

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:

Community assessment & Rehabilitation Team (CRT)

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?

The Community assessment & Rehabilitation Team (CRT) is a multi-disciplinary team, which operates from Kirkintilloch Health and Care Centre (KHCC). It is aimed at Adults with a disability and Older People, who are at home and who are able to respond to the rehabilitation process, to enable them to stay at home; stay out of hospital and formal care settings, and live as independently as possible, whilst managing their own disability.

The service operates from Monday to Friday 08.30-16.30; with cover for Hospital discharge referrals at weekends.

Referrals are welcomed from all agencies and GPs, as well as directly from patients themselves.

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.)

Service was established in May 2011 following merging of 4 service areas across acute and primary care.

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 Marsh Team Leader CRT - KHCC

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):

Elaine Marsh Team Leader
 Fiona Munro Service Manager
 Attiq Asghar, Information officer

	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	Age, Sex, Race, Sexual Orientation, Disability, Gender	<ul style="list-style-type: none"> Equality and Diversity information is collected on the 	<ul style="list-style-type: none"> E&D information may need to be analysed more, in

	using the service? Are there any barriers to collecting this data?	<i>Reassignment, Faith, Socio-economic status data collected on service users to. Can be used to analyse DNAs, access issues etc.</i>	<p>patient database used by the Team. The referral forms have equalities data such as faith, ethnicity, disability and gender. Socio economic status would form part of the assessment process, as this would sometimes lead the assessor to carry out income maximisation, for example.</p>	order to ensure consistency of collation of information and help supporting the ongoing development of the service.
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>	<ul style="list-style-type: none"> Equality data from referral forms is analysed and where there is specific gaps these are addressed by the team in regular meetings. 	
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>	<ul style="list-style-type: none"> The Rehab service delivers the service on evidence- based practice within the different discipline specific roles. A lot of work has been completed around ensuring treatment pathways are in place for all equality groups in falls and forms part of the GGC Falls strategy. 	
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>	<ul style="list-style-type: none"> Every patient is asked to complete an anonymous evaluation of the team intervention. This then informs direct practice in the team. The patient leaflet designed by the team was a direct result of patient input. 	
5.	If your service has a specific Health Improvement role, how	<i>A service for teenage mothers includes referral options to</i>	<ul style="list-style-type: none"> The service does not have a specific Health improvement 	

	have you made changes to ensure services take account of experience of inequality?	<i>smoking cessation clinics. The clinics are able to provide crèche facilities and advice on employability or income maximisation.</i>	role, but staff do give out important health improvement advice. Examples of this include: Falls safety; smoking cessation advice; alcohol brief interventions; suicide brief interventions.	
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>	<ul style="list-style-type: none"> • Service is provided in the patient's home. 	
7.	How does the service ensure the way it communicates with service users removes any potential barriers?	<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>	<ul style="list-style-type: none"> • The service uses Arial 12 formatting in written communications with clients and alters this to meet specific needs where appropriate in line with NHSGG&C's Accessible Information Policy. 	
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	<i>A sexual health hub reviewed</i>	<ul style="list-style-type: none"> • Gender-matching can be 	<ul style="list-style-type: none"> • Service needs to look at

		<p><i>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>accommodated if this is highlighted as a need on referral.</p> <ul style="list-style-type: none"> The Team operates within the patient's own environment, in their home situation; workplace or other community settings as appropriate. 	<p>patient uptake and whether gender has any specific bearing on this</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>	<ul style="list-style-type: none"> Staff are aware of e learning module on Transgender and many have completed this training. 	
(c)	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>	<ul style="list-style-type: none"> The CRT work with adults with a disability and older people within East Dunbartonshire mainly. The population of East Dunbartonshire is 104,000. Older people over the age of 65 constitute 18% of the total population and this percentile is on the increase. Adults of working age make up 64 % of the population. The highest number of referrals to the CRT are made up by older people over 75 yrs. Service users are seen in their own homes and assessment processes by Clinicians and other staff may lead them to 	

			<p>provide equipment or refer for adaptations to their properties, to enable them to live independently.</p> <ul style="list-style-type: none">• Referrals are made to other supporting agencies for Adults and Older people with specific need in relation to issues around equality and diversity; i.e. referrals made to Ceartas Advocacy Services, to support people to self-determine.• Flexibility is offered by practitioners around visiting times within the working week.• Staff are required to evidence through the Knowledge and Skills Framework that they are taking Equality and Diversity issues into consideration and can identify training requirements as required through the Employee Development process.• A service information leaflet has been developed to assist patients in their understanding of the service across all age groups.• Specific communication needs that service users may have are considered through standard assessment processes and remedial action taken as part of the delivery of care if the patient requires assistance in any aspect of communication.	
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(d)	Ethnicity	<p><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 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>	<ul style="list-style-type: none"> • Ethnicity data is collated within the Database used by the service. • Clinicians and Support workers in the Service are aware of how to access interpreters, if required and will adjust appointment times accordingly if this is required. • Clinicians and Support workers are aware of how to access leaflets for patients in other language formats if required, including Braille. 	<ul style="list-style-type: none"> • Consider why the Community Rehabilitation Team experience a low rate of ethnic minority referrals(although this may relate directly to only 3.1% of people in East Dunbartonshire being from an Ethnic Minority Community, compared to higher figures in the Greater Glasgow areas)
(e)	Sexual Orientation	<p><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>	<ul style="list-style-type: none"> • Staff in CRT are expected to treat all patients and their respective carers with dignity and respect. • Staff are aware of policy and procedure in relation to Sexual Orientation, and this has been outlined in Team meetings, as well as Team Briefs in the CHP. • Clinicians are sensitive to the issues that can occur for patients around sexual orientation and can signpost onward to organisations that can provide relevant supports. • Staff are expected to evidence the ways in which they are supporting people with all their needs through the Knowledge and Skills Framework. • Staff are encouraged to be aware of relevant policy 	<ul style="list-style-type: none"> • The CRT do not routinely collect data on sexual orientation. CRT Team Leader/ Manager to explore whether this should constitute part of the CRT Database. • Staff are able to identify any training needs they may have in this area through the Personal Development process.

			relating to gender; such as the Transgender policy and the policy on Gender-based violence and their role therein.	
(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 understood how to book BSL interpreters.</i>	<ul style="list-style-type: none"> • Community Rehabilitation staff go to patients in their own homes and do not run clinics or consultations within the building where they are based. • Patients are informed, where relevant, that they can have printed information in other formats or sent to them by other mechanisms by staff. • Staff are aware of Disability legislation and actively update their knowledge and skills when necessary. Staff understand that patients are protected under this legislation. • Referring agents can identify what, if any special communication supports are required by individuals. • Staff are aware of their access to the Interpreting service or to Signers for Deaf blind patients. • Staff have access to a range of Disability awareness training, both formal and informal and can identify training needs in this area through the Professional Development process in-house. 	The service needs to consider; from work underway with the use of a newly established database, whether there are differences in the uptake in the service by disability, and if so, why.

			<ul style="list-style-type: none"> • Staff in CRT have an important role in the rehabilitation process, to enable patients to have access to necessary adaptations and equipment to ensure they can be as independent as possible in their own homes. This can include making referrals onto other relevant agencies as appropriate. • Provision of advice to employers on required adjustments to support Adults with illness or a disability back into the workplace. 	
(g)	Faith	<i>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.</i>	<ul style="list-style-type: none"> • Data on religion and belief is collated within the Referral form and Core data sheets within the service. • Service users within CRT are visited in their own environment and these visits can always be flexible around any religious needs which the patients may have. • Staff have ease of access within the organisation, to information and training relating to religious beliefs, festivals and events to enable this to be included within rehabilitation. 	<ul style="list-style-type: none"> • The CRT have not routinely analysed data around the area of religious belief – this needs to be considered in future, as the use of the database is developed. • Staff can identify learning needs in this area through the Personal Development process.
(h)	Socio – Economic Status	<i>A staff development day identified negative stereotyping of working class patients by some practitioners characterising them as taking</i>	<ul style="list-style-type: none"> • Referrals to Social Work Dept., Benefit Agencies; Welfare organisations; Debt and poverty advice, such as CAB and Housing Depts and 	Staff can identify learning needs in these areas through the Personal Development process in-house.

		<i>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>Homeless Service., are made routinely for those with specific needs; in order to enable patients to access advice and support with finances, housing problems, debt issues etc.</p> <ul style="list-style-type: none"> • Staff are required to evidence awareness of the current socio-economic climate and its impact on service users through their day to day practice and the use of the Knowledge and Skills Framework. 	
(i)	Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers	<i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i>	<ul style="list-style-type: none"> • Patients are referred by GP and staff will be aware of and deal sensitively with patients with addictions and patients who are ex service personnel. • The CRT staff offer support with rehabilitative needs of all adults and older people, regardless of what their living arrangements, problems or status is. Staff are there to provide rehabilitative intervention to any patient in a supportive and sensitive manner; whilst taking account of individual specialist requirements. 	
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?	<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>	<ul style="list-style-type: none"> • Internal service review is planned to look at increasing opportunities to access services. Service has had to look at cost savings In line with board plans, however there has been no detrimental effect on service delivery. 	
10.	What does your workforce look like in terms of representation	<i>Analysis of recruitment shows a drop off between shortlisting,</i>	<ul style="list-style-type: none"> • Although staff are predominantly female, 	

	from equality groups e.g. do you have a workforce that reflects the characteristics of those who will use your service?	<i>interview and recruitment for equality groups. Training was provided for managers in the service on equality and diversity in recruitment.</i>	recruitment follows board policy and procedures on equality and appointment.	
11.	What investment has been made for staff to help prevent discrimination and unfair treatment?	<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>	<ul style="list-style-type: none"> All staff are made aware of equality and diversity Learnpro modules and this is discussed through their ksf, PDP and supervision sessions Staff are trained in the Adult Support and Protection (Scotland) Act 2009, to help them provide support and protection to those who are vulnerable and at risk of abuse. 	

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.

Routine analysis of feedback from Carers and patients through our ‘**Patient Satisfaction Surveys**’ allow us as a service to adopt and adapt our practice to accommodate the views of patients and ensure that the service is accessible to all, This also has allowed us to ensure that good practices as experienced by patients are held as part of our ongoing service delivery.

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)
<ul style="list-style-type: none"> CRT Team Leader and Manager require to consider whether more requires to be done for the benefit of service users through more robust data analysis. The Team Manager and Team Leader will make decisions about how to approach data analysis in the service to ensure best practice and equity of service to service 	July 2012	Fiona Munro
	Ongoing 2012	Elaine Marsh

users. <ul style="list-style-type: none"> • CRT Team Leader and Manager require to consider the low rate of Ethnic Minority referrals to the service or whether it is actually due to the population profile of EDC area. • Analyse existing data systems to look at any differences in the uptake of service by disability, and if so, why • Ensure staff have up to date and relevant Development plans, which reflect any learning needs in the areas of inequalities. • Team Development: ensure that staff have access to and information about relevant training and education on Equality and Diversity issues and their potential impact on patients. 	March 2013	Fiona Munro
	Ongoing	Elaine Marsh
	Ongoing	Fiona Munro
	Ongoing	Elaine Marsh
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Ongoing 6 Monthly Review

Please write your 6 monthly EQIA review date:

January 2013

Lead Reviewer:

EQIA Sign Off:

Name Elaine Marsh
 Job Title Team Leader
 Signature
 Date

Quality Assurance Sign Off:

Name Alastair Low
 Job Title Planning Manager
 Signature
 Date 27th November 2012

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.