

**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:**

Clyde Movement Disorder Services, Rehabilitation and Assessment Directorate

**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).**

Clyde Movement Disorder Services encompass services provided at Royal Alexandria Hospital (RAH), Paisley, Vale of Leven Hospital, Alexandria and Inverclyde Royal Hospital, Greenock. The clinical services see a variety of disorders but generally the more dominant conditions are Parkinson's Disease, Essential Tremor and Vascular Parkinson's. Referrals come from GP's, other hospitals and consultants of wards who suspect a patient has a movement disorder.

The service operates within the Day Hospital in each location.

**Who is the lead reviewer and where based?**

Catriona Glenn, Clinical Services Manager, Inverclyde Royal Hospital.

**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):**

Parkinson's Disease Nurse Specialist, Patient Representatives x 2, Team Lead for Physiotherapy, Clinical Service Manager, Consultant, Senior Charge Nurse, Speech Therapist, Quality Co-ordinator, Equality & Diversity Assistant.

## Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
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<b>All</b>	<ul style="list-style-type: none"><li>• If a vulnerable adult divulged abuse then staff would take action to alert the appropriate people.</li><li>• Staff can assist patients to complete a 'non-motor' questionnaire as part of their ongoing health issues, as required.</li><li>• Staff will also draw diagrams specific to the patient's individual needs if required.</li><li>• Staff explaining a drug regime to patients will ask patients to repeat this information to make sure they understand what is required. All drug regimes are explained on a one to one basis.</li><li>• Although the service has not encountered any advocates they will document in the case notes if a carer or key worker is present.</li><li>• Staff accommodate the patient's carer as long as the patient has consented to them being present. Carers can have some specific questions of their own that may require answering.</li><li>• The Medicines Information helpline can provide advice about what medication contains, if required. Some staff also indicated they may use the EMC (Electronic Medicines Compendium) or contact the Pharmacy Department for advice.</li><li>• Referrals can also be made for alert aids, walking frames etc.</li><li>• Staff ensure that patients and carers are aware of the side effects of medication e.g. There is a drug for Parkinson's Disease which can cause compulsive behaviour.</li><li>• Staff are commencing Carers awareness training sessions</li><li>• There are carers information packs available</li><li>• Staff can make referrals to the local carers centres</li><li>• Staff have some patient feedback forms to be analysed for continuous improvement activities.</li></ul>	<ul style="list-style-type: none"><li>• There is limited equality and diversity patient data captured at present, mainly date of birth and gender.</li></ul>
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<b>All continued</b>	<ul style="list-style-type: none"> <li>• There is a patient and carers support group in Vale of Leven and Inverclyde and carer support group in Paisley</li> <li>• Staff can arrange appointments for carers to attend therapy session.</li> </ul>	
<b>Gender</b>	<ul style="list-style-type: none"> <li>• If same sex staff are required then the service would request staff from other hospital areas (the staff is female dominant). Equally there may be occasions where chaperoning will operate.</li> <li>• Although staff have not encountered any transgender patients they were aware of the transgender policy and its implications.</li> <li>• If domestic abuse was divulged staff would not act unless patient gave consent.</li> </ul>	<ul style="list-style-type: none"> <li>• No negative impact identified</li> </ul>
<b>Ethnicity</b>	<ul style="list-style-type: none"> <li>• All sites have interpreter posters available for guidance on how to book an interpreter.</li> <li>• The catchment area has very few Black Minority Ethnic residents and therefore has had limited requests for interpreters.</li> <li>• Patient information is available from condition specific organisations e.g. Parkinson's. This is available in translated versions as required.</li> </ul>	<ul style="list-style-type: none"> <li>• No negative impact identified</li> </ul>
<b>Disability</b>	<ul style="list-style-type: none"> <li>• Disabled Car Parking spaces are available close to entrances, some have additional pictorial signs.</li> <li>• There is a drop off point outside the entrance to all hospitals.</li> <li>• All hospitals have wheelchairs available for patients arriving who require assistance from the entrance.</li> <li>• Waiting areas have sufficient space to accommodate wheelchairs.</li> <li>• All entrances have automatic doors.</li> <li>• All sites have interpreting posters for guidance on how to book British Sign Language interpreters and communication</li> </ul>	<ul style="list-style-type: none"> <li>• Each site has manual doors after the automatic door which adversely affects patients who try to maintain independence and staff who are escorting patients.</li> <li>• Staff were unsure if there were posters to identify the availability of an induction loop.</li> <li>• Not all facilities have an induction loop available</li> </ul>

<p><b>Disability cont'd</b></p>	<p>support. To date there have been very few patients who require this kind of support.</p> <ul style="list-style-type: none"> <li>• Staff show patients new ways of communication, i.e. SMS text, email and are presently exploring 'I phone' technology for other patients whose speech problems are severely affected.</li> <li>• Two hospitals have amplifiers available and one has access to an induction loop held in the stroke ward close by to help them communicate with the hard of hearing or deaf.</li> <li>• Staff also liaise with Audiology if a patient has hearing difficulties.</li> <li>• Staff will refer to the Visual Impairment Team as required.</li> <li>• All kinds of walking frames are available for loan at Day Hospital rather than the patients bring their own which can be difficult in some modes of transport.</li> <li>• Patient information is available from condition specific organisations e.g. Parkinson's. This is available in large print as required.</li> <li>• Assistance dogs are welcome and staff have experience of users bringing their assistance dog.</li> <li>• Staff are aware of the text relay service and have recently used the service to change a patient's appointment.</li> <li>• SMART technology is accessed as required for a variety of alarms and aids to ensure patient safety e.g. door triggers, chair/bed alarms etc.</li> <li>• Each site has accessible toilets.</li> <li>• Each site has a variety of heights of chairs. All have arms as these are essential for patients with movement disorders. Bariatric and electric operated riser chairs are also available.</li> </ul>	
<p><b>Sexual Orientation</b></p>	<ul style="list-style-type: none"> <li>• Staff were aware of the Civil partnership act and the importance of using the appropriate terminology. They indicated that they never make assumptions about relationships and therefore usually ask 'who have you brought with you today?'</li> </ul>	<ul style="list-style-type: none"> <li>• No negative impact identified</li> </ul>

<p><b>Religion and belief</b></p>	<ul style="list-style-type: none"> <li>• The service has access to the Faith and Belief Community Manual for reference on any faith group. This is available both in hard copy and Staffnet.</li> <li>• The Medicines Information helpline can provide advice about what medication contains if required. Some staff also indicated they may use the EMC (Electronic Medicines Compendium) or contact the Pharmacy Department for advice.</li> <li>• If an appointment was on a religious festival that the patient wished to observe then the appointment would be rescheduled.</li> </ul>	<ul style="list-style-type: none"> <li>• No negative impact identified</li> </ul>
<p><b>Age (Children/Young People/Older People)</b></p>	<ul style="list-style-type: none"> <li>• The service is for all patients over 16 but tends to be 40 upwards with the majority being 50 and over.</li> <li>• Staff explain to younger patients why the service is available in the Medicine for Elderly areas. However if younger patients require to be admitted as inpatients they would not be accommodate in elderly wards. The movement disorder team would visit them in whatever ward they were in.</li> </ul>	<ul style="list-style-type: none"> <li>• No negative impact identified</li> </ul>
<p><b>Social Class/ Socio-Economic Status</b></p>	<ul style="list-style-type: none"> <li>• Referrals are made to Social Work as required.</li> <li>• Parkinson's Disease has a Support Worker who can visit patients at home regarding attendance allowance, benefits advice, etc. This is a huge advantage to staff as it is one contact person to help the patient.</li> <li>• Staff may also refer patients to the Frail Elderly Team who have several disciplines e.g. Physiotherapy, Occupational Therapy, Dietician, Speech and Language Therapy.</li> </ul>	<ul style="list-style-type: none"> <li>• At RAH a Single Point of Access operates. This reduces paperwork however there is no feedback from this service to be able to answer patient questions.</li> </ul>

<p><b>Additional marginalisation</b></p>	<ul style="list-style-type: none"> <li>• Staff have experienced patients attending from the Criminal Justice System. To prevent any embarrassment they are usually accommodated in a side room.</li> <li>• Staff have experience of dealing with people who have addictions and gave an appropriate example.</li> <li>• The service has no patients at present from the Homeless or Travelling Communities.</li> <li>• Staff are improving on methods of how they inform the patients and carers about a drug that can be prescribed for Parkinson's Disease. It can have a side effect of compulsive behaviours.</li> </ul>	<ul style="list-style-type: none"> <li>• No negative impact identified</li> </ul>
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<b>Actions</b>	<b>Date for completion</b>	<b>Who is responsible?(initials)</b>
<p><b>Cross Cutting Actions</b></p> <ul style="list-style-type: none"> <li>• Review with the Estates Department and Fire Officer the possibility of removing the internal manual doors near the entrances when refurbishment monies are available</li> <li>• Explore with staff the possibility of sharing feedback as part of operating the Single Point of Access service.</li> <li>• Review and implement the capture of equality and diversity data for analysis as part of the implementation of the new patient information management system</li> </ul>	<p>31<sup>st</sup> March 2011</p> <p>31<sup>st</sup> March 2011</p>	<p>CG will raise issue of doors at next Monitoring meeting for Larkfield. BC to be made aware should refurbishment monies become available for RAH.</p> <p>SS Feedback issue will be tabled as agenda item for single point of access leads meeting</p> <p>PMS being introduced in May 2011.</p>
<p><b>Specific Actions</b></p>		<p>CG Induction loop</p>

<ul style="list-style-type: none"> <li>• Ensure all facilities have access to an induction loop</li> <li>• Ensure that posters are available to advertise the availability of induction loop</li> </ul>	<p>31<sup>st</sup> March, 2011</p>	<p>available to dept as required. Currently held in Ward 2. DNL to ensure all staff aware in IRH and poster advertising this is made available.</p> <p>SS Induction loop has already been requested for RAH Vale of Leven has an induction loop but a poster advertising this is required</p>
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**Ongoing 6 Monthly Review Please write your 6 monthly EQIA review date:**

September, 2011

**Lead Reviewer: Name: Catriona Glenn**  
**Sign Off: Job Title Clinical Services Manager**  
**Signature**  
**Date: 7<sup>th</sup> March, 2011**

**Please email copy of the completed EQIA form to [CITAdminTeam@ggc.scot.nhs.uk](mailto:CITAdminTeam@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: 0141-201-4