

Rapid Health Impact Assessment of Aintree Hospitals NHS Trust proposal to build an Elective Care Centre at the University Hospital Aintree site - Executive Summary

Introduction and background to the assessment

The Liverpool Public Health Observatory has been commissioned to undertake a Health Impact Assessment (HIA) of the North Mersey Future Healthcare Programme (NMFHP) on behalf of the Merseyside Primary Care Trusts' (PCTs) Directors of Public Health.

This HIA is focused on one of the NMFHP's proposals, i.e. implementation of the proposal to build an Elective Care Centre (ECC) at the University Hospital Aintree (UHA) site and the transfer of services currently provided at the Walton Hospital site to the new centre.

It is intended that once HIAs of all the other elements of the NMFHP have also been completed, a final report will be produced examining the health impacts of the NMFHP as a whole.

Aims of the assessment

The overall aim of this HIA was to maximise the health benefits which could result from implementation of the proposal to build an ECC at the UHA site and the transfer of services currently provided at the Walton Hospital site to the new centre. In order to do this the following objectives had to be achieved:

- Identify and profile the population groups who will be affected by the proposal.
- Identify the potential positive and negative health impacts of the proposal and set out clearly who will be affected by these impacts.
- Make recommendations for the elimination or mitigation of negative impacts (or compensation for those affected).
- Make recommendations for the maximisation of positive impacts.

Obtaining information on impacts

In order to identify the ways in which the proposal could affect the key determinants of health, two one-day stakeholder workshops were held. Representatives from the affected communities were invited to attend one of these workshops. The workshops were supplemented by two interviews with people not able to attend these workshops but who indicated a willingness to express their views and whose organisations had not already been represented at the workshop.

Findings

Around 40 participants from a number of different organisations took part in the HIA. As those invited were asked to invite other colleagues and/or staff, it is not really appropriate to calculate a response rate but Aintree Hospitals NHS Trust representatives made up just over half of both those invited and who participated.



Most of the positive impacts during the construction phase related to determinants that could broadly be labelled economic (impacts on wealth creation and distribution, employment, education and training opportunities) and social (impacts on family support, community networks and public participation / social inclusion), i.e. the positive impacts on health that would arise if local people were employed (and local businesses used more) during the construction phase. These positive impacts would be lost if people (and businesses) from outside of the area were employed during this phase. In addition, potentially negative impacts on community safety and the physical environment that are common to all construction projects were identified and need to be considered.

Positive impacts on the same determinants as the construction phase were identified during the operational phase. In addition, opportunities for positively impacting on health-related behaviour, the physical environment and public service provision were identified. The negative impacts identified during the operational phase mainly related to potential negative impacts for local people on supply and demand for services, especially if the ECC became a Centre of Excellence, or paradoxically, if it failed to provide the quality of services that patients could choose elsewhere. The access to the ECC was also potentially a major problem, in terms of impacts on delays and accidents and also in terms of inadequate public transport provision – it was felt that public transport provision would need to increase significantly to maximise positive impacts.

In addition, the HIA identified a number of issues and impacts that could not neatly fit into either the construction or operational phase. Some staff felt they needed to be consulted more in the design of the ECC, in terms of how it will actually look and how it will thus impact on their working conditions and consequently, patient care. It was suggested that the Trust needs to communicate more (or perhaps through different channels) with its own staff about what the ECC aims to achieve and what assumptions it is based upon.

It was not only staff though who feel that they should be involved. It was felt that local people could work with the Trust by perhaps providing art work to decorate the ECC, and also by such schemes as “sponsor a brick”, “name the centre”, etc. This can be done again with local staff and wider via local schools, local community groups, through the local press, etc. It was also suggested that local people need to feel they have some sense of ownership, or at least patients do.

Finally, it is important that the Walton site does not become neglected once services are transferred to the new ECC and that should there be any period of time that the building is left empty following this transfer, that the site does not become neglected and there is adequate security on this site. In addition, it would be beneficial to inform businesses around Walton about what is planned to replace the current Walton Hospital as soon as practically possible so businesses can plan accordingly.



Conclusion

The greatest potential for negative impacts unsurprisingly is during the construction phase. This not only surrounds largely unavoidable impacts such as increases in noise and dust but also impacts which should be avoidable, particularly regarding the economic and social benefits that will accrue if the workforce is employed locally to carry out this work.

Nearly all of the positive impacts on the other determinants of health identified from the construction phase depend on local people being employed during this phase.

If local people are used, positive impacts will not only be felt during the construction of the ECC but hopefully for many years to come. The local population, whether this is by definition Warbreck and Fazakerley or Liverpool or even North Merseyside as a whole could benefit enormously from the economic boost that such work could bring.

Indeed, the construction of this ECC is seen as an ideal opportunity to act as a focus for bringing about change for the local populations of Warbreck and Fazakerley in particular (and perhaps to a lesser extent, North Liverpool and all other areas that will be served by the ECC in North Merseyside) and offers the NHS a great opportunity to bring about beneficial health impacts for all, both through its role as a Corporate Citizen but also by ensuring that once built, the ECC acts as a hub for promoting health, providing community facilities (if possible), improving transport links, etc as well as carrying out the functions one automatically associates with such a centre, e.g. x-rays, operations, etc.

However, major concerns were raised with regard to accessing the ECC. It was highlighted that currently public transport is felt to be inadequate and that the new ECC will increase the pressure on the Longmoor Lane entrance to the site. Currently this is a dual carriageway and as such is a major road. It does not have a pedestrian crossing close to the entrance, certainly not by the entrance to Fazakerley Station. In particular, there must be a request for a crossing to coincide with and be part of the planning application as the two need to go hand in hand.

It is important therefore to liaise with both MerseyTravel and Liverpool City Council and also with the bus and train companies about improving both the frequency of public transport and also the safety around the site entrance. The ECC may provide an excellent opportunity for the NHS to exert some influence on bus companies to provide better bus services to many parts of Liverpool that are currently either directly inaccessible to the site or infrequently so.

Finally, a recurrent theme throughout this Rapid HIA was the need for involving staff and patients as much as possible in the design of the ECC. This was reflected in the supplementary findings and in various discussions about impacts.



Recommendations

Based on the above, around 40 different recommendations have been made to maximise potential positive and mitigate potential negative impacts. These are summarised here under broad themes and headings as follows:

Construction phase

- Economic – Recommendations are made for the NHS as a whole and relevant local authorities and agencies to ensure that local people are suitably trained to take advantage of potential employment opportunities.
- Social – Recommendations are made for the Contractor and Aintree Hospitals NHS Trust to do all they can to maximise site security and safety of both workers and those living and working near to the site.
- Physical – Recommendations are made for the Contractor and Aintree Hospitals NHS Trust that the negative impacts associated with construction are minimised.

Operational phase

- Economic – Recommendations are made for Aintree Hospitals NHS Trust and the NHS as a whole to ensure that local people are suitably trained to take advantage of potential new employment opportunities and that Trust staff are able to benefit fully from training opportunities. The Trust also needs to ensure that where legally and practically possible, local businesses are used for sourcing of local goods.
- Social – Recommendations are made for Aintree Hospitals NHS Trust and the NHS as a whole to maintain and enhance current local social networks.
- Health-related behaviour - Recommendations are made for how Aintree Hospitals NHS Trust can promote health-related behaviour amongst staff, patients, visitors and possibly the local community as well.
- Physical environment – Recommendations are made for how Aintree Hospitals NHS Trust can enhance the design of the ECC.
- Public service provision - Recommendations are made for how Aintree Hospitals NHS Trust can enhance its own service provision and for liaising with other agencies so that transport provision and access and safety are also improved.

Other issues

- It is reiterated that in designing the ECC, Aintree Hospitals NHS Trust must take on board the views of both staff and patients.

Further information

More detailed information about this HIA can be found in the following report:

- Fleeman, N and Milner SJ. *Rapid Health Impact Assessment of Aintree Hospitals NHS Trust proposal to build an Elective Care Centre at the University Hospital Aintree site*, Observatory Report Series No. 60, Liverpool: Liverpool Public Health Observatory, November 2005.

Alternatively, please contact:

- Nigel Fleeman, Researcher, Liverpool Public Health Observatory, Division of Public Health, University of Liverpool, Whelan Building, Quadrangle, Liverpool L69 3GB. Tel: 0151 794 5581 or e-mail: nigel.fleeman@liverpool.ac.uk

