NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool for Frontline Patient Services

It is essential to follow the EQIA Guidance in completing this form

Name of Current Service/Service Development/Service Redesign:
COPD Housebound Service, West Dunbartonshire CHCP

Please tick box to indicate if this is a:  Current Service ☐  Service Development ☒  Service Redesign ☐

Brief description of the above: (Please include if this is part of a Board-wide service or is locally determined).
As part of the Long Term Conditions work, West Dunbartonshire CHCPs approach has been to develop a comprehensive service for people with COPD within existing resources. In order to test the feasibility and effectiveness of this dedicated team to support people who are housebound with a diagnosis of COPD, a pilot started on 1/4/10 commenced in three volunteer practices. The COPD housebound service will now be rolled out across all practices in the CHP following an evaluation of the pilot.

Who is the lead reviewer and where based?
Michele Mackintosh
Head of Dietetics/Lead AHP
West Dunbartonshire CHCP
Hartfield Clinic
Dumbarton G82 2LS

Please list the staff groupings of all those involved in carrying out this EQIA (when non-NHS staff are involved please record their organisation or reason for inclusion):
GP (chair of COPD steering group) Alexandria Medical Centre
Lead AHP, West Dunbartonshire CHP
Head Physiotherapist/Director of Clinical Information
Head of Homecare WDC
Health Improvement Senior, Long Term Conditions
Head of Prescribing Support Team
Carers Centre, Voluntary Sector
Senior Adult Nurse
## Impact Assessment – Equality Categories
A comprehensive data set is received from General Practice. This is used to inform any equality considerations in the provision of this service.

<table>
<thead>
<tr>
<th>Equality Category</th>
<th>Existing Good Practice</th>
<th>Remaining Negative Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Currently collect data on gender. The service is based on clinical need and medical diagnosis. There is currently no indication of gender impact on how people access this service. Data collected on gender will take account of any gender differentials and will be analysed to help support equity of gender inclusion.</td>
<td>If staff is not aware of the NHSGGC gender base violence policy we would circulate this to this staff group. Should a person who is transgender be referred to this service we would work alongside General Practice and the information they provide regarding current lived gender and the service user would be treated in that gender. The NHSGGC Transgender Policy has been made available to staff.</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Currently very small ethnic minority population however the team have flexibility within the service to ensure any specific ethnic needs are met. Staff members have knowledge &amp; awareness of NHSGGC guidelines for accessing interpreting services. Recording of ethnicity is a core data set for District Nursing so that information is readily available.</td>
<td>There may be issues with other NHS resources in terms of accessibility – for instance we provide supplementary information on health/lifestyles issues that are not developed within the team. We will circulate the Accessible Information Protocol and the Interpreting Protocol to staff.</td>
</tr>
<tr>
<td>Disability</td>
<td>As this group of people are housebound the setting will not be assessed for staff suitability. Should a housebound person with COPD have additional requirements (aids and adaptations), referral and discussion with OT will be made for further assistance.</td>
<td>Referral form to be re assessed to include additional Communications Requirements i.e. Hearing Impairment. There may be issues with non-departmental NHS resources in terms of accessibility. We will circulate the Accessible Information Protocol and the Interpreting Protocol to staff.</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>Staff are aware of appropriate use of terminology and will not be discriminatory or make assumptions regarding sexual orientation.</td>
<td>Currently don’t collect data on Sexual Orientation Awaiting guidance from Board for this inclusion as part of mandatory data capture.</td>
</tr>
<tr>
<td>Religion and belief</td>
<td>The team includes a Registered Dietitian to support staff and users if necessary on religious and cultural dietary issues.</td>
<td>Currently don’t collect data on Religion and Belief.</td>
</tr>
<tr>
<td>Age (Children/Young People/Older)</td>
<td>The service would not expect children and young people to be referred to this service and there is no age barrier to access.</td>
<td>Service has no barriers to access on the basis of age</td>
</tr>
<tr>
<td>Social Class/ Socio-Economic Status</td>
<td>Currently targeting people who are housebound with COPD, including admission avoidance. Service is free and includes the identification of welfare rights review and onward referral. The service will be working with those in greatest need; of the 19 people seen so far, approximately 30% had welfare rights referral and one person had their benefits ‘maxed’.</td>
<td>We will review post code data to identify links between use of service and experience of poverty as part of the expanded delivery of this service</td>
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<tr>
<td>Additional marginalisation</td>
<td>All staff aware of relevant agencies for sign posting for additional support. Staff have accessed either ASIST or Safe Talk training.</td>
<td></td>
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### Actions

<table>
<thead>
<tr>
<th>Cross Cutting Actions</th>
<th>Specific Actions</th>
<th>Date for completion</th>
<th>Who is responsible? (initials)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Circulate NHSGGC Gender based Violence Policy</td>
<td>January 2011</td>
<td>Michele Mackintosh on behalf of COPD steering group.</td>
</tr>
<tr>
<td></td>
<td>Circulate NHSGGC Accessible Information Protocol</td>
<td>January 2011</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Circulate Interpreting Protocol to staff</td>
<td>January 2011</td>
<td></td>
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<tr>
<td></td>
<td>Review post code data to identify links between use of service and experience of poverty.</td>
<td>June 2011</td>
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</table>

### Ongoing 6 Monthly Review

Please write your 6 monthly EQIA review date:

- **June 2011**

<table>
<thead>
<tr>
<th>Lead Reviewer:</th>
<th>Name:</th>
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<tr>
<td>Sign Off:</td>
<td>Job Title:</td>
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<tr>
<td></td>
<td>Signature</td>
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<td></td>
<td>Date:</td>
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</tbody>
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Please email copy of the completed EQIA form to [irene.mackenzie@ggc.scot.nhs.uk](mailto:irene.mackenzie@ggc.scot.nhs.uk)
Irene Mackenzie, Corporate Information and Development Manager, Corporate Inequalities Team, NHS Greater Glasgow and Clyde, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ. Tel: 0141-201-4970.
Appendix 1: Requirements from equality legislation

The body of legislation on Race (Race Equality Duty), Disability (Disability Equality Duty) and Gender (Gender Equality Duty) has identified both General and Specific Duties with which public organisations have to comply.

The **General Duties** for all three areas of legislation lay down that public bodies require to have ‘due regard’ to the need to eliminate unlawful discrimination and harassment and to promote equality of opportunity. The RR(A) also includes a duty to ‘promote good relations between persons of different racial groups’. In the Disability Equality Duty (DED) this duty is to ‘promote equality of opportunity between disabled people and other people’. The DED further includes a duty to:

- promote positive attitudes towards disabled people;
- encourage participation by disabled people in public life;
- take steps to meet disabled peoples’ needs, even if this requires more favourable treatment.

The **Specific Duties** apply to major public bodies primarily and are designed to set out the steps that should be taken in meeting the General Duty, the key requirements of which are:

- The development of a specific Equality Scheme in relation to each aspect of inequality.
- Consultation with stakeholders and employees in drawing up the equality schemes for race and gender. In relation to disability, the legislation is considerably stronger, requiring the active involvement of disabled people in drawing up the Equality Scheme.
- Publication of the equality schemes and associated action plans.
- Publication of how the organisation will assess the impact of its policies and practices for equality across the three areas and the outcomes of these.
- Monitoring of progress and production of annual reports.
- Review of each scheme every three years.
- Monitoring of employment procedures and practices. In relation to gender, a policy on developing equal pay arrangements between women and men must be developed and published.
- One of the provisions of the **Equality Act 2006** is the merger of the three existing commissions i.e. the Commission for Race Equality, the Disability Rights Commission and the Equal Opportunities Commission. In 2007, they became one body – the Equality and Human Rights Commission – which has responsibility for assessing the extent to which organisations have fulfilled their legislative duties.

There is also new legislation on sexual orientation. The Equality Act (Sexual Orientation) Regulations 2007 protects individuals from direct or indirect discrimination on grounds of sexual orientation, in provision of goods, facilities, services, education, disposal and management of premises and exercise of public functions. There is also European legislation on age and religion and belief discrimination in employment.
Appendix 2: Good practice websites

The following websites are very good for key information around good practice around equalities issues. The Equality and Diversity Team in Organisational Development (Tel: 0141 211 0354) have a wider list of good practice websites available if you require this.

- The ‘Fair For All’ website (www.fairforall.org.uk) is NHS Scotland website on equality and diversity.
  
  It is very good for examples of good practice and national guidance documents on gender, disability, ethnicity, sexual orientation, age, religion and belief

- NHSGG&C Equality and Health website (www.equality.scot.nhs.uk) will provide key information on each of the different equality categories, the key health issues related to equality categories and good practice examples from NHSGG&C and beyond.
  
  The website has links to NHSGG&C Equality Scheme; all Equality Scheme action plans and the annual monitoring report; NHSGG&C Equality Impact Assessment Guidance, Tools and Evaluation report.

- The Equality and Human Rights Commission (www.equalityhumanrights.com) is the governing body for equalities legislation implementation. NHSGG&C has to provide annual reports to the Commission on its implementation of its Equality Scheme.
  
  The website includes legislative and good practice information on the rights of workers and service users and responsibilities of public sector employers.

- The Scottish Government Equality Unit website (www.scotland.gov.uk/mainstreamingequality) provides information on the national context for action on equalities issues and provides many national statistics about equality strands in relation to government activities.