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:

Dental Service, Oral Health Directorate based at the Golden Jubilee National Hospital, Clydebank.

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 is a special care dental service (for medically compromised) to Golden Jubilee National Hospitals, inpatients and outpatients and to those requiring special care dentistry (medically compromised, learning and physical needs) residing locally.

The clinic is open Monday to Friday. Appointments can be arranged via the telephone or via cardiac clinic referrals. The clinic is located in the Outpatients Dept of the hospital

The Service is staffed by a Consultant in Special Care Dentistry, Salaried General Dental Practitioner, Hygienist, Dental Nurses and a receptionist (part time).

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.)

This is the only Oral Health Directorate Specialist clinic dealing with Cadiac patients

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 Hutchison, Dental Nurse Manager Alexandria Medical Centre, Bank Street, Alexandria

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):

Dental Nurse Manager: Dental Nurses x1: Dentist x2: Receptionist x1

	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.*	Gender data; age and postcode are recorded in the patient information database.	Additional equality and diversity data needs to be captured.
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.*		
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.*		
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.*	All Patient feedback regardless of any protected charicteristics are taken into account. Also, verbally and audit of service where applicable, engaging with all patients	Introduce an equality monitoring form for audits undertaken in the dept

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.*		
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.*	• Disabled car parking spaces are available. • There is a drop off point outside the building. • There are automatic doors • Pt transport is available where pt meets requirements. • Domicillery service available	
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.*	• NHSGG&C's interpreting policy has been circulated to all staff. The service also has copies of the interpreting booking system poster and language cards. • The reception desk in out patients has a loop system. • Staff will verbally go through the consent form to make sure patients' understand this.	• Ensure staff are aware of 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	*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 clinic has 2 individual consultation rooms to maintain the patient's privacy and dignity. • Staff would try to accommodate requests for same sex health professionals.	All staff to complete gender base violence e-learning module
(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 are aware of the importance of using the appropriate gender pronoun when addressing transgender patients.	• Information on NHSGG&C's transgender policy to be circulated and discussed with staff
(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*	• The service is for people aged 16 and over. • Staff have attended child protection training. • The clinic has links with local nursing homes. • Transport can be arranged for patients who	

		of non-attendance.	meet the Scottish Ambulance Service Criteria. • Staff are sensitive to age related degenerative conditions. • The clinic offers flexible appointments to accommodate the patient's individual needs.	
(d)	Ethnicity	*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.*	• Staff are aware of how to access interpreters. • NHS Greater Glasgow and Clyde's interpreting policy has been circulated to members of staff. • The clinic has copies of the interpreting booking system poster and language id cards. • If a patient prefers to use a family member to interpret this is documented in the patient's case notes	
(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*	• Staff are aware of the Civil Partnership Act. • Staff are aware of the importance of using appropriate terminology.	

		service provision. Training was also provided on dealing with homophobic incidents.		
(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.*	• If the patient has a disability this would be recorded in the case notes and highlighted in the patient information database. • The dental chairs are adaptable, e.g., the arm rests can be moved; the headrest can be reversed for people with mobility issues. • There is a hoist available if a patient has to be transferred from their wheelchair to the dental chair. • Guide dogs are welcome. • Staff will verbally go through the consent form to make sure patients' understand this. • Patient information is given verbally to the patients as well as a paper copy, e.g., what to do after having a tooth removed. • Information is available in larger print. • The clinic can accommodate the patient's carers. They can be present during	• The consultation rooms do not have a loop system for patients who are hard of hearing or deaf. • Alternative needs of communication with those with learning disability, i.e., engage with speech and language therapist regarding talking mats etc. • Liaise with Speech and language staff to agree staff development requirement

			treatment if the patient agrees. • Patient transport can be arranged if the patient meets the patient transport criteria. • The clinic has copies of the interpreting booking system for interpreters' poster which includes information about how to book sign language interpreters and other forms of communication support. • Staff work closely with carers and also explain treatment procedures in an appropriate manner to people with learning disabilities. • The clinic offers flexible appointments to accommodate the patient's individual needs. • disabled toilets available • lifts available	
(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*	• The clinic has access to a Religions and Cultures Manual. • Staff have an awareness of religious festivals. • Upon request staff are aware of pastrol/spiritual care facilities within the	

		prayer.	hospital • If a patient had any queries regarding what ingredients a medication contained they would contact the local Pharmacy for advice.	
(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.*	• Staff will signpost patients to the cashier's office to reclaim their travelling expenses (if they are entitled to do so).	
(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.*	• If a patient has a phobia or is nervous of going to the dentist, this is documented in the case notes to alert the staff. • If a patient has an alcohol or drug addiction, and were unable to give consent, their treatment would be postponed and arranged for a later date. (The medical history form asks patient's about their alcohol intake). • There is a protocol in place for dealing with patients in the criminal justice system	

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.*	• As with all departments cost savings are expected and are being implemented but it is not anticipated that these will discriminate against any of the 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 service adheres to NHSGG&C's recruitment policies and procedures. • The service has a mixture of male and female staff, and a mixture of age groups.	
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.*	• All staff have attended equality and diversity training • Some staff have completed Adult Protection training • All staff have completed Child Protection training • All staff have regular PDP and KSF annually. where any training needs are identified these are discussed for future PDP's • Staff have attended violence and aggression training	

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.

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 • **Investigate and develop mechanisms to capture equality data (e.g. ethnicity and other protected characteristics).** • Introduce an equality monitoring form for audit undertaken in the dept	August 2012 August 2012	E H EH
Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy		
• All staff to complete gender base violence e-learning module • Circulate copies of NHS Greater Glasgow and Clyde's Transgender Policy to staff for	Feb 2012 Feb 2012	E H EH

information. • Investigate the possibility of purchasing a portable loop system for patients who are hard of hearing or are deaf. • Review accessible information policy and liaise with Speech and Language staff if required to identify what mediums for communication are required, e.g., talking mats Braille leaflets or appt cards • Investigate whether these are available or not as above. • Identify purchasing requirements and once costs known progress order		E H E H EH EH

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

August 2012

Lead Reviewer: Name Elaine Hutchison

EQIA Sign Off: Job Title Director

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.