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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:

Pulmonary Rehabilitation Programme, Gartnavel General Hospital, Emergency Care and Medical Services Directorate

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?

This programme is for people who have chronic lung conditions for example, Chronic Obstructive Pulmonary Disease (COPD). The aim of Pulmonary Rehabilitation is to reduce the impact of the patient's symptoms; increase their physical ability and improve their quality of life.

The programme consists of a physical exercise programme carefully designed for each individual; advice about lung disease; advice on managing their breathlessness; support from different staff groups and to meet other patients with breathlessness problems. Referrals come from primary and secondary care.

The first appointment is with a nurse and a physiotherapist and involves an assessment to see if the patient is suitable for the programme. If the patient is suitable they are invited to attend a class at a local venue (there are 17 venues throughout Glasgow and Clyde). These classes run twice a week for six weeks. These classes involve two parts; one part education and one part exercise. At the beginning of the programme, the patient completes a 'Quality of Life' questionnaire which also includes quality of life goals which the patient hopes to accomplish and these are evaluated at the end of the programme. The patient also completes a Mental Health Screening Questionnaire and there is a protocol in place for referral to the Clinical Psychologist in the team for further assessment and treatment.. After the programme, patients can be signposted to community fitness classes 'Vitality classes'. In the community there are instructors employed by the council who work in the 17 classes.

At present referrals are split as 50% GP and 50% Acute Services. Currently there are 30% DNA's.

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.)

The service has been fully established for a number of years – service requested review to address any equality gaps.

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)

Elaine Mackay Team Leader Pulmonary Rehabilitation GGH (supported by Con Gillespie Lead Nurse ECMS).

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 Nurse for ECMS, Physiotherapist x 3; Respiratory Nurse x 3; Team Leader Pulmonary Rehabilitation; Administrator; Clinical Psychologist; Quality Co-ordinator; Equality and Diversity Assistant Instructors employed by the council and work in the 17 classes. These include working in hospital class venues.

	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?	*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.*	The referral form includes patient's name, date of birth and CHI number. The referrers do not provide the Service with equality data. The Clinical psychologist records gender, age and postcode.	Review the collection of data to inform servic planning e.g. ethnicity data.
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?	*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.*	Not applicable	Not applicable

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.	*Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.*	Previous patient feedback identified that there were issues about accessing the programme. Therefore programmes are held in local community centres or sport centres. Many of these programmes are located near shopping areas and are well served by public transport. This reduces the distance patients are required to travel and prevents patients having long bus journeys to get to a programme an unfamiliar setting. Members of the team have collaborated with researchers from Stirling University and HIS Scotland on a study looking at improving patient outcome measures for COPD in individuals with learning disabilities and other literacy difficulties – this study is currently ongoing There are outcome measures from Stirling University to improve and better assess patients with Learning Disabilities.	Patient letters to be reviewed for compliance with Accessible Information Policy guidelines
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	*Patient satisfaction surveys have been used to make changes to service provision.*	In February 2010, a short term respiratory patients group was established to review the Pulmonary Rehabilitation Service's information leaflet *(*the Clinical Psychology Service information leaflet) an appointment letters. Changes were made as a result to ensure information was clear and to encourage patients to attend. As part of the re-assessment questionnaire, patients are asked about what they liked/disliked about the programme.	

			Or benefits and reinforce the importance of specific areas i.e. chest clearance techniques or choosing breathing control to avoid distress? Team previously worked with British Lung foundation to establish a young person's self-help group. This was three years ago, however due to lack of patient numbers it was not viable for patients to sustain this group.	
5.	If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?	*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.*	The Service has made presentations to Health Centres/GP Surgeries to try and 'advertise' the programme and its benefits to encourage more referrals. The Service will sign-post patients to Smoking Cessation (85% of cases linked to smoking) if appropriate. Other changes to the service have been instigated by the Respiratory Managed Clinical Networks which has patient involvement. The Service has also worked with the Health Improvement Team regarding Self Management for patients and as a result have conducted several programme changes 1) Reviewed patient leaflet together with patient group, staff and health Improvement Team, which is patient's first introduction to the service. 2) Following patient involvement and HIT, we now have changed from sending two	

			invite letters to one letter / telephoning patients to book their first appointment. Patients may be signposted as appropriate to other services i.e. weight management smoke free services, Long Term Financial inclusion partnerships etc	
6.	Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?	*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.*	95% of patients stay within a 5 mile radius of where the classes are located. The classes are provided in 17 different locations. Some of the classes are held in local sports centres which are usually next to shopping centres so there are local bus networks. These venues also have better parking facilities including disabled parking spaces Transport can be arranged for patients who meet the criteria (ie a taxi to appointments) This operates via a booking system with the team administrator. There are a few volunteer drivers to transport patients to classes.	
7.	How does the service ensure the way it communicates with service users removes any potential barriers?	*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.*	Following patient feedback the Service has reviewed their information leaflet and work is underway to review appointment letters. Patient booklet to be reviewed to comply with Accessible Information Policy.	Ensure that the appointment letters and patient booklet comply with the Accessible Information Policy. Obtain copies of Booking System for interpreting posters.

8.	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:			
(a)	Sex	*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.*	The education sessions cover aspects that are common to all. Individual questions can be asked at the end of the group session. If privacy is required in the gym setting, then staff would take the patient aside from the group. If a patient wishes any personal issues these can be discussed outwith the class group setting. There have been no requests for a same sex health professional (The staff are all female). However, if a request was made, staff would try to accommodate this by requesting help from other respiratory teams. There are no dignity issues as patients do not have to change for the class and all exercises are practical.	

(b)	Gender Reassignment	*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.*	Staff were unaware if any transgender patient's had accessed the service.	Obtain copies of NHS Greater Glasgow and Clyde's Transgender Policy.
(c)	Age	*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.*	Patients tend to be older. (The youngest patients have been 19 and 28 with a few under 40). The programme is tailored to individual need (e.g. lifestyle/condition/physical and psychological impact of diagnosis). The Service has links with the Care of the Elderly Team (the Service distributes the Care of the Elderly Exercise DVD). Some of the younger age group have breathlessness due to drug use or smoking. Team previously worked with British Lung foundation to establish a young person's self- help group. This was three years ago, however due to lack of patient numbers it was not viable for patients to sustain this group.	
(d)	Ethnicity	*An outpatient clinic reviewed its ethnicity data capture and realised that it was not providing information in other languages. It*	There are minimal referrals for patients from Black and Minority Ethnic Communities. The Service has had discussion with a Consultant in South	Staff were unaware of the Accessible Information Policy. Staff were unsure if GP's didn't refer patients

		provided a prompt on all information for patients to request copies in other languages. The clinic 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.	Glasgow to ascertain why there are a low number of referrals for patients with Black and Minority Ethnic Patients. There was no conclusive evidence as a result of this discussion. Staff are aware of how to organise interpreters when required.	who required an interpreter. The Service needs to understand why very few Black and Minority Ethnic patients are referred.
(e)	Sexual Orientation	*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.*	Staff are aware of the importance of using appropriate terminology. (For example, who do you live with at home?). If a patient wishes any personal issues these can be discussed outwith the class group setting.	
(f)	Disability	*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 understood how to book BSL interpreters.*	All patients are 'walk tested' to ensure they are suitable to join the programme. All patients are risk assessed. All venues have access to disabled car parking spaces. The administrator can book communication support if required. (eg British Sign Language) The Service uses the Care of the Elderly	The service does not have a loop system for patients who are hard of hearing or deaf. Not all staff know about text relay service.

			Exercise DVD. The Service has used text relay to communicate with patient's who are deaf. Staff can accommodate a patient's carer. Can teach the patient's carers the exercises. If a patient has any learning disabilities, staff can 'buddy up' the patient with another patient during the classes; staff may encourage their carer to be involved as well as providing additional one to one support. Service can use alternative ways to communicate patients e.g. letters for patients who are deaf or text relay. Information can be provided in other formats upon requests e.g. large print. Some patients who have limited cognitive ability would not be referred to a group session but would be seen on a one to one basis. The Service has posted a video on you tube of three patients explaining what the Pulmonary Rehabilitation Service is, in their own words. This has been endorsed by NHS 24. For patients with mental heath problems, staff would ask if they have a Psychiatric Nurse. The first class always includes orientation	

			which includes directions to the toilet and information about the fire alarm.	
(g)	Faith	*An inpatient ward was briefed on NHSGGC's Spiritual Care Manual and was able to provide more sensitive care for patients with regard to storage of faith-based items (Qurans etc.) and provision for bathing. A quiet room was made available for prayer.*	The Service can offer alternative classes to avoid conflicts with religious festivals as experience had shown that some faith groups were arriving late for class. If a patient is fasting during Ramadan, staff would assess on an individual basis if they should still attend the exercise class. Staff can access the Faith and Belief Manual on the intranet. If requested, staff can signpost patients to the Chaplaincy Department.	
(h)	Socio – Economic Status	*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.*	The classes are located in local venues throughout the city. Patient's can choose which venue they attend. The Service can signpost patients to the Long Term Conditions Financial Inclusion Partnership which provides free and confidential money advice and support service regarding: • Debt advice • Money management • Benefit advice • Housing issues Staff can supply letter of support if requested by patient for Benefit application, Attendance allowance, etc. Referral to social work depts., to OT and dieticians, if appropriate at assessment or during class.	

(i)	Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers	*A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.*	Staff have liaised with the clinical psychologist regarding patients with addictions. The Service has links to the Addictions Teams. If a patient arrived under the influence of alcohol, they would not be allowed to participate in the class. Where individuals have been abusive and excluded, sports centre staff have been supportive to ensure the person is not admitted. The Service had had people from travelling communities attend the class. No barriers were encountered as they can usually be contacted via a postal address. Some of the older people do not travel as much. The Service has also had asylum seekers access the class. No issues were encountered.	
9.	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?	*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.*	Not applicable. As part of cost savings, there are less staff at present, due to mat leave (4 days), cut backs (1FTE) , 1FTE member of staff has left post.(2 months vacant) We have to provide classes with reduced numbers and share staff equally to the sites. This means increased travelling for staff and increased stress trying to deliver service. To date the service continues to be delivered without impacting on any equality	

			groups.	
10.	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?	*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.*	The workforce is all female, with a variety of age groups and different backgrounds. Staff adhere to NHSGG&C's recruitment policy.	
11.	What investment has been made for staff to help prevent discrimination and unfair treatment?	*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.*	Staff have attended the corporate induction course which included a session on equality and diversity.	

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.

The Service has posted a video on you tube of three patients explaining what the Pulmonary Rehabilitation Service is, in their own words.

This posting is available on You tube. Not many patients may visit this site but the idea is to reach young people who will tell patients about the service. The patients are very positive about the service and the range of help available to people. It also emphasises the opportunity to continue with a group even after their six week course. This site has been endorsed by NHS24 as another way to promote help for patients.

The model of service delivery in the local communities has been adopted in other areas across the UK. The idea of offering continued help from trained instructors has been adopted across Scotland and in parts of England.

Having a booklet of 56 pages at present with all the patient information together has also been copied in other areas.

This coordinated team provides the most classes in a week, 34 in total.

There have been over 10, 000 patients referred to this team. There will be an article in Health news to promote the service and in the Evening Times.

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	April 2012	EM
Collect more equality data to inform service planning e.g. ethnicity.		
Review patient letters or patient information to ensure that they comply with Accessible Information Policy guidelines.	April 2012	EM/HG
Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy		
Obtain copies of interpreting booking poster.	Jan 2012	HC
Obtain copies of NHSGG&C's Transgender Policy.	Jan 2012	HC
Circulate the Accessible Information Policy and circulate to staff to raise awareness.	Jan 2012	EM/HC
Investigate further why there is a low referral of patients from Black and Minority Ethnic communities.	April 2012	EM
Purchase portable loop systems for shared usage in service	April 2012	EM

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

30th April 2012

Lead Reviewer:
EQIA Sign Off:

Name Elaine Mackay
Job Title Team Leader Pulmonary Rehabilitation
Signature
Date 20/02/2012

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 receiving.