



Your complimentary use period has ended.
Thank you for using PDF Complete.

Click Here to upgrade to Unlimited Pages and Expanded Features

NHS Greater Glasgow and Clyde
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:

Patient Focus and Public Involvement Model (including Sub-group) of Stroke Managed Clinical Network

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 Managed Clinical Network (MCN) for Stroke (a network which helps plan services for stroke) is committed to involving people affected by stroke in planning and developing services/care across NHS Greater Glasgow and Clyde.

To ensure patients and carers have the opportunity to be involved, and are supported to do so, the MCN established a Patient Focus and Public Involvement (PFPI) sub-group. This group has a strategic remit to guide and advise the MCN on how and when to involve patients and carers in planning, reviewing and delivering services and care. Membership includes staff representatives from areas of stroke care, relevant voluntary organisations and Volunteer Patient/Carer Representatives. In addition to this the MCN also encourages Volunteer Patient and Carer Representatives to be members of the various MCN groups/meetings. Further to this, the MCN has a strong link with the Patients and Carers Forum which exists to support patients and carers to have a voice within MCNs.

The PFPI group reports directly to the MCN steering group and the MCN is linked to the Long Term Conditions Steering Group and other Board wide structures. The PFPI group has agreed following remit and terms of reference:

S:\COMMISSIONING\
MCN Stroke\PFPI SG\

The group determines all matters for inclusion on the agenda and the chairperson along with the MCN Co-ordinator will ask for points to be

[Click Here to upgrade to Unlimited Pages and Expanded Features](#)

or to the meeting.

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 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)

Camilla Young, Stroke MCN Co-ordinator, Rehabilitation and Assessment Directorate.

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):

Camilla Young, Stroke MCN Co-ordinator, Rehabilitation and Assessment Directorate. Pauline Fletcher, Health Improvement Senior, Kathleen Molloy, Volunteer Patient Representative and Karen Kerr, 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 collected on all public members includes: Age, Sex, Race, Disability, faith and SIMD data. An equalities introductory information sheet is also provided with the form, outlining why we are asking for this information. Support is offered to individuals to help them complete the form if required. 	Following revision of the equalities monitoring form (currently being developed), additional questions will be added to cover the full range of protected characteristics.
2.	Can you provide evidence of how the equalities information you collect is used and give details of any changes that have taken place	<i>A Smoke Free service reviewed service user data and realised that there was limited participation of men. Further engagement was</i>	<ul style="list-style-type: none"> The public members of the PFPI group have had their equalities information analysed as part of the EQIA on the Patients and Carers 	<ul style="list-style-type: none"> A report has been produced outlining the equalities data for those involved in the PFPI group

aken and a gender-focused tion designed.

Forum. All public members are also members of the Forum to ensure there are working links between the two groups and to allow people to contribute effectively.

- The group analyses each PFPI project and utilises extra engagement from the wider Patients and Carers Forum and other databases where this is deemed appropriate.

and wider Forum and will be discussed at a future PFPI meeting. The purpose will be to provide the MCN with an understanding of who they are engaging in patient/carer involvement activity.

- the report will compare 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.

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.

Patient focus Public involvement (PFPI)

- 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 learning style of the Voices Scotland training has been modified

to take into account the communication issues stroke patients may present with

- Meetings are held at accessible NHSGGC venues where there is appropriate access support for disabled people.
- The My Stroke Book has been translated into a number of languages and is also available in audio and large print
- The initial policy was set out in 2000 in *Our National Health*, 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:

- *Patient Focus Public Involvement Framework (2001)* - emphasised the importance of being responsive to patients needs
- *The NHS Reform (Scotland) Act 2004* . placed a duty on NHS Boards to involve people in designing, developing and

delivering healthcare services.

- *National Standards for Community Engagement (2005)* - set out best practice guidance for engagement between communities and public agencies.
- *Better Health, Better Care: Action Plan (2007)* - introduced the theme of Mutuality
- *NHS Scotland Quality Strategy (2010)* - strengthened the commitment to mutuality and quality in service provision.
- *A Participation Standard for the NHS in Scotland. (2010)* – sets out what NHS Boards need to do to make sure that people have a say, and a sense of ownership, both in their own care and in how health services are developed and delivered. NHS Boards are assessed against the standard annually.
- *Managed Clinical Networks: Supporting and Delivering the Healthcare Quality Strategy. CEL 29 (2012)* – Outlines that MCNs should have a clear strategy for involving patients/carers.

[Click Here to upgrade to Unlimited Pages and Expanded Features](#)

...t satisfaction surveys have
...sed to make changes to
... service provision.

to get a better understanding of
needs?

- Public members of the MCN are supported via the Patients and Carers Forum around: induction, training, mentoring, peer support, to ensure they are prepared and supported to attend MCN meetings and events. This will highlight their individual needs (e.g. Loop system etc.).
- Public members are supported to attend Stroke Voices training to help them identify their needs and assist them to be involved in the MCN.
- All public members of the MCN are offered 1 to 1 meetings to discuss their individual needs.
- Group members can also contact the MCN Co-ordinator (or other member of staff) with any concerns Monday to Friday 9am to 5pm by phone or email.
- Group members are offered transport to attend meetings.
- The wider membership of the Forum are invited to come together annually to discuss key changes within services and highlight their views/issues etc, which are directly fed into the relevant MCN.
- The MCN attends various community events ran by specific groups. Lead Clinician recently presented to the Chinese Community.

			<ul style="list-style-type: none"> • The MCN links with the Aphasia Support group ran out of GRI 	
5.	<p>If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?</p>	<p><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>	<p>The PFPI group and wider Forum membership have been involved in the following areas of work:</p> <ul style="list-style-type: none"> • Development of NHS Greater Glasgow Stroke Strategy. • Development of the My Stroke Book. • Patient information audit • Production of patient/carer stroke information packs for all libraries across NHSGGC. • Discussion around Local Enhanced Service • Review of early supported discharge and community stroke team. • Money Advice project 	
6.	<p>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</p>	<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 an upper 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 	

			<ul style="list-style-type: none"> • There are appropriate accessible carparking spaces available. • There are accessible toilets and also a range of seating to aid mobility. • Transport can be organised on request 	
7.	<p>How does the service ensure the way it communicates with service users removes any potential barriers?</p>	<p><i>A podiatry service has reviewed all written information and included prompts for receiving information in other languages or formats. The service has reviewed its process for booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.</i></p>	<ul style="list-style-type: none"> • Information and the meetings are tailored to meet the individual needs of the group or individual members • Communication support e.g. notes taker and deafblind communicator is organised as and when required for support. • The My Stroke Book has been translated into a number of languages and is also available in audio and large print • Information is compliant with the Accessible information Policy and available in different formats. • The facilitator can organise communication support using NHSGG&C's Interpreting Policy. • Communication includes the use of email, telephone, note takers presentations converted to word for people who use specialist packages on their computer. • A range of different formats are all used to meet the individual needs of public members to ensure they have access to all the information they need. 	

			<ul style="list-style-type: none"> Public members are supported to actively engage their views in large meetings. Public members are provided with a glossary of terms to help understand the complex terminology used within MCN meetings. 	
8.	<p>Equality groups may experience barriers when trying to access services. The Equality Act 2010 places a legal duty on Public bodies to evidence how these barriers are removed. What specifically has happened to ensure the needs of equality groups have been taken into consideration in relation to:</p>			
(a)	Sex	<p><i>A sexual health hub reviewed sex disaggregated data and realised that very few young men were attending clinics. They have launched a local promotion targeting young men and will be testing sex-specific sessions.</i></p>	<ul style="list-style-type: none"> The public members are encouraged to express any concerns that they may have around issues such as dealing with members of the opposite sex. There is access to staff of both sexes to discuss and accommodate public members needs in relation any cultural/religious etc requirements. Any PFPI work carried out by the MCN that involves the opposite sex, members and participants will have the opportunity to state whether they are comfortable with arrangements (e.g. when capturing stories within single sex wards, patients will have the opportunity to 	

			<p>request a male or female volunteer).</p> <ul style="list-style-type: none"> The PFPI group is comprised of females and males. 	
(b)	Gender Reassignment	<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>	<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. 	
(c)	Age	<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>	<ul style="list-style-type: none"> The PFPI group links to the wider Forum membership for inclusion in PFPI activity. The membership of the group 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 therefore the MCN will consider ways of engaging this population. 	The MCN will be exploring ways to engage better with younger stroke patients.
(d)	Ethnicity	<i>An outpatient clinic reviewed its ethnicity data capture and realised that it was not providing information in other languages. It provided a prompt on all information for patients to request copies in other languages. The clinic also realised that it was dependant on friends and family interpreting and reviewed use of</i>	<ul style="list-style-type: none"> Membership of the group is open to individuals from all ethnic groups, affected by stroke. 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. 	

Interpreting services to ensure this provided for all appropriate appointments.

(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"> • Interpreters will be booked as required • 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. 	
(f)	Disability	<p><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></p>	<ul style="list-style-type: none"> • Meetings are held at accessible NHSGGC venues where there is appropriate access support for disabled people. • Information e.g. minutes papers group work all offered in appropriate formats to meet the needs of the group or individual, e.g. Braille, Easy read and large print • The meetings take place on the ground floor or if on another floor a lift is available. • A portable loop system is available if required. • Communication support e.g. notes taker and deafblind communicator is organised as and when required for support. • There are appropriate accessible carparking spaces available, or suitable transport arrangements are 	

			<p>provided.</p> <ul style="list-style-type: none"> • There are accessible toilets and also a range of seating to aid mobility. • The facilitators are aware and can meet the needs of disabled people e.g. visually impaired, Deaf hearing impaired and deafblind people • Facilitators can offer extra support to members when required or requested e.g. explaining information or papers prior to a PFPI meeting • Members can meet with the facilitator prior to meetings and go through the format of the meeting • Information is shared with the group using different formats e.g. by telephone, emails letters and news letters. Emails, letters and newsletters conform to NHS GG&C's Accessible Information Policy • Communication meets the requirements of the Accessible Information Policy. 	
(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"> • Group membership is open to people from all faiths. • 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. 	

			<ul style="list-style-type: none"> • The facilitators also are aware for the need for special diets e.g. Halal Kosher or vegetarian food • Holidays and Religious Festivals are taken into account when arranging meetings for example the facilitator is aware of Ramadan and Eid important times for the Muslim faith • Catering requirements are met where possible. • Prayer facilities can be made available upon request • The facilitators can access the Faith and Belief Communities Manual for support if required. 	
(h)	Socio – Economic Status	<i>A staff development day identified negative stereotyping of working class patients by some practitioners characterising them as taking up too much time. Training was organised for all staff on social class discrimination and understanding how the impact this can have on health.</i>	<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 • Beverages and snacks are also provided to individuals at no expense to the individual group members • Transport can also be provided on request for members to attend meetings • Scottish Index of Multiple Deprivation (SIMD) data is recorded for all public members. 	
(i)	Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel,	<i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of</i>	<ul style="list-style-type: none"> • We are not aware if public members are considered within any of these categories, however if any extra 	

as across various Health Areas.

support was needed we would accommodate this.

- Members are aware of inequalities sensitive services and are not apposed to expanding the membership if required
- The wider Patients and Carers Forum offers the potential to link to marginalised groups.

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.

- No cost savings have impacted on equalities 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.

- People from any background would be welcome to visit/ join the MCN/Forum when required for specific work in relation to stroke and the Equalities Agenda.

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.

- Public members training needs are assessed annually through the Patients and Carers Forum.
- Some group members (including Public members) have also undertaken equality and diversity training.

'stands out' as an example of good practice – for instance you are routinely collecting patient data on sexual 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.

A report has been produced outlining the equalities data for those involved in the PFPI group and wider Forum and will be discussed at a future PFPI meeting. The purpose will be to provide the MCN with an understanding of who they are engaging in patient/carer involvement activity and identify if there are any gaps to be addressed.

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)
<p>Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials</p> <p>Following revision of the equalities monitoring form (currently being developed), additional questions will be added to cover the full range of protected characteristics.</p> <p>A report has been produced outlining the equalities data for those involved in the PFPI group and wider Forum and will be discussed at a future PFPI meeting. The purpose will be to provide the MCN with an understanding of who they are engaging in patient/carer involvement activity.</p> <p>The report will compare 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.</p>	<p>March 2013</p> <p>November 2012</p> <p>November 2012</p>	<p>PF</p> <p>PF and CY</p> <p>PF</p>
<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</p> <p>The MCN will be exploring ways to engage better with younger stroke patients.</p>	<p>November 2012</p>	<p>PF and CY</p>

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



Your complimentary
use period has ended.
Thank you for using
PDF Complete.

[Click Here to upgrade to
Unlimited Pages and Expanded Features](#)

Lead Reviewer:	Name	Camilla Young
EQIA Sign Off:	Job Title	Stroke MCN Co-ordinator
	Signature	Camilla Young
	Date	05/11/2012

Quality Assurance Sign Off:	Name	Flora Muir
	Job Title	Quality Co-ordinator
	Signature	<i>Flora Muir</i>
	Date	9/11/12

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.

DRAFT



*Your complimentary
use period has ended.
Thank you for using
PDF Complete.*

[*Click Here to upgrade to
Unlimited Pages and Expanded Features*](#)

DRAFT