

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:

Patients and Carers Forum (linked to long term condition planning groups) (NB this group were formerly the Heart, Stroke & Diabetes Forum)

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 Patients and Carers Forum is a bespoke group established to support patient and carer involvement in long term condition (currently: diabetes, heart disease, respiratory and rheumatology conditions) planning groups (particularly Managed Clinical Networks who are organised to help plan services for a specific condition). Membership in the Forum is available in two formats; core group membership and wider network membership. The term 'Forum' refers to the combined network of both the core group and wider network.

Core group membership is open to those affected by a long term condition (as outlined in paragraph 1 above), and where individuals are members of planning groups associated with that condition (or are planning to become members of one). An example of this would be someone who has diabetes could be a member of the Forum core group to support them to be involved in the Managed Clinical Network (MCN) for Diabetes.

The **core group** meets at least 4 times per year, with a view to:

- Ensuring people affected by long term conditions are represented within NHS Greater Glasgow and Clyde (NHSGGC) long term condition planning groups (mainly MCNs), and are supported to participate in a range of ways.
- Ensuring the interests of people affected by long term conditions are considered equally within long term condition planning groups.
- Evaluating, discussing and presenting ideas/issues and making recommendations to the relevant long term condition planning groups.
- Encouraging and supporting people affected by long term conditions to have their voice heard, and contribute to long term condition

planning group issues/ discussions.

- Supporting and developing Volunteer Patient and Carer Representative skills and confidence to participate in and influence long term condition planning groups' business.
- Supporting long term condition planning groups to communicate to wider patient and carer groups and vice versa.

The core group have the ability to make decisions on behalf of the Forum and have direct communication with long term condition planning groups. The core group aims to have an equal number of representatives from each of the long term conditions involved.

If a long term condition planning group ceases to exist, then core group members are encouraged to find other opportunities within the planning groups and would be supported to stay involved and contribute to the Forum.

The core group are responsible for encouraging new members to the Forum and support members of the wider network to move on to the core group as and when spaces become available.

The core group determine all matters for inclusion on the agenda for core group meetings.

The **wider network** is open to those affected by long term conditions (as listed within paragraph 1) within NHSGGCC. Wider network members are offered the opportunity to meet annually. In addition there are a range of activities offered by long term condition planning groups which are communicated to wider network members to participate in.

The Governance of the Forum is through the relevant long term condition planning groups. It is also worth noting that the long term condition planning groups are directly linked to the Board's Long Term Condition Steering Group and other Board wide structures. The main support for the Forum is provided with by the Health Services Section of the Public Health Directorate.



Patients and Carers
Forum Booklet

Please see attached Forum booklet for further information:

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.)

It is a Participation Standard's requirement that all public involvement groups are Equality Impact Assessed.

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)

Pauline Fletcher, Health Improvement Senior, Health Services Section, Public Health Directorate, West House, Gartnavel Royal 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):

Pauline Fletcher, Health Improvement Senior.

Members of Patients and Carers Forum:

Jim Ferguson, Volunteer Carer Representative

Ralph Arrow, Volunteer Carer Representative

Elizabeth Murphy, Volunteer Patient Representative.

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>	<ul style="list-style-type: none">• Equalities information is collected on all members, including: Age, Sex, Race, Disability, faith and Scottish Index of Multiple Deprivation (SIMD) data.• An equalities introductory information sheet is provided alongside the equalities form, outlining why we're asking for this information.• Support is offered to individuals to complete the form if required.• Analysis of the equalities data indicates that the Forum has a well balanced membership of male and	Following revision of the equalities monitoring form (currently being developed), additional questions will be added to cover the full range of protected characteristics.

			female and has good involvement from people with a disability.	
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.	<ul style="list-style-type: none"> The equalities information recorded for the Forum membership was fully analysed in 2011/12. This has been incorporated into an overall report for the Forum and also individual reports for each long term condition represented in the Forum. Each report will be presented to/discussed at forthcoming Patient Focus and Public Involvement sub-groups of respective Managed Clinical Networks (MCNs). The purpose will be to provide MCNs with an understanding of who they are engaging in patient/carer involvement activity and identify who they need to apply further effort/thought to engaging with. In addition, the report will compare representation on the Forum with that of the demographics of the Greater Glasgow and Clyde (GCC) population living with each particular condition. This will then help identify where representation is low and where further effort is required to involve people. For example, diabetes is a condition experienced by an increasing number of people under the age of 45, however the percentage of people in the Forum under 45 is very low. This comparison has recently been 	

		<p>carried out for those affected by stroke. The comparison indicated that the Forum was well representative of the stroke population of Greater Glasgow and Clyde in terms of age and sex. With further exploration of the data a comparison will also be made in terms of SIMD/postcode. However due to limitation of the data available it has not been possible to compare this in relation to some of the other protected characteristics.</p> <ul style="list-style-type: none"> The Forum's 'What's Your Story?' project was developed from an understanding that more dynamic involvement opportunities needed to be created, in order to hear the voices of a wider range of people living with long term conditions, in particular those with low literacy levels, those from areas of deprivation and those who have work commitments and have difficulty engaging in other methods of patient involvement. 	
3.	<p>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.</p>	<p><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>	<p>Patient focus Public involvement (PFPI)</p> <ul style="list-style-type: none"> The term PFPI combines these elements and has been defined by Crawford et al (2002) as “the active participation (of service users) in the planning, monitoring, development and delivery of health services.” The initial policy was set out in 2000

		<p>in <i>Our National Health</i>, which stated that a culture change was required in the way the NHS interacted with the people it served and in the way services were delivered. Since then, a number of subsequent documents have emphasised the underpinning role of PFPI within the NHS in Scotland. These include:</p> <ul style="list-style-type: none"> • <i>Patient Focus Public Involvement Framework (2001)</i> - emphasised the importance of being responsive to patients' needs • <i>The NHS Reform (Scotland) Act 2004</i> – placed a duty on NHS Boards to involve people in designing, developing and delivering healthcare services. • <i>National Standards for Community Engagement (2005)</i> - set out best practice guidance for engagement between communities and public agencies. • <i>Better Health, Better Care: Action Plan (2007)</i> - introduced the theme of Mutuality • <i>NHS Scotland Quality Strategy (2010)</i> - strengthened the commitment to mutuality and quality in service provision. • <i>A Participation Standard for the NHS in Scotland. (2010)</i> – sets out what NHS Boards need to do to make sure that people have a say, and a sense of ownership, both in 	
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			<p>their own care and in how health services are developed and delivered. NHS Boards are assessed against the standard annually.</p> <ul style="list-style-type: none"> • <i>Managed Clinical Networks: Supporting and Delivering the Healthcare Quality Strategy. CEL 29 (2012)</i> – Outlines that MCNs should have a clear strategy for involving patients/carers. 	
4.	<p>Can you give details of how you have engaged with equality groups to get a better understanding of needs?</p>	<p>Patient satisfaction surveys have been used to make changes to service provision.</p>	<ul style="list-style-type: none"> • All members of the group are offered 1 to 1 meetings to help identify and discuss their individual needs to participate in Forum and long term condition planning group meetings. • The core group of the Forum has an annual review/development session to help identify individual and collective needs. • All Forum members can contact the facilitator and/or administrative support team Monday to Friday 9am to 5pm by phone or email, to discuss/address any issues they have. • Members of the Forum are involved in bi-annual ‘Working Together’ sessions to improve their links to Public Partnership Forums (based in each Community Health Partnership area). These sessions also give members the opportunity 	

		<p>to identify cross-cutting needs which are relevant to others involved in the NHS in similar roles.</p> <ul style="list-style-type: none"> • Core group meetings are led by Forum members, where they have the opportunity to create the agenda in relation to their needs/interest (and to the needs and interests of the wider patient/carer population). • An annual event is hosted each year to bring together members on the wider network with those on the core group. This offers the opportunity to identify improved ways of working as a Forum. • ‘Feedback from meetings’ forms are used to help core group members feedback the key points being discussed within long term condition planning groups. This then allows other Forum members to understand the key topics/issues being discussed and feed in the needs/issues of patients to the relevant planning groups. • The Forum’s ‘What’s Your Story?’ project was developed from an understanding that more dynamic involvement opportunities needed to be created, in order to hear the voices of a wider range of people living with long term conditions, in particular those with low literacy levels, those from areas of deprivation and those who have 	
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			work commitments and have difficulty engaging in other methods of patient involvement.	
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>	<p>The Forum have been involved in the following areas of work:</p> <ul style="list-style-type: none"> • Developing and improving a range of patient information resources for long term conditions (e.g. My Stroke Book, and Physiology leaflets). • Sharing experiences of services from the patient/carer perspective. This led on to a range of actions for the stroke and heart disease long term condition planning groups (e.g. a stroke financial inclusion service was developed). • Responding to questions from long term condition planning groups regarding the patient opinion on minor changes to services (e.g. what is their preference regarding when blood test results are given at heart failure clinics). • Forum members were involved in a 2 year process to develop the NHS Greater Glasgow & Clyde Stroke strategy; identifying the issues that were most pertinent to patients/carers. • All members of the Core group attend other meetings within the long term conditions planning 	

			<p>group structures. This offers the opportunity for members to contribute their views on a regular basis alongside health professionals.</p>	
6.	Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?	<p><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>	<ul style="list-style-type: none"> Meetings are held at accessible NHSGGC venues where there is appropriate access for people with a disability e.g. good signage and wayfinding. The meetings take place on the ground floor or if not on another floor but where there is lift access. A portable loop system is available if/when required. Communication support is organised as and when required. e.g. note taker and deafblind communicator. There are appropriate accessible car parking spaces available. There are accessible toilets and also a range of seating to aid mobility. Transport can be organised on request. Catering/Dietary requirements are met. 	
7.	How does the service ensure the way it communicates with service users removes any potential barriers?	<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</i></p>	<ul style="list-style-type: none"> Information provided and the meetings are tailored to meet the needs of the group or individual members. Information is compliant with the Accessible information Policy and 	

	<p><i>briefed all staff on NHSGGC's Interpreting Protocol.</i></p>	<p>available in different formats. Forum members were instrumental in providing good practice guides to long term condition planning groups regarding communication and information, prior to the NHS Greater Glasgow and Clyde Accessible Information Policy being produced.</p> <ul style="list-style-type: none"> • Where required the facilitator can organise communication support using NHSGG&C's Interpreting Policy. • A range of different formats are used to meet the individual needs of Forum members to ensure they have access to all the information they need. Communication includes the use of email, traditional postal methods, telephone, note takers presentations converted to word for people who use specialist packages on their computer. • Forum members are supported to actively engage their views in large meetings. This support includes training, peer mentoring and using tools like Chest Heart and Stroke Scotland's 'case for change' template. • Forum members developed a glossary of terms to help (new members in particular) understand the complex terminology used within long term condition planning 	
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			meetings.	
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	<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>	<ul style="list-style-type: none"> Forum members are encouraged to express any concerns that they may have. This includes around issues such as dealing with members of the opposite sex. There is access to relevant NHS staff of both sexes to discuss and accommodate member needs in relation to any cultural /religious etc requirements. Any Forum activity that involves the opposite sex, members and participants will have the opportunity to state whether they are comfortable with arrangements. For example, within the 'What's Your Story? project, when capturing stories within single sex wards, patients were given the option of a male or female volunteer. The Forum has an equal mix of male and female members. Sex was covered within Equality and Diversity training (31st October 	

			2012).	
(b)	Gender Reassignment	<p>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.</p>	<ul style="list-style-type: none"> The facilitators are aware of the transgender policy and can accommodate a transgender person. The group is aware of the legalisation in relation to transgender people. Transgender issues were covered within Equality and Diversity training (31st October 2012). 	
(c)	Age	<p>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.</p>	<ul style="list-style-type: none"> The membership of the Forum is wide ranging and reflects an extensive age range; however analysis of Forum equalities data indicates that there are low numbers of younger people represented. In particular younger people are affected by conditions such as Asthma and Diabetes. The equalities analysis report produced on the membership of the Forum will be discussed with relevant planning groups with a view to comparing representation on the Forum with that of the demographics of the GGC population living with each particular condition. This will then help identify where representation is low and where further effort is required to involve people. For example, diabetes is a condition experienced by an increasing number of people under the age of 45, however the 	Specific effort will be applied throughout 2013 to encourage more people affected by asthma to engage in the Respiratory MCN. This may be assisted by the newly established GASP (Glasgow Asthma Support Peers) group which is in the process of gaining funding to offer support to people affected by asthma.

			<p>percentage of people in the Forum under 45 is very low.</p> <ul style="list-style-type: none"> • Age was covered within Equality and Diversity training (31st October 2012). 	
(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"> • The Forum is comprised of people from different ethnic backgrounds. • Holidays and Festivals are taken into account when arranging meetings for example the facilitator is aware of Ramadan and Eid important times for the Muslim faith. • Cultural needs are also taken into account when arranging meetings. • Materials can be translated into different languages if required. • There have been no racist incidents encountered. This type of behaviour would not be tolerated. • The facilitators also are aware for the need for special diets e.g. Halal Kosher or vegetarian food. • Ethnicity was covered within Equality and Diversity training (31st October 2012). 	
(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</i></p>	<ul style="list-style-type: none"> • Facilitators are aware of the need to use appropriate terminology. • There have been no homophobic attitudes encountered. This type of behaviour would not be tolerated. • Sexual orientation was covered within Equality and Diversity training (31st October 2012). 	

		<i>dealing with homophobic incidents.</i>		
(f)	Disability	<p>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.</p>	<ul style="list-style-type: none"> • Meetings are held at accessible NHSGGC venues where there is appropriate access support for people with a disability. • Information e.g. minutes, reports etc. are all offered in appropriate formats to meet the needs of the group or individual, e.g. Braille, Easy read and large print. • All Forum meetings/events take place on the ground floor or on another floor if a lift is available. • A portable loop system is available if required. • Communication support e.g. notes taker and deafblind communicator when required for support. • There are appropriate accessible car parking spaces available, or suitable transport arrangements are provided. • There are accessible toilets and also a range of seating to aid mobility. • The facilitators are aware and can meet the needs of people with a disability e.g. visually impaired, Deaf hearing impaired and deafblind people • Members can meet with the facilitator prior to meetings and go through the format of the meeting 	

			<ul style="list-style-type: none"> Information is shared with the group using different formats e.g. by telephone, email, letter and newsletters. Emails, letters and newsletters conform to NHS GGC's Accessible Information Policy. Disability was covered within Equality and Diversity training (31st October 2012). 	
(g)	Faith	<p><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></p>	<ul style="list-style-type: none"> The group is comprised of people from different Faith Groups. Different religious beliefs/ needs are taken into consideration when arranging meetings e.g. Dietary requirements such as Halal, vegetarian and Kosher diets can be accommodated. Religious festivals are also taken into account when arranging meetings e.g. Ramadan or Eid. Prayer facilities can be made available upon request. The facilitators can access the Faith and Belief Communities Manual for support if required. Faith was covered within Equality and Diversity training (31st October 2012). 	
(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</i></p>	<ul style="list-style-type: none"> The Facilitators are aware of The Volunteering Policy and all members are reimbursed for expenses irrespective of their social status. When catering is provided it is at no expense to individual Forum 	

		<i>understanding how the impact this can have on health.</i>	<ul style="list-style-type: none"> members • Transport can also be provided on request for members to attend meetings/events • Scottish Index of Multiple Deprivation (SIMD) data is recorded for all Forum members. • The Forum endeavours to engage patients/carers from a wide range of socio-economic backgrounds. 	
(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"> • Forum membership is open to anyone affected by a long term condition who considers themselves to be within one (or more) of the marginalised groups. • Forum members are not specifically asked if they consider themselves to be within one (or more) of these marginalised groups. However some members have verbally shared information which would indicate that they do. If any extra support is needed for members who are within a marginalised group then this would be accommodated. • The nature of the Forum means that if a specific piece of work was required to engage the views of people within any of these marginalised groups, then this could be accommodated. 	
9.	Has the service had to make any cost savings or are any planned? What steps have you taken to	<i>Proposed budget savings were analysed using the Equality and Human Rights Budget Fairness</i>	<ul style="list-style-type: none"> • The process of patient and carer engagement has not been impacted by any cost savings. It is not 	

	<p>ensure this doesn't impact disproportionately on equalities groups?</p>	<p><i>Tool. The analysis was recorded and kept on file and potential risk areas raised with senior managers for action.</i></p>	<p>anticipated that there would be any impact from future cost savings.</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>	<ul style="list-style-type: none"> • People from any background would be welcome to visit/join the Forum. 	
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>	<ul style="list-style-type: none"> • Forum members' training needs are assessed annually. • Core group members have participated in equality and diversity training, and are due to refresh this at the end of October 2012. • Facilitators regularly update their Professional Development Plans and Knowledge and Skills Framework (internal NHS staff development processes). • Facilitators have undertaken equality and diversity 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.

Please see embedded document which outlines the model/approach to patient involvement which is applied to long term condition



Participation
standard example PFI

planning groups.

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

Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials

1. The membership reports written for each Managed Clinical Network (MCN) will be discussed with each relevant MCN. This will focus on identifying who is well represented across each of the protected characteristics and where the Forum needs to invest more effort/thought into those who are underrepresented.

Date for completion	Who is responsible?(initials)
Stroke (completed January 2013).	Pauline Fletcher
Heart Disease (March 2013)	Pauline Fletcher
Diabetes (date of next meeting to be agreed – likely to be March 2013)	Pauline Fletcher
Respiratory (March 2013)	Pauline Fletcher

Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy

Ongoing 6 Monthly Review

Please write your 6 monthly EQIA review date:

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Lead Reviewer:
EQIA Sign Off:

Name
Job Title
Signature
Date

Quality Assurance Sign Off:

Name
Job Title
Signature
Date

Please email a copy of the completed EQIA form to CITAdminTeam@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.

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