

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

Equality Impact Assessment is a legal requirement and may be used as evidence for referred cases regarding legislative compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014817.

Name of Current Service/Service Development/Service Redesign:

Greater Glasgow & Clyde Children's Diabetes Service

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

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally determined).

What does the service do?

There are approximately 640 children and young people who have diabetes in NHS Greater Glasgow and Clyde. The service is provided on 3 sites; Yorkhill Hospital; Royal Alexandra Hospital and Inverclyde Royal Hospital. Satellite diabetes clinics are also supported by staff to a wider area including places such as Lochgilphead, Oban and the Western Isles.

The Diabetes Service provides on-going education and support for newly diagnosed and established patients, and families, with diabetes. This is provided on an out-patient basis as well as the in-patient and community settings.

The vast majority of children with diabetes in Scotland have Type 1 Diabetes. This is a condition whereby the cells in the pancreas that make insulin are destroyed by the immune system, therefore the body either produces very little insulin or no insulin at all. Diabetes cannot be cured but can be managed by balancing insulin, carbohydrate and exercise. Insulin is delivered by injections or an insulin pump. In addition the diabetes service also provide expert support and guidance to clinical staff and outside agencies.

The Diabetes Team includes Consultant Paediatricians; Clinical Nurse Specialists; Paediatric Specialist Dieticians and Clinical Psychologists who work very closely with other agencies such as Social Work. As a result there is always a multidisciplinary and multiagency approach taken in care provision.

There are some variances regarding the upper age limits for newly diagnosed young people. Yorkhill Hospital will accept patients up to their 13th birthday, whereas the Royal Alexandra Hospital and Inverclyde Royal Hospital will accept patients up to their 16th birthday. There are also some variances when patients transfer to adult services. For Yorkhill, this is usually 16 years of age but for Inverclyde Royal Hospital and the Royal Alexandra Hospital this can be 16-18 years of age.

Why was this service selected for EQIA? Where does it link to Development Plan priorities? (if no link, please provide

evidence of proportionality, relevance, potential legal risk etc.)

Selected by Directorate Management Team

Who is the lead reviewer and where are they based? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Fiona Lamb; Clinical Nurse Specialist/Team Leader, Yorkhill Hospital

Please list the staff involved in carrying out this EQIA (where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Lead Clinical Specialist Dietitian (Paediatric Diabetes); Consultant Paediatrician; Clinical Nurse Specialist/Team Leader; Clinical Nurse Specialist (Diabetes); Senior Equality and Diversity Advisor; Equality and Diversity Assistant.

	Lead Reviewer Questions	Example of Evidence Required	Service Evidence Provided (please use additional sheet where required)	Additional Requirements
1.	What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?	<i>Age, Sex, Race, Sexual Orientation, Disability, Gender Reassignment, Faith, Socio-economic status data collected on service users to. Can be used to analyse DNAs, access issues etc.</i>	The following data is captured in Magistral (patient information database): gender; age; ethnicity; carstairs index. If a patient has a disability or any additional need this is also recorded. Age data is recorded and published in the annual report The "Patient Held Record" information booklet will be updated in 2013 and will be including religion and belief in the management plan section. The patient cohort are children and young people so information on sexual orientations and pregnancy is not routinely	

			collected. The nature of work means that staff members get to know families well and often discover sensitive issues such as sexual orientations.	
2.	Can you provide evidence of how the equalities information you collect is used and give details of any changes that have taken place as a result?	<i>A Smoke Free service reviewed service user data and realised that there was limited participation of men. Further engagement was undertaken and a gender-focused promotion designed.</i>	Extensive work was undertaken reviewing dietary information for Minority Ethnic patients. Diabetes diet sheets have been designed taking South Asian diet into account.	
3.	Have you applied any learning from research about the experience of equality groups with regard to removing potential barriers? This may be work previously carried out in the service.	<i>Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.</i>	<p>Evidence has suggested that children with diabetes can face problems at school, such as exclusion from trips, access to essential snacks and issues around injections. Therefore, the service has created a resource entitled 'Supporting Children and Young People with Diabetes in Education' to help raise awareness/understanding of the condition.</p> <p>"Patient Held Record" was audited through a patient questionnaire and from this improvements were made to the 2nd edition</p> <p>The service takes cognisance of:</p> <ul style="list-style-type: none"> the Diabetes Action Plan 2010 – Quality Care for Diabetes in Scotland. 	

			<ul style="list-style-type: none"> Guideline 116: Management of Diabetes – Scottish Intercollegiate Guidelines Network (SIGN) <p>The service also incorporates learning from NHSGG&C's MCN for Diabetes.</p>	
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	<i>Patient satisfaction surveys have been used to make changes to service provision.</i>	The service uses an assessment/management of care tool and evaluation forms to help improve the education sessions.	
5.	If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?	<i>A service for teenage mothers includes referral options to smoking cessation clinics. The clinics are able to provide crèche facilities and advice on employability or income maximisation.</i>	To help manage diabetes, staff will provide advice on the following; diet, exercise and weight control. As well as advice on giving up smoking (for young adults), alcohol, drugs and sexual health.	
6.	Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?	<i>An outpatient clinic has installed loop systems and trained staff on their use. In addition, a review of signage has been undertaken with clearer directional information now provided.</i>	<p>There are disabled car parking spaces located outside the main entrance to the hospital.</p> <p>There is a drop off point outside the main entrance to the hospital.</p> <p>There are automatic doors at the main entrance to the hospital.</p> <p>There are lifts available.</p> <p>The corridors and consultation rooms can accommodate</p>	

			<p>wheelchairs.</p> <p>Assistance Dogs are welcome.</p> <p>New department still in development but will have correct amount of signage on completion</p>	
7.	<p>How does the service ensure the way it communicates with service users removes any potential barriers?</p>	<p><i>A podiatry service has reviewed all written information and included prompts for receiving information in other languages or formats. The service has reviewed its process for booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.</i></p>	<p>The service has created a My Health Record for patients. This includes information such as a brief introduction to diabetes; who the staff are; contact details; what to do when you are unwell etc. This health record has won a Fellowship Award.</p> <p>When a patient is newly diagnosed, there is a full family assessment which incorporates health, social and psychological aspects. Any communication issues would be identified at this stage and staff would take the necessary action.</p> <p>If there were any communication issues, staff would ask the patient or their parent/guardian what their preferred method of communication would be e.g. emails/letters/telephone call.</p> <p>Staff are aware of and know how to book interpreters and other forms of communication support.</p> <p>There is a Greater Glasgow and</p>	<p>Ensure staff are aware of NHSGG&C's Accessible Information Policy.</p> <p>Any issues with interpreters should be raised with the Interpreting Services Business Manager.</p>

			<p>Clyde Diabetes Service website which includes Podcasts (which can be viewed on line) and videos. There is also a DVD available about Childhood Diabetes.</p> <p>Staff are aware that people have different literacy issues, therefore, education session encompass a variety of teaching methods e.g. using visual aids; 1 to 1 sessions; group sessions etc.</p>	
8.	<p>Equality groups may experience barriers when trying to access services. The Equality Act 2010 places a legal duty on Public bodies to evidence how these barriers are removed. What specifically has happened to ensure the needs of equality groups have been taken into consideration in relation to:</p>			
(a)	Sex	<p><i>A sexual health hub reviewed sex disaggregated data and realised that very few young men were attending clinics. They have launched a local promotion targeting young men and will be testing sex-specific sessions.</i></p>	<p>The service will try to accommodate requests for same sex health professionals. For example, teenage girls may prefer to see a female consultant.</p> <p>Upon diagnosis, a full assessment is undertaken to identify the needs of the patient and to respond accordingly.</p>	

(b)	Gender Reassignment	<p><i>An inpatient receiving ward has held briefing sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal protection and appropriate approaches to delivering inpatient care including use of language and technical aspects of recording patient information.</i></p>	<p>Upon diagnosis, a full assessment is undertaken to identify the needs of the patient and to respond accordingly.</p> <p>Staff are aware of NHSGG&C's Transgender Policy.</p> <p>The service has had experience of patients going through the transgender process as well as transgender patients. There was on-going discussion between the patient, their family and the staff e.g. how the patient wanted to be addressed; how the treatment would impact on the management of their diabetes; if they wanted to transfer to adult services etc.</p>	
©	Age	<p><i>A urology clinic analysed their sex specific data and realised that young men represented a significant number of DNAs. Text message reminders were used to prompt attendance and appointment letters highlighted potential clinical complications of non-attendance.</i></p>	<p>Upon diagnosis, a full assessment is undertaken to identify the needs of the patient and to respond accordingly.</p> <p>All staff have attended child protection training.</p> <p>Staff recognise that children and young people will have different needs and have developed age appropriate education sessions (e.g. sessions for pre-school children; primary school and teenagers). Education session encompass a variety of teaching</p>	

			<p>methods e.g. using visual aids; drawings; pictures; 1 to 1 sessions; group sessions etc.</p> <p>Age appropriate information is available. For example, the My Health Record and the Greater Glasgow and Clyde Diabetes Service website includes specific information for adolescents which covers topics such as: alcohol; exercise; smoking, sex etc.</p> <p>There is a Greater Glasgow and Clyde Diabetes Service website which includes Podcasts (which can be viewed on line) and videos. There is also a DVD available about Childhood Diabetes.</p> <p>The service can liaise with the education system to help children/young people manage their condition.</p> <p>There are some variances regarding the upper age limits for newly diagnosed young people. Yorkhill Hospital will accept patients up to their 13th birthday, whereas the Royal Alexandra Hospital and Inverclyde Royal Hospital will accept patients up to their 16th birthday. There are also some variances when patients transfer to adult services. For Yorkhill, this is usually 16 years of</p>	
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			<p>age but for Inverclyde Royal Hospital and the Royal Alexandra Hospital this can be 16-18 years of age. Work is underway to resolve these variances.</p> <p>There are transition clinics to help young adults move from paediatric services to adult services.</p> <p>There are baby-changing facilities available.</p> <p>The service can refer families to The Family Support and Information Service which provide emotional and practical support and information to the families attending Yorkhill Hospital.</p> <p>The Service has links to the Glasgow Family Group which supports children with Diabetes and their Parents/Carers. They also organise events such as Children's Holidays, Family Holidays, pantomines, outings, etc.</p>	
(d)	Ethnicity	<i>An outpatient clinic reviewed its ethnicity data capture and realised that it was not providing information in other languages. It provided a prompt on all information for patients to request copies in other languages. The clinic</i>	<p>Upon diagnosis, a full assessment is undertaken to identify the needs of the patient and to respond accordingly.</p> <p>Staff are aware of and know how to book interpreters for patients and their parent/guardian.</p>	Ensure staff are aware of NHSGG&C's Accessible Information Policy.

		<i>also realised that it was dependant on friends and family interpreting and reviewed use of interpreting services to ensure this was provided for all appropriate appointments.</i>	<p>Information is available in other languages via Diabetes UK.</p> <p>Dietitians can provide dietary advice to take cognisance of cultural issues e.g. South East Asian or Eastern European diet.</p> <p>Staff are culturally sensitive to the needs of the diverse communities who access the service.</p>	
(e)	Sexual Orientation	<i>A community service reviewed its information forms and realised that it asked whether someone was single or 'married'. This was amended to take civil partnerships into account. Staff were briefed on appropriate language and the risk of making assumptions about sexual orientation in service provision. Training was also provided on dealing with homophobic incidents.</i>	<p>.Staff are aware of the Civil Partnership Act.</p> <p>Staff are aware of the importance of using appropriate terminology and not making assumptions. The My Health Record has a social history section which takes cognisance of the civil partnership act.</p>	
(f)	Disability	<i>A receptionist reported he wasn't confident when dealing with deaf people coming into the service. A review was undertaken and a loop system put in place. At the same time a review of interpreting arrangements was made using NHSGGC's Interpreting Protocol to ensure staff</i>	<p>Upon diagnosis, a full assessment is undertaken to identify the needs of the patient and to respond accordingly.</p> <p>If there were any communication issues, staff would ask the patient or their parent/guardian what their preferred method of communication would be e.g.</p>	<p>The service does not have access to a portable loop system.</p> <p>Circulate information to staff about text relay for patients or their families who are hard of hearing. This can be accessed in the NHSGGC Best</p>

		<p><i>understood how to book BSL interpreters.</i></p>	<p>emails/letters/telephone call.</p> <p>Staff are aware of and know how to book British Sign Language interpreters and other forms of communication support.</p> <p>There are accessible toilets available (however, these are currently being renovated).</p> <p>The service can accommodate a wheelchair user.</p> <p>There can be issues with the service being able to access hoists to transfer patients. However, if need be, the service could access one via the Out-patient Department.</p> <p>Education sessions can be tailored to suit the needs of the patient and their family. For example 1 to 1 sessions or groups sessions, or even a home visit.</p> <p>The staff will use a variety of methods to aid understanding of diabetes and its management. E.g. A3 boards with pictures; drawing pictures; etc.</p>	<p>Practice Guidelines for Deaf, Hearing Impaired and Deafblind.</p>
(g)	Faith	<p><i>An inpatient ward was briefed on NHSGGC's Spiritual Care Manual and was able to provide more sensitive care for</i></p>	<p>Upon diagnosis, a full assessment is undertaken to identify the needs of the patient and to respond accordingly.</p>	

		<p><i>patients with regard to storage of faith-based items (Qurans etc.) and provision for bathing. A quiet room was made available for prayer.</i></p>	<p>Staff can provide dietary advice to take cognisance of religious needs e.g. halal, kosher and vegetarian food.</p> <p>The service can access a Faith and Belief Manual.</p> <p>The dietitian's can advise patients about fasting during Ramadan and can refer to the Resource for Healthcare Professionals if required.</p> <p>A prayer room is available, which also has ablution facilities.</p>	
(h)	Socio – Economic Status	<p><i>A staff development day identified negative stereotyping of working class patients by some practitioners characterising them as taking up too much time. Training was organised for all staff on social class discrimination and understanding how the impact this can have on health.</i></p>	<p>Upon diagnosis, a full assessment is undertaken to identify the needs of the patient and to respond accordingly.</p> <p>Upon diagnosis staff would advice parents/carers that they are entitled to Disability Living Allowance. Staff could also signpost patients to Social Work Departments if required.</p> <p>Staff can advice patients and their families how to reclaim their travelling expenses.</p> <p>The service has a member of staff who is involved in the Financial Inclusion Group which is part of</p>	

			<p>the Healthier Wealthier Children Project. The project aims to contribute to reducing child poverty by helping families with money worries.</p> <p>There are 3 diabetes centres; Yorkhill; Inverclyde Royal Hospital and the Royal Alexandra Hospital which help reduce travelling times. There are also satellite clinics held in Oban and Lochgilphead.</p> <p>The service can refer families to The Family Support and Information Service which provide emotional and practical support and information to the families attending Yorkhill Hospital.</p>	
(i)	<p>Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers</p>	<p><i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i></p>	<p>Upon diagnosis, a full assessment is undertaken to identify the needs of the patient and to respond accordingly.</p> <p>For any issues regarding homelessness the service would contact the Homeless Team for advice/guidance.</p> <p>For any issues regarding addictions, staff would contact the Addictions Team for advice.</p> <p>The staff have had experience of dealing with asylum seekers and have liaised with the appropriate</p>	

			<p>agencies.</p> <p>The staff have had experience of dealing with the travelling community and no issues were identified.</p> <p>The service can liaise with the relevant Social Work Departments.</p>	
9.	<p>Has the service had to make any cost savings or are any planned? What steps have you taken to ensure this doesn't impact disproportionately on equalities groups?</p>	<p><i>Proposed budget savings were analysed using the Equality and Human Rights Budget Fairness Tool. The analysis was recorded and kept on file and potential risk areas raised with senior managers for action.</i></p>	<p>As with all departments cost saving exercises are being implemented but it is not anticipated that these will discriminate against any of the equality groups.</p>	
10.	<p>What does your workforce look like in terms of representation from equality groups e.g. do you have a workforce that reflects the characteristics of those who will use your service?</p>	<p><i>Analysis of recruitment shows a drop off between shortlisting, interview and recruitment for equality groups. Training was provided for managers in the service on equality and diversity in recruitment.</i></p>	<p>Staff are from a variety of ages and backgrounds. There is a mixed female and male workforce</p> <p>The service adheres to NHS GG&C's recruitment policies and procedures.</p>	
11.	<p>What investment has been made for staff to help prevent discrimination and unfair treatment?</p>	<p><i>A review of staff KSFs and PDPs showed a small take up of E-learning modules. Staff were given dedicated time to complete on line learning.</i></p>	<p>All staff have up to date Personal Development Plans.</p> <p>All new staff attend the induction programme.</p> <p>Staff have accessed equality and diversity training.</p>	

If you believe your service is doing something that 'stands out' as an example of good practice – for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Specially designed information is available to support children and young people with diabetes.

The service has created a My Health Record for patients. This includes information such as a brief introduction to diabetes; who the staff are; contact details; what to do when you are unwell etc. This health record has won a Fellowship Award.

In addition there is a verity of excellent information available on the Greater Glasgow and Clyde Diabetes Service website. It hosts MP3 files (which can be downloaded onto ipods) and videos. There is also a DVD available about Childhood Diabetes.

Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.

Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)
Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials		
<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</p> <p>Ensure staff are aware of NHSGG&C's Accessible Information Policy.</p> <p>Any issues with interpreters should be raised with the Interpreting Services Business</p>	<p>01/09/2012</p> <p>01/09/2012</p>	<p>FL</p> <p>FL</p>

Manager.		
Circulate the NHSGGC Best Practice Guidelines for Deaf, Hearing Impaired and Deafblind containing information about text relay.	01/09/2012	FL
Explore how to access a portable loop system.	01/09/2012	FL

Ongoing 6 Monthly Review Please write your 6 monthly EQIA review date:

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Lead Reviewer: Name
EQIA Sign Off: Job Title
 Signature
 Date

Quality Assurance Sign Off: Name
 Job Title
 Signature
 Date

Please email a copy of the completed EQIA form to EQIA@ggc.scot.nhs.uk, Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4560. The completed EQIA will be subject to a Quality Assurance process and the results returned to the Lead Reviewer within 3 weeks of receipt.