory which opened fully in January 2017. The development also included a new 'cardiac day lounge' which is a purpose built facility for patients before and after their angiogram procedure. As well as being a pleasant environment for patients, this avoids the use of inpatient bed capacity.

Concurrently to the build of the 5th catheter lab at UHSM, a consultation process has been undertaken with staff in order to build a more flexible service outside of the core hours of 9am-5pm. The staffing model now in place provides an extended working day (8am until 8pm) Monday to Thursday, as well as weekend cath lab sessions.

Given the completion of these developments, it is with pleasure UHSM can confirm it has the capacity to accommodate the required volume of activity with immediate effect.

As discussed, there are plans to replace one of our existing labs in the autumn of this year as part of our rolling capital replacement programme. This does not however preclude the transfer of Stockport activity, as the flexible working practices described above will enable us to maintain the required capacity during this work.

As you are aware, pending approval from the Competition and Mergers Authority and NHS Improvement, UHSM will merge with Central Manchester NHS Foundation Trust (CMFT) in October (Single Hospital Service). The plan to accommodate the Stockport angiography activity at UHSM will be entirely unaffected by this merger, and indeed the clinical and managerial leadership team at CMFT are fully aware of and supportive of this development.

As described at the meeting, we are working with consultant colleagues at Tameside and Stockport to increase the capacity and availability of non-invasive tests such as stress echo and coronary CT scans for chest pain. We would anticipate that this will provide increased diagnostic

accuracy and reduce the need for invasive stand-alone angiography, with the resulting patient benefits. We will be contacting colleagues at Macclesfield to engage in similar discussions.

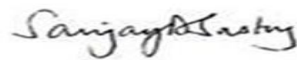
As requested we have attached an outline of how a revised chest pain pathway at Stockport might work based on the current model of non-invasive testing (developed by Gavin Freeman), but including invasive testing at UHSM. You will notice that the attached pathway leads to a relatively small proportion of patients needing invasive assessment for chest pain. It may be possible to develop a similar pathway over the next 6 months at Tameside.

We look forward to working with you and provider colleagues to mobilise the transition of angiography services to the UHSM hub, and continue the development of non-invasive services to ensure delivery of sustainable, high quality and efficient pathways for patients across the region.

Yours sincerely,



Graham Lomax
Divisional Director of Operations
Scheduled Care



Dr Sanjay Sastry
Clinical Lead, Cardiology

Angiography Service - Engagement Responses 2017



NHS Stockport Clinical Commissioning Group will allow people to access health services that empower them to live healthier, longer and more independent lives.

NHS Stockport Clinical Commissioning Group
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Regent House
Heaton Lane
Stockport
SK4 1BS

Decommissioning Angiography Service – Stockport

Engagement Responses – Friday 11th August to Friday 8th September.

Contents:

1. Introduction
2. Overview
3. Topics of engagement
4. Audiences
5. Online Survey and Patient Interviews
6. Addendum - Themes and trends

1. Introduction

The purpose of this report is to inform key stakeholders about the responses to the engagement activity for the proposed decommissioning of the Angiography Service currently provided by Stockport NHS Foundation Trust.

2. Overview

On Friday 11th August 2017, Stockport CCG started a four week engagement period during which it informed stakeholders of the proposed plans to change the way the Angiography Service in Stockport is delivered. As a CCG we have a statutory duty to inform the public of any proposed changes to the services we commission and allow them to be involved in the development and consideration of the plans.

During the engagement period we conducted an online survey, along with patient interviews at Stepping Hill Hospital and communication with local patient groups.

3. Topics of engagement

During the engagement we highlighted to local people about:

- The case for change – the reasons why we are proposing the changes to the way the Angiography Service is delivered.
 - specialist heart centres
 - Clinical guidance on quality and outcomes
 - Patients having tests and treatment in one location.
 - Choice

We wanted to know:

- What people think about the proposed service changes and how any concerns may be alleviated?

4. Audiences

Our audience was those people who primarily access the angiography service at Stockport Foundation Trust and those who may access the service in the future. This includes people who live within the Stockport CCG area, and people living within the areas covered by; Tameside and Glossop CCG, North Derbyshire CCG and East Cheshire CCG.

- New and existing users of the angiography service
- Members of the public

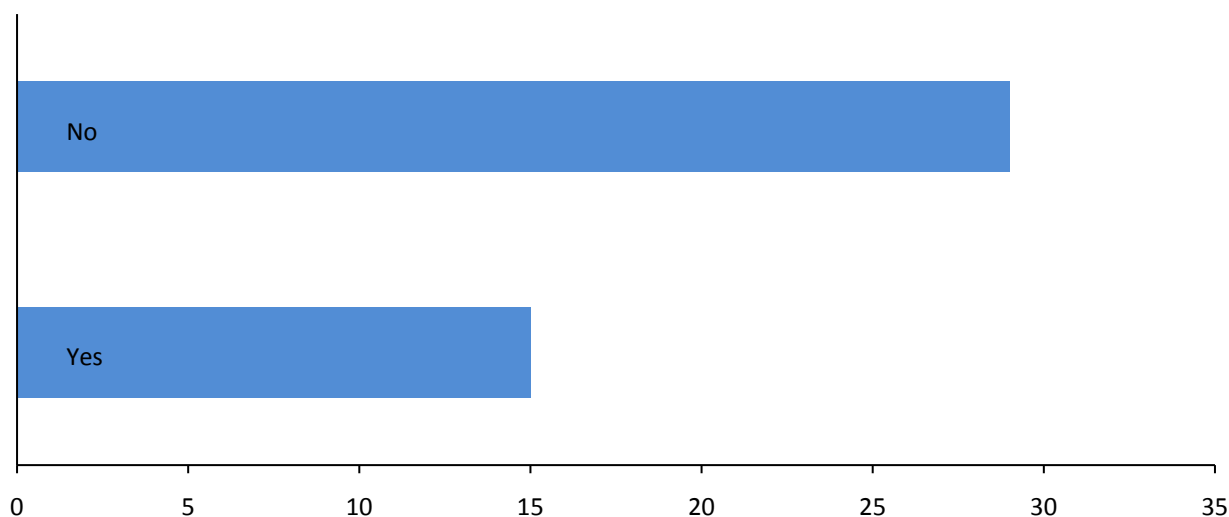
5. Online Survey and Patient Interviews

Forty-four people took part in the survey including ten existing users of the angiography service. They were registered with a GP in Stockport (55%), Eastern Cheshire (25%), Tameside & Glossop (9%), North Derbyshire (9%) and Other (1%). Fifty-percent of the respondents were female, forty-three percent were male and seven percent declined to say. Eleven percent of the respondents advised that they were an NHS staff member.

The patients' who were interviewed were registered with GP's in Eastern Cheshire and Tameside & Glossop. Existing users' responses were added to the online survey by Stockport CCG staff following the interviews.

Respondents were asked the following question:

At present there is a two stage process via Stepping Hill, then a Specialist Heart Centre. The proposed change is to move services for patients who need testing and treating to a Specialist Centre. Do you agree with the proposal?



Option	Percentage
No	66%
Yes	34%

Respondents were then asked whether they had any comments and concerns that they would like to add. There were 36 responses to this part of the question and further detail of individual responses is in the addendum of this paper. Several broader concerns were identified from the evaluation of the responses.

- Respondents expressed concern about having to travel further to a Specialist Centre, particularly from areas such as Glossop and High Peak.
- That the waiting times for the angiography procedure would increase at the Specialist Centres as a result of the decommissioning of the angiography service at Stepping Hill Hospital.
- That many patients may not require angioplasty and therefore it wouldn't be more convenient to have to travel to a specialist centre. Some respondents questioned whether the angiography and angioplasty could be performed in the same day.
- An excellent local service could be closed.

Those who agreed with the proposal indicated that:

- If they were able to receive the best diagnostics and treatment then they would travel to a Specialist Centre.
- If they were able to have the angiography and angioplasty on the same day then this would be beneficial to them.

6. Addendum Stakeholder Responses - Themes and trends

Following evaluation of the stakeholder responses, several key themes and were identified, which are outlined below.

Transport
1. Patients in certain areas will have to travel further.
2. Demographically Stepping Hill hospital works best serving 3 districts from what I see. The journey onto specialist centres is too far if only a diagnostic test is needed.
3. I would not like to have to travel to another hospital when my local one is close by and able to provide an excellent service.
4. I am very, very, concerned to learn that you are planning to take a. It is taking a service away from Stockport residents at a time when they would need less stress in their life, you will be greatly adding to the stress of seriously ill patients by forcing them to travel further, worry about transport needs and having to ask family members to take longer times off work to take them further afield for life saving treatment. I am disgusted that you would propose to take this service away from stepping hill hospital.
5. It [will] cost more money to travel further and already costs enough to park.
6. I don't drive and can't get a lift and they [specialist centres] do take a long time to get there by public transport, and very expensive to get there by taxi.
7. I do not think it is fair to have to travel to another hospital. Also how is this a proper consultation when you haven't even said where this 'specialist centre' is? Maybe you should change this to include where we would have to travel so we know what we're agreeing or not agreeing to.
8. I can see the logic in this BUT the Specialist Centre needs to be easily accessible by

bus or train journey for Glossop residents.

9. The implication is that the specialist centre would be elsewhere, and it is difficult enough for many patients to get to Stepping Hill now.
10. The problems regarding traveling from High Peak on public transport to any of the proposed specialist hospitals.
Has this been considered or is this already been decided never mind any consultation.
11. There is no bus service - it's terrible it takes so long; I may feel anxious on the way to my appointment. The buses and trains don't always run on time and if you turn up late they won't see you. The cost would be a lot more.
I much prefer to attend a local service. What about the elderly who aren't so mobile? How will they get to visit someone? I've done this before going to other hospitals it's not nice. Why try and fix something that's not broken?
12. I come from Buxton so would find it extremely difficult to get to Wythenshawe especially for a morning appointment. I would also need to know the recovery time after having an angioplasty. It's easier for me to get to Stepping Hill twice rather than Wythenshawe.
13. Parking at Wythenshawe is terrible it's a pain to get to from here. The bus to Wythenshawe takes an hour - there is not metro or tram link.
14. There is no bus service - it's terrible it takes so long, I may feel anxious on the way to my appointment. The buses and trains don't always run on time and if you turn up late they won't see you. The cost would be a lot more.
15. Wythenshawe would be a problem as I don't have a car. If I had to go for further tests I would use public transport or ask my daughter to take me.

Waiting times

1. The patient waiting times will go up if this [decommissioning] goes ahead, waiting times are already higher at the other Trust than at Stepping Hill.
2. The distance and the time waiting for an appointment, as surely removing this service from Stepping Hill will increase work load/ waiting time at the other hospitals.
3. I am concerned that the specialist centres would not be able to adequately handle the sheer volume of patients sent there for diagnostic angiograms from Stockport, Macclesfield and Tameside. Especially when patients stay on wards waiting for an inpatient angiogram or angioplasty currently. If the facility is available to take on 700 + patients now, why are inpatients waiting so long?
4. Surely the wait times at the specialist centres will increase significantly as they will be doing many more angiographies?
5. [The] impact of the closure on waiting times at alternative specialist centres.

6. I am concerned that there will be longer waiting lists at the more easily accessible hospitals.
7. From having first-hand experience of working in both a specialist cardiology centre and at stepping Hill catheter lab, I am worried that the waiting times for patients awaiting elective angiograms will dramatically increase if the proposed goes ahead. Knowing that the specialist centres already struggle to treat the inpatient angiograms due to bed pressures and primary PCI, it seems to me that adding the Stepping Hill patient workload to these centres will cause patients waiting times to rise. This could result in a less efficient service in the long run, as patients who do require further treatment are left longer, putting them at risk and potentially admitted to hospital as a result of their condition being undiagnosed.
8. The speed at which I got the appointment at Stepping Hill was excellent (4 days) which I can't fault as speed is important to me. Would that happen if the service transferred to a specialist centre?

If I required both angiography and angioplasty and it could be done at the same site on the same day then this would be better. However, if the procedure does transfer to a specialist centre would waiting times increase?

Case for change

1. 80% of the patients will not require angioplasty.
2. Most procedures after doing personal research could NOT be stented there and then as is proposed. As the 20% states in the proposal not all diagnostic tests lead to two procedures either. Some people probably need nothing at all or surgery. As a service user this has been functioning effectively from what I have seen and heard for 11 years. If its not broken why fix it?
3. I recently had a coronary angiogram at Stepping Hill Hospital and am very pleased with the service. I would be very concerned if I required this again and it was not available to me here, I would not like to have to travel to another hospital when my local one is close by and able to provide an excellent service.
4. Is this not a service which actually makes money for the Trust? It provides an excellent service and excellent care to its patients. A lot of patients, wouldn't need to go to the next level of care, so could just be treated in a local hospital, which surely would be less stressful for them.
5. We would prefer to keep services local!
6. I am concerned that the specialist centres would not be able to adequately handle the sheer volume of patients sent there for diagnostic angiograms from Stockport, Macclesfield and Tameside. Especially when patients stay on wards waiting for an

inpatient angiogram or angioplasty currently. If the facility is available to take on 700 + patients now, why are inpatients waiting so long? Also this catheter lab was built partly to minimise travelling for patients and reduce waiting times in the 3 areas. I fear that this will now increase on both counts if this was to go ahead. Especially as stated, only around 20% of patients have been referred on for angioplasty. Seems a very small proportion of people in the grand scheme of things. So to me I disagree with this proposed decommission, there is a lot of conflicting information.

7. I have always attended appointments for my heart condition at Stepping hill hospital and I have had an angiogram to check my heart arteries and have been extremely pleased with the service. I would be reluctant to have to wait for appointments and procedures at a different hospital when it is possible to have my checks at Stockport. The doctors and nurses who have looked after me have been wonderful.
8. I know many elderly patients who have been attended to here and to send them further afield is ridiculous! For most patients surely a quick diagnosis at their closest hospital is more important than having to make 2 trips - sounds like this proposal is just another way of cutting costs (2 procedures for the price of 1!) rather than what's best for the patients. How disappointing. At least be honest when proposing it rather than making out it's in the patients best interest - try asking the patients in the clinic!
9. I live within 4 miles of Stepping Hill and have just had pacemaker fitted in the centre you propose to close. The staff were all fantastic a truly dedicated team and most had been there for several years. The unit was first established in 2005 due to a sterling effort by Dr Malick what a waste!!!! In my case I would have had to travel 15 miles to have the procedure which would have meant reliance on relatives , friends or a taxi! Will it mean that I in future have to travel to Wythenshawe for the yearly check?? Since the unit was set up hundreds of angiogram procedures have been carried out it would be interesting to know in how many of those cases was it necessary to refer the patient urgently to. A specialist heart centre?? I don't agree with the proposal and would strongly do all I could to oppose it !!!!!!!!!
10. The outcome of my angiography is mild angina so it can be controlled with medication. If I was to go to a specialist centre and needed an angioplasty I'm not sure I would want it on the same day. I would rather discuss with the doctor about other options I may have and have the time to discuss this with my family.
The speed at which I got the appointment at Stepping Hill was excellent (4 days) which I can't fault as speed is important to me. Would that happen if the service transferred to a specialist centre? Listening to a number of patients today ,not a lot have gone on to have an angioplasty.
11. Personally I don't know why you would have to move the service. I've been impressed with the NHS treatment and service I've had today. For me to stay stop it here and move it elsewhere is a bit harsh.
I appreciate I've not got the full picture, and economics plays a part but as a first time patient I can't think of a reason to move the service.
12. My understanding is more often than not the angioplasty would not take place on the same day as the angiogram, so would be surprised if Wythenshawe could book you in

for an angioplasty in the afternoon if you've only had the angiogram in the morning.

13. Why try and fix something that's not broken?
14. Seriously, a very bad idea, and I also believe this section of the hospital is the only part that made a profit over all the rest, so why move it, if it isn't broke, why try to fix it.
15. I am also really pleased with the services here at Stepping Hill and have had an excellent experience throughout my treatment.

Other

1. How much did the opening and closing of this service cost?
2. Can they not add to this unit here instead of taking it elsewhere?

Support for the proposal

1. If I required both angiography and angioplasty and it could be done at the same site on the same day then this would be better.
2. If you can get both the test and the treatment done on SAME DAY then I would be happy to travel to either of the specialist centres.
3. Earlier specialist diagnosis and treatment would be best.
4. I would choose now to go to Chesterfield Hospital rather than Stepping Hill. The distance that people living in Buxton have to travel to a hospital is one hour - in peak time traffic this is extended. Local hospitals - The Cottage and Cavendish - are having their services reduced. I would prefer to go to a consultant and a specialist hospital with any health problems. I have had some recent health issues and have chosen to go to Chesterfield.
5. I'd prefer to go to the centre where I can get the best diagnostics & treatment. It may not be the nearest to my home but that's a minor detail.

APPENDIX C

Wythenshawe Hospital Travel Times

Areas Surrounding Stockport

Starting location	Bus route(s)	Train(s)	Number of changes	Earliest and latest departure from home	Earliest and latest departure from Wythenshawe	Total journey time	Other comments
Glossop	Journey 1: Train to Piccadilly Train to Mauldeth Road, 278 bus to Burton Road, 179 to Wythenshawe Hospital	Journey 1: Glossop to Manchester Piccadilly Piccadilly to Deansgate Deansgate to Roundthorn (Tram) Journey 2: Glossop to Manchester Piccadilly Piccadilly to Sale (tram) Sale to Wythenshawe (tram) Journey 3: Glossop to Manchester Piccadilly Piccadilly to Manchester Airport Manchester Airport to Roundtree (tram)	3	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) 6:30am Sundays: Realistically (under 3 hours) 7:20 am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) 10:40pm Sundays: Realistically (under 3 hours) 9:30pm	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 4:55am Sundays: Realistically (under 3 hours): 6am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 12:40am Sundays: Realistically (under 3 hours): 9:50 pm	Between 1hr 20mins and 2hrs 30 mins (It takes roughly an hour to get to Stepping Hill)	Technically the latest trams 12:40 am, but you'd be waiting a while for it. You'd be lucky to do the journey in 1hr 20- 1hr 40mins is about the average.

Buxton	<p>Journey 1: Train to Davenport 309 to Ladybridge road 368 to Wythenshawe Hospital Journey 2: Train to Stockport 11 to Wythenshawe interchange 19 to Wythenshawe Hospital Journey 3: 199 to Stockport College 11 to Wythenshawe Hospital Journey 4: 199 to Manchester Airport Tram to the hospital</p>	<p>Journey 1: Train Buxton to Stockport Journey 2: Train Buxton to Davenport</p>	Between 2 and 3	<p>Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) 4:30am Sundays: Realistically (under 3 hours) 3:30am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 9:30pm Sundays: Realistically (under 3 hours): 11pm</p>	<p>Latest departures: Weekdays/Saturday: Realistically (under 3 hours) 10:40pm Sundays: Realistically (under 3 hours) 9:40pm Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 5:20pm Sundays: Realistically (under 3 hours): 4:13am</p>	Between 1hr 40mins and 2hrs 30mins (It takes around an hour at present)	
High Peak	<p>Journey 1: 199 to Stockport, 11 to Wythenshawe Journey 2: 199 to Stockport, 11 to Ferndown Road, 19 to Hospital Journey 3: 199 to Manchester</p>		Between 1 and 2	<p>Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) 4:20am Sundays: Realistically (under 3 hours) 6:20am Latest departures: Weekdays/Saturday: Realistically (under 3</p>	<p>Latest departures: Weekdays/Saturday: Realistically (under 3 hours) 10:30pm Sundays: Realistically (under 3 hours) 10 pm Earliest departures: Weekdays/Saturday: Realistically (under 3</p>	2hrs to 2hrs 40 mins (Currently 1 hour to 90 minutes to get to Stepping Hill)	

	Airport Tram to Wythenshawe Interchange 278 to Wythenshawe Hospital			Realistically (under 3 hours) : 10pm Sundays: Realistically (under 3 hours): 9:30pm	hours) : 4:15am Sundays: Realistically (under 3 hours): 5:30am		
Macclesfield	<p>Journey 1: Take 130 bus to Boots, High Street, Cheadle. Take 11 bus to Wythenshawe Interchange. Take 278 bus to Ledson Road, Roundthorn. Walk 2 mins to Wythenshawe Hospital.</p> <p>Journey 2: Take 130 bus to Green lane, Wilmslow. Take the 200 bus to Manchester Airport. Take the 43 bus to Portway. Take 11 bus to Ledson Road. Walk 2 mins to Wythenshawe Hospital.</p> <p>Journey 3: Take 27 bus to Knutsford. Take 88 bus to Altrincham Interchange. Take 11 bus to Ledson Road. Walk 2 mins to</p>	<p>Journey 1: Train to Manchester Piccadilly. Take E Tram to Cornbrook Road. Take F Tram to Southmoor Road. Walk 6 mins to Wythenshawe Hospital.</p> <p>Journey 2: Train to Piccadilly. Train to Manchester Airport. Take F Tram to Roundthorn.</p> <p>Journey 3: Train to Stockport. Take 24 from Stockport Bus Station to Barlow Moor Road, West Didsbury, Take 179 to Wythenshawe Hospital.</p>	2/3	<p>Earliest Departures: Weekdays/Saturday (under 2 hours) 05:28am Sundays: (under 2 hours) 9:00am bus / 10:30am train Latest Departures: Weekdays/Saturday: 21:59pm/23:35pm</p>	<p>Earliest Departures: Weekdays/Saturday: (under 2 hours) 04:13am Sundays: (under 2 hours) Realistically 09:29am</p>	Between 1hr to 2hr 35 mins	

	Wythenshawe Hospital.						
Tameside	Journey 1: 330 Ashton-under-Lyne to Manchester Airport Manchester Airport to Roundthorn (tram) Journey 2: Ashton-Under-Lyne to Piccadilly Gardens (tram), 102 Piccadilly Gardens to Wythenshawe Hospital	Journey 1: Stalybridge to Piccadilly, Piccadilly to Altringham (tram) 11 (bus) to hospital Journey 2: Ashton-Under-Lyne to Deansgate (tram) Deansgate to Roundthorn (tram)	Between 1 and 2	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) All night Sundays: Realistically (under 3 hours) All night Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : All night Sundays: Realistically (under 3 hours): All night	Latest departures: Weekdays/Saturday: Realistically (under 3 hours) 12:30am Sundays: Realistically (under 3 hours) 12:30am Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 4am Sundays: Realistically (under 3 hours): 6am	1hr 30mins to 2hrs 30mins (Currently around 1 hour 30 minutes to get to Stepping Hill)	Direct routes to the airport means its relatively easy to get around between Tameside and Wythenshawe All routes start from near Ashton-Under-Lyne
Whaley Bridge	Journey 1: 119 to Manchester Airport, tram to Roundthorn	Journey 1: Whaley bridge Station to Stockport Station 11 to hospital	1	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 4am Sundays: Realistically (under 3 hours) 4am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 11:15pm Sundays: Realistically (under 3 hours): 9:45pm	Latest departures: Weekdays/Saturday: Realistically (under 3 hours): 10:30pm Sundays: Realistically (under 3 hours) 4am Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 4:30am Sundays: Realistically (under 3 hours): 10pm	Between 1hr 30 mins and 3 hours (Currently 30 minutes to get to Stepping Hill)	
New Mills	Journey 1: 199 to Manchester Airport Tram to Roundthorn	Journey 1: New Mills station to Stockport Station 11 bus to hospital	1	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 4am Sundays: Realistically	Latest departures: Weekdays/Saturday: Realistically (under 3 hours): 10:30pm Sundays: Realistically	1 hour 15 mins to 2 hours (Currently 40 minutes to get	Routes late at night become very convoluted, going via Manchester Piccadilly

				(under 3 hours) 4am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 11 pm Sundays: Realistically (under 3 hours): 9:40pm	(under 3 hours) 10 pm Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 4:30am Sundays: Realistically (under 3 hours): 5:15am	to Stepping Hill)	
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Town Centre, Manchester Piccadilly,

Bramhall, Bredbury, Brinnington, Compstall, Hazel Grove, the Heatons (save Mersey) High Lane, Manor, Marple, Mellor, Offerton Portwood, Reddish North and South, Romiley, Stepping Hill, and Woodsmoor all have routes passing through either Stockport town centre or Manchester Piccadilly. Whilst many also have alternate routes, often going through the centre is the quickest or least convoluted way.

Manchester Piccadilly Train Station	Journey 1: 101 from Whitworth Street Journey 2: Tram to Altringham, 11 bus to Wythenshawe Hospital	Journey 1: Train to Manchester Airport, Tram to Roundtree Journey 2: Train to Deansgate, Tram to Wythenshawe Hospital Journey 3: Tram to Cornbrook, Tram to Wythenshawe Hospital	0-2	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 3am Sundays: Realistically (under 3 hours) 3am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 11:40pm Sundays: Realistically (under 3 hours): 11:10pm	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 3am Sundays: Realistically (under 3 hours) 3am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 11:40pm Sundays: Realistically (under 3 hours): 11:40 pm	45 minutes to 1 hour 15 mins (currently around 45 minutes)	The majority of the routes for outlying regions pass through either Stockport bus/train station, or Manchester Piccadilly
Stockport Bus Station	Journey 1: Bus 11 to Wythenshawe hospital Journey 2: 330 to Manchester Airport,		Changes 0- 1	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 4:20 am Sundays: Realistically	Latest departures: Weekdays/Saturday: Realistically (under 3 hours): 12:40am Sundays: Realistically	50 minutes to 1hr 15 minutes (currently around 20	The majority of the routes for outlying regions pass through either Stockport bus/train station, or Manchester

	tram to Roundtree Journey 3: Bus 11A to Ferndown Road, Bus 11 to Hospital Journey 4: X5 to Orton Road, 19 to Wythenshawe			(under 3 hours) 6am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 11:20pm Sundays: Realistically (under 3 hours):11 pm	(under 3 hours) 11pm Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 4am Sundays: Realistically (under 3 hours): 4am	minutes)	Piccadilly
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Routes from the borough

Starting location	Bus route(s)	Train(s)	Number of changes	Earliest and latest departure from home	Earliest and latest departure from Wythenshawe	Total journey time	Other comments
Adswold (primary school)	Journey 1: 368 to Wythenshawe Interchange, tram to Roundtree Journey 2: 309 to Boots on A560, 11A to Baguley Tesco, 19 to Hospital Journey 3: 313 to St Thomas Hospital, 11A to Baguley Tesco, 19 to Hospital		1 to 2	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 4am Sundays: Realistically (under 3 hours) 4am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 11pm Sundays: Realistically (under 3 hours): 11pm	Latest departures: Weekdays/Saturday: Realistically (under 3 hours): 11:30 Sundays: Realistically (under 3 hours) 11pm Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 4:30 Sundays: Realistically (under 3 hours): 4am	1 hour (currently takes 30 mins)	Routes via Manchester Piccadilly all night, but slightly convoluted in terms of walking/many changes
Bramhall (station)	Journey 1: Bramhall to Cheadle (train), 368 to Wythenshawe interchange, tram to Roundthorn Journey 2:	Journey 1: Bramhall to Manchester Piccadilly, 101 bus to Wythenshawe Hospital Journey 2: Bramhall to	1 to 2	Latest departures: Weekdays/Saturday: Realistically (under 3 hours): 11pm Sundays: Realistically (under 3 hours) 10pm Earliest departures: Weekdays/Saturday: Realistically (under 3	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 5am Sundays: Realistically (under 3 hours) 4am Latest departures: Weekdays/Saturday: Realistically (under 3	1 hour to 90 minutes (Currently 30 minutes to 1 hour)	

		Levenshulme, 168 to Chorlton, tram to Roundthorn		hours) : 5:30am Sundays: Realistically (under 3 hours): 7:30am	hours) : 10:15pm Sundays: Realistically (under 3 hours): 9:15pm		
Bredbury	Journey 1: 330 bus to Manchester airport, tram to Wythenshawe Hospital	Journey 2: via Manchester Piccadilly	1 to 3	Latest departures: Weekdays/Saturday: Realistically (under 3 hours): 11:45pm Sundays: Realistically (under 3 hours) 10:30pm Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 5am Sundays: Realistically (under 3 hours): 7am	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 4am Sundays: Realistically (under 3 hours) 5am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 10:30 Sundays: Realistically (under 3 hours): 11pm	1 hour to 1 hour 30 minutes (Currently 40 minutes)	
Brinnington (station)	Journey 1: 325 to Stockport town centre See routes from Stockport town centre	Journey 1: train to Manchester Piccadilly See routes from Manchester Piccadilly	1-3 changes	Latest departures: Weekdays/Saturday: Realistically (under 3 hours): 11pm Sundays: Realistically (under 3 hours) 1:30am Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 4:30am Sundays: Realistically (under 3 hours): 6:30	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 4am Sundays: Realistically (under 3 hours) 5am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 10:30 pm Sundays: Realistically (under 3 hours): 11pm	Between 1 hour 15 minutes and 2 hours (Currently 33 minutes)	
Cheadle (station)	Journey 1: 368 to Wythenshawe interchange, 101 to hospital		1 to 2	Latest departures: Weekdays/Saturday: Realistically (under 3 hours): 11pm	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 5am	45 minutes to 1 hour (Currently 40 minutes)	

	Journey 2: 368 to Simonsway, tram to Roundtree Journey 3: 309 to Boots on A560, 11A to Baguley Tesco, 19 to Hospital			Sundays: Realistically (under 3 hours) 10:30 Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 5am Sundays: Realistically (under 3 hours): 6am	Sundays: Realistically (under 3 hours) 5am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 11pm Sundays: Realistically (under 3 hours): 10:30 pm		
Cheadle Heath (Gorse Bank park)	Journey 1: 11A to Baguley Tesco, tram to Roundtree Journey 2: 368 to Simonsway, tram to Roundtree Journey 3: 199 to Manchester airport, tram to Roundtree Journey 3: 368 to Wythenshawe interchange, 19 to hospital		1	Latest departures: Weekdays/Saturday: Realistically (under 3 hours): 11:30pm Sundays: Realistically (under 3 hours) 11pm Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 5:30am Sundays: Realistically (under 3 hours): 4am	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 4am Sundays: Realistically (under 3 hours) 4am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 10:45pm Sundays: Realistically (under 3 hours): 11pm	50 minutes to 1 hour 20 minutes (Currently 20 to 45 minutes)	
Compstall	Journey 1: 383 bus to Stockport Station, 11 bus to Wythenshawe Hospital	Journey 1: Walk to Marple train station, train to Manchester Piccadilly, see routes from Manchester Piccadilly	1 to 3	Latest departures: Weekdays/Saturday: Realistically (under 3 hours): 11pm Sundays: Realistically (under 3 hours) 10:30pm Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 6:30am Sundays: Realistically	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 4:30am Sundays: Realistically (under 3 hours) 7am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 10pm Sundays: Realistically (under 3 hours): 10pm	1 hour 30 minutes to 2 hours (Currently 45 minutes)	

				(under 3 hours): 8:30			
Davenport (station)	Journey 1: 374/378/309/192 bus to Stockport town centre, see routes from Stockport town centre Journey 2: 309 to Boots on A560, 11 bus to Hospital Journey 3: 309 to Councillor Lane, 368 to Wythenshawe Interchange, 102 to Hospital		1 to 3	Latest departures: Weekdays/Saturday: Realistically (under 3 hours): 11pm Sundays: Realistically (under 3 hours) 10:45pm Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 5am Sundays: Realistically (under 3 hours): 5am	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 4am Sundays: Realistically (under 3 hours) 4:15am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 11:15pm Sundays: Realistically (under 3 hours): 11:15pm	1 hour (Currently 20 minutes)	All night via Piccadilly
Edgeley	Journey 1: Number 11 bus Journey 2: 368 to Wythenshawe Interchange, 19 to Hospital Journey 3: 368 to Manchester airport, tram to Roundthorn		0-1	Latest departures: Weekdays/Saturday: Realistically (under 3 hours): 4am Sundays: Realistically (under 3 hours) 10:45pm Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 4am Sundays: Realistically (under 3 hours): 11:50pm	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 4am Sundays: Realistically (under 3 hours) 4am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 11:45pm Sundays: Realistically (under 3 hours): 11pm	1 hour to 1 hour 15 minute (Currently 30 minutes)	All night via Piccadilly
Gatley	Journey 1: Number 11 bus	Journey 1: Train to Heald Green, 368 to Wythenshawe	0-1	Latest departures: Weekdays/Saturday: Realistically (under 3 hours): 11pm	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 3am	30 minutes (Currently 50 minutes)	

		Hospital		Sundays: Realistically (under 3 hours) 11pm Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 3:30am Sundays: Realistically (under 3 hours): 3:30	Sundays: Realistically (under 3 hours) 3am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 11pm Sundays: Realistically (under 3 hours): 11pm		
Heaton Chapel/Moor (station)	Journey 1: Bus 25 to Barlow Moor Metrolink Tram to Roundthorn Journey 2: 192 to Stockport, see routes from Stockport Town Centre	Journey 1: Train to Stockport, see routes from Stockport Town Centre	1 to 3	Latest departures: Weekdays/Saturday: Realistically (under 3 hours): 11:30pm Sundays: Realistically (under 3 hours) 10:45pm Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 4:30am Sundays: Realistically (under 3 hours): 3am	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 4am Sundays: Realistically (under 3 hours) 5am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 11:30 Sundays: Realistically (under 3 hours): 11pm	1 hour (Currently 30 minutes)	All night via Piccadilly
Heaton Mersey	Journey 1: Tram to St Werburgh's Road, Tram to Roundthorn	Journey 1: Train from Burnage to Manchester Airport, tram to Roundthorn Journey 2: Train from Burnage to Heald Green, 368 to Wythenshawe interchange, 101 to Hospital	1 to 2	Latest departures: Weekdays/Saturday: Realistically (under 3 hours): 12am Sundays: Realistically (under 3 hours) 10:40 pm Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 5am Sundays: Realistically (under 3 hours):	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 12:30am Sundays: Realistically (under 3 hours) 11pm Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 5am Sundays: Realistically (under 3 hours): 5:30am	50 minutes to 1 hour 20 minutes (Currently 40 minutes)	

		Journey 3: Train to Gatley, 11 to Hospital		5:30am			
Heaton Norris (Norris Bank)	Journey 1: Bus 179 to hospital Journey 2: 19 to Wythenshawe Metrolink 370 to hospital Journey 3: Bus 25 to Barlow Moor Metrolink Tram to Roundthorn Journey 4: X5 to Sale Road, 19 to Hospital		0-1	Latest departures: Weekdays/Saturday: Realistically (under 3 hours): 11:20pm Sundays: Realistically (under 3 hours) 11pm Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 4am Sundays: Realistically (under 3 hours): 4am	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 4:15am Sundays: Realistically (under 3 hours) 5am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 11:30pm Sundays: Realistically (under 3 hours): 11:30pm	1 hour (Currently 35 minutes)	Routes all night via Manchester Piccadilly
Hazel Grove	Journey 1: Train to Davenport 309 to Councillor Lane, 368 to Wythenshawe hospital Journey 2: Bus/train into Stockport, see routes from Stockport town centre		1 to 3	Latest departures: Weekdays/Saturday: Realistically (under 3 hours): 11pm Sundays: Realistically (under 3 hours) 10:30pm Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 4:14 am Sundays: Realistically (under 3 hours): 4:14am	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 4am Sundays: Realistically (under 3 hours) 4:30am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 11:30pm Sundays: Realistically (under 3 hours): 11pm	1 hour to 90 minutes (Currently from 10 minutes)	Routes all night via Piccadilly
Heald Green	Journey 1: 368 to Wythenshawe Interchange 19 to Hospital		1	Latest departures: Weekdays/Saturday: Realistically (under 3 hours): 11:20pm	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 5am	30 to 40 minutes (Currently 45 minutes to 1	

	Journey 2: 368 to Wythenshawe Interchange, 11 to Hospital			Sundays: Realistically (under 3 hours) 10:30pm Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 5am Sundays: Realistically (under 3 hours): 6am	Sundays: Realistically (under 3 hours) 5:30am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 11:15pm Sundays: Realistically (under 3 hours): 10:30pm	hour)	
High Lane	Journey 1: 199 to Manchester airport, Tram to Roundthorn	Journey 1: Train to Stockport, see routes from Stockport town centre	1	Latest departures: Weekdays/Saturday: Realistically (under 3 hours): 10pm Sundays: Realistically (under 3 hours) 10pm Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 4am Sundays: Realistically (under 3 hours): 4am	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 4:30am Sundays: Realistically (under 3 hours) 5am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) :10:15pm Sundays: Realistically (under 3 hours): 10pm	90 minutes (Currently 20 minutes)	
Marple (station)	Journey 1: 384 to Stockport town centre, see routes from Stockport Town Centre	Journey 1: Train to Manchester Piccadilly, see routes from Manchester Piccadilly.	1-3	Latest departures: Weekdays/Saturday: Realistically (under 3 hours): 10:40pm Sundays: Realistically (under 3 hours) 10:30pm Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 6am Sundays: Realistically (under 3 hours):	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 5:30am Sundays: Realistically (under 3 hours) 6:30am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 10:15pm Sundays: Realistically (under 3 hours): 10:15 pm	90 minutes to 2 hours (Currently 45 minutes to 1 hour)	

				8:30am			
Mellor	Walk to Marple See above					2 hours to 2 hours 30 minutes (Currently 1 hour 30 minutes)	
Offerton (lane)	Journey 1: 192/384/314 to Stockport town centre See routs from Stockport Town Centre		1 to 3	Latest departures: Weekdays/Saturday: Realistically (under 3 hours): 11pm Sundays: Realistically (under 3 hours) 10pm Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 4am Sundays: Realistically (under 3 hours): 4am	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 4am Sundays: Realistically (under 3 hours) 4am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 11pm Sundays: Realistically (under 3 hours): 11pm	1 hour to 90 minutes (Currently 5 to 20 minutes)	
Reddish (Reddish Bath)	Journey 1: 203 bus to Stockport See routes from Stockport Borough Council Journey 2: 278 to Hospital	Journey 1: Train to Manchester Piccadilly, see routes from Manchester Piccadilly	0 to 3	Latest departures: Weekdays/Saturday: Realistically (under 3 hours): 11 pm Sundays: Realistically (under 3 hours) 10:40pm Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 5am Sundays: Realistically (under 3 hours): 5:30am	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 4:30am Sundays: Realistically (under 3 hours) 5am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 11:15pm Sundays: Realistically (under 3 hours): 11:15pm	1 hour to 90 minutes (Currently 45 minutes)	
Romiley	Journey 1:	Journey 1:	1-3	Latest departures:	Earliest departures:	1 hour to 90	

(station)	383 to Stockport Town Centre See routes from Stockport Town Centre	Train to Manchester Piccadilly, See routes from Manchester Piccadilly		Weekdays/Saturday: Realistically (under 3 hours): 10:40pm Sundays: Realistically (under 3 hours) 10:30pm Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 5am Sundays: Realistically (under 3 hours): 6:30am	Weekdays/Saturday: Realistically (under 3 hours): 4am Sundays: Realistically (under 3 hours) 6:30am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 11:15pm Sundays: Realistically (under 3 hours): 10:50pm	minutes (Currently 40 to 50 minutes)	
Woodford	Journey 1: 42B to Boots (A560), 11 to hospital. Journey 2: 42B to Station Road, 368 to Simonsway, tram to hospital Journey 3: 42B to Cheadle Post Office, 11A to Ferndown Road, 19 to hospital		1 to 2	Latest departures: Weekdays/Saturday: Realistically (under 3 hours): 8pm Sundays: Realistically (under 3 hours) 7:30pm Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 6am Sundays: Realistically (under 3 hours): 7:30am	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 6am Sundays: Realistically (under 3 hours) 8:45am Latest departures: Weekdays/Saturday: Realistically (under 3 hours) : 7:10pm Sundays: Realistically (under 3 hours): 6:30pm	1 hour 20 to 2 hours (Currently 1 hour to 1 hour 20 minutes)	
Woodley	Journey 1: 330 to Stockport See routes from Stockport Town Centre		1 to 3	Latest departures: Weekdays/Saturday: Realistically (under 3 hours): 11pm Sundays: Realistically (under 3 hours) 10:30pm	Earliest departures: Weekdays/Saturday: Realistically (under 3 hours): 4am Sundays: Realistically (under 3 hours) 5am Latest departures:	1 hour to 1 hour 30 minutes (Currently 45 minutes)	

				Earliest departures: Weekdays/Saturday: Realistically (under 3 hours) : 5am Sundays: Realistically (under 3 hours): 5am	Weekdays/Saturday: Realistically (under 3 hours) : 11pm Sundays: Realistically (under 3 hours): 11pm		
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Please note that this list is not exhaustive.


Community Transport Operators:

Stockport Car Scheme (only within GM)

St John's Ambulance

Transport for Sick Children (only within GM)

Easy Go Community Transport

Equality Impact Assessment		 NHS Stockport Clinical Commissioning Group																																						
1.	Name of the Strategy / Policy / Service / Project	Stockport Foundation Trust – Angiography Service																																						
2.	Champion / Responsible Lead	Mark Chidgey																																						
3.	What are the main aims?	To decommission all angiography service provision from Stockport FT as per the recommendations from Cardiac Strategy 2012-2015																																						
4.	List the main activities of the project:	<ol style="list-style-type: none"> 1. Decommission Stockport FT angiography services 2. Ensure all CCGs' (either as co-commissioners, NCA or secondary care referral) utilising the service are clearly notified of the change in provision 3. Ensure that local UHSM, CMFT and Pennine Acute are able to percutaneous coronary intervention (PCI) manage the current SFT activity 																																						
5.	What are the intended outcomes?	<p>Clinical Effectiveness - Patients receive the necessary treatment minimising the number of invasive procedures carried out</p> <p>Patient Satisfaction - Patients will be offered the relevant procedures on one pathway as one spell i.e. PCI</p> <p>Cost Savings – Only required to pay once as a PCI through Payment by Results (PbR)</p>																																						
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6.	Who currently uses this service?	<p>Angiographs 1/7/16 to 30/6/17</p> <table border="1"> <thead> <tr> <th>Commissioner</th> <th>Angiographs</th> </tr> </thead> <tbody> <tr><td>TAMESIDE AND GLOSSOP CCG</td><td>282</td></tr> <tr><td>STOCKPORT CCG</td><td>178</td></tr> <tr><td>EASTERN CHESHIRE CCG</td><td>136</td></tr> <tr><td>NORTH DERBYSHIRE CCG</td><td>59</td></tr> <tr><td>OLDHAM CCG</td><td>18</td></tr> <tr><td>NORTH STAFFORDSHIRE CCG</td><td>17</td></tr> <tr><td>NORTH MANCHESTER CCG</td><td>4</td></tr> <tr><td>Unknown or not applicable</td><td>4</td></tr> <tr><td>STOKE ON TRENT CCG</td><td>3</td></tr> <tr><td>HEYWOOD, MIDDLETON AND ROCHDALE CCG</td><td>3</td></tr> <tr><td>CENTRAL MANCHESTER CCG</td><td>2</td></tr> <tr><td>TRAFFORD CCG</td><td>1</td></tr> <tr><td>CALDERDALE CCG</td><td>1</td></tr> <tr><td>BETSI CADWALADR UNIVERSITY LHB</td><td>1</td></tr> <tr><td>GLOUCESTERSHIRE CCG</td><td>1</td></tr> <tr><td>SOUTH CHESHIRE CCG</td><td>1</td></tr> <tr><td>ST HELENS CCG</td><td>1</td></tr> <tr><td>Grand Total</td><td>712</td></tr> </tbody> </table>	Commissioner	Angiographs	TAMESIDE AND GLOSSOP CCG	282	STOCKPORT CCG	178	EASTERN CHESHIRE CCG	136	NORTH DERBYSHIRE CCG	59	OLDHAM CCG	18	NORTH STAFFORDSHIRE CCG	17	NORTH MANCHESTER CCG	4	Unknown or not applicable	4	STOKE ON TRENT CCG	3	HEYWOOD, MIDDLETON AND ROCHDALE CCG	3	CENTRAL MANCHESTER CCG	2	TRAFFORD CCG	1	CALDERDALE CCG	1	BETSI CADWALADR UNIVERSITY LHB	1	GLOUCESTERSHIRE CCG	1	SOUTH CHESHIRE CCG	1	ST HELENS CCG	1	Grand Total	712
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7.	Are there any clear gaps in access to this service? (e.g. low access by ethnic minority groups)	No																																																																		
8.	Are there currently any barriers to certain groups accessing this service? (e.g. no disabled parking / canteen doesn't offer Kosher food / no hearing loop)	No																																																																		
9.	How will this project change the service NHS Stockport offers? (is it likely to cut any services?)	New pathways will be developed Stockport Foundation Trust will no longer provide an angiography service but will still provide first line diagnostic tests for chest pain.																																																																		

		Approximately 50% of the existing service users will be referred to a specialist centre rather than be treated at Stockport Foundation Trust.	
10.	If you are going to cut any services, who currently uses those services? (Will any equality group be more likely to lose their existing services?)	See point 6. No evidence that any equality groups will be more likely to lose their existing service.	
11.	If you are creating any new services, who most likely to benefit from them? (Will any equality group be more or less likely to benefit from the changes?)	No new services will be created – patient referrals will be diverted through to the local percutaneous coronary intervention centres.	
12.	How will you communicate the changes to your service? (What communications methods will you use to ensure this message reaches all community groups?)	Communications will need to be sent through the following organisations: <ul style="list-style-type: none"> • CCGs' currently utilising the service (see point 6) • All co-commissioners to the SFT contract • Other GM NHS Trusts • Cardiac Acute Transfer System (CATS) • NWAS • Patient panels i.e. health watch 	
13.	What have the public and patients said about the proposed changes? (Is this project responding to local needs?)	The project is responding to clinical recommendations taken from the Cardiac Strategy 2012-2015. Local engagement will be undertaken.	
14.	Is this plan likely to have a different impact on any protected group? (Can you justify this differential impact? If not, what actions will you add into the plan to mitigate any negative impacts on equality groups?)	IMPACT	MITIGATION
	<i>Age</i>	No	
	<i>Carers</i>	No	
	<i>Disability</i>	No	
	<i>Gender Reassignment</i>	No	
	<i>Marriage / Civil Partnership</i>	No	
	<i>Pregnancy & Maternity</i>	No	
	<i>Race</i>	No	
	<i>Religion & Belief</i>	No	
	<i>Sex</i>	No	
<i>Sexual Orientation</i>	No		
IMPACT ON STAFF			
15.	How many staff work for the current service?	28 in total (headcount)	
16.	What is the potential impact on these employees? (including potential redundancies, role changes, reduced hours, changes in terms and conditions, locality moves)	Placed at risk; redeployment / role changes / job plan changes / potential risk of redundancy	
17.	Is the potential impact on staff	IMPACT	MITIGATION

	likely to be felt more by any protected group? If so, can you justify this difference? If not, what actions have you put in place to reduce the differential impact?		
	<i>Age</i>	No	
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	<i>Sexual Orientation</i>	No	
18.	What communication has been undertaken with staff?	Engagement sessions & formal consultation	
19.	Do all affected workers have genuinely equal opportunities for retraining or redeployment?	Yes	
IMPACT ON STAKEHOLDERS			
20.	Who are the stakeholders for the service?	See point 6	
21.	What is the potential impact on these stakeholders?	No longer able to utilise Stockport Foundation Trust as a site for angiography services.	
22.	What communication has been undertaken with stakeholders?	All the relevant stakeholders will be notified of the changes and the new pathways – see point 12.	
23.	What support is being offered to frontline staff to communicate this message with service users / family / carers?	This will be communicated through staff at SFT as part of their succession plans.	
24.	How will you monitor the impact of this project on equality groups?	Data from Specialist Centres. Feedback from SFT. Healthwatch to advise on any adverse impact.	
EIA SIGN OFF			
25.	<i>Your EIA should be sent to Head of Compliance for approval and publication:</i>		
	Date of EIA Approval:		