

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 EQIA@ggc.scot.nhs.uk for further details or call 0141 2014817.

Name of Current Service/Service Development/Service Redesign:

Pollokshields Health Shop, South Sector

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 Pollokshields Health Shop was established as the first step in a longer-term commitment to provide access to health improvement services and information to the communities of Pollokshields. The shop is a community resource with the purpose of:

- Providing new or additional services for the Pollokshields community
- Signposting residents to other local services based within Pollokshields or the wider south sector
- Developing a range of outreach health improvement programmes with partner agencies.

Rationale for Improvement Initiative:

The Health shop has been operating since April 2007. It originated due to local Health Visiting staff identifying the lack of

appropriate community venues within the area that could provide health improvement activities. The then SE Community Health & Care Partnership (SE CHCP) negotiated with the local housing association a shop lease for initially one year. At the time there were discussions around building a local community health centre and it was anticipated that the shop would fill the gap until the centre was built.

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.)

Ensure that we are meeting the needs of the local community.

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)

Nicola Fullarton, Health Improvement Lead based at Pollok Health Centre

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):

Health Improvement Lead and Health Improvement Practitioner

	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>	We collate information on sex, race, disability, age, employment status and postcode area. No perceived barriers to collecting data, however, there can be issues around language and literacy.	The equalities information that we currently collect was agreed at the time of the shop opening in conjunction with the research and evaluation team. Due to changes in legislation we are in the process of developing an inclusive dataset around all protected characteristics.

2.	<p>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?</p>	<p><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></p>	<p>Analysing our data we are aware that there is limited numbers of men accessing our shop services. As of September 2012, 75% of service users were female, 22% male and 3% unknown.</p> <p>In terms of Ethnicity 56% of service users are of Pakistani origin, followed by Scottish white.</p>	<p>Unintentionally the services that have been delivered via the shop by the sector or partner organisations have had a particular focus around women's/family health, which has resulted in a higher number of females accessing services.</p> <p>New services within the shop that have currently been delivered or in development include: men's health group, welfare rights service and Talk 2 programme. Participants for these new programmes have been gained via general marketing and via sending information to service users via contact database.</p> <p>A Database analysis will be undertaken to see if the new services have had a positive impact in terms of males utilising</p>
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				shop facilities.
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>	Via recommendations from the BME Smoking Cessation Needs Assessment we have developed a smoking cessation drop in service from the shop. This service is delivered by the Health Improvement Practitioner who is Maudsley trained and can communicate in Urdu to provide a confidential one-to-one service.	Within the Health Improvement Practitioners job description it is an occupational requirement to possess appropriate language skills.
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>	Each new service user completes a registration form which specifically asks what type of services they would like to see within the shop. In addition last year we conducted a random sample of current and previous service users as how we could improve upon our current service model. Of current service users the main type of services that they felt the health shop should be providing was around diet, followed by walking groups, baby massage, Tripe P and counselling services. In relation to previous service users they also wished information on healthy eating/ diet as well as services around welfare rights and child/women's health.	Need to look at services around diet and nutrition

			From this feedback new services have been developed such as the financial inclusion service, baby massage via Health Visitors and mini triple P sessions.	
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>	This service sits within the South Sector Health Improvement Team. We are able to signpost our clients to other HI services and other wider CHP services. Within the shop we have a new financial inclusion service that provides information regarding income maximisations and benefit information etc	Due to the space limitations within the shop we are unable to provide crèche facilities. If crèche facilities are required we try and deliver the service/activity from another venue that can provide these facilities. We also try to ensure that services provided are during school hours.
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>	The Health Shop which is located on the ground floor and is accessible by wheelchair and has an accessible toilet. Parking is available directly outside of the shop. There are limited local transport options and there is no loop system in place.	Loop system required
7.	How does the service ensure the	<i>A podiatry service has reviewed all</i>	When the shop is open the majority	

	<p>way it communicates with service users removes any potential barriers?</p>	<p><i>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>	<p>of times a bi – lingual worker is present.</p> <p>We are able to book interpreters if required and staff can access language line. Information is available in some languages such as Urdu and Punjabi.</p> <p>Language identification and fair for all – tip card resources available for staff.</p> <p>Staff are aware of the accessible information policy and interpreting protocol.</p>	
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)	<p>Sex</p>	<p><i>A sexual health hub reviewed sex disaggregated data and realised that very few young men were attending clinics. They have</i></p>	<p>Sex recorded and analysed.</p> <p>Staff are aware of Gender Based</p>	

		<i>launched a local promotion targeting young men and will be testing sex-specific sessions.</i>	<p>Violence (GBV) issues and signpost to local services if required.</p> <p>Aware that shop users are predominately female – this is unintentional and has come about as the staff or organisations that use the shop are providing more female centric services – the Health Shop is the facility in which they deliver their services.</p> <p>Services provided in relation to family health are not exclusively for Mothers but open to both males and females with caring responsibilities.</p>	
(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>	<p>Limited experience of working with trans patients</p> <p>Staff aware and have been provided with transgender policy</p> <p>Information is not captured</p>	Transgender information will be captured within the new inclusive dataset.
(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</i>	<p>Access to service available during the day, however there is limited evening services due to limited staff availability. Staffing for the shop includes one Health Improvement Practitioner and one part time bank</p>	

		<i>appointment letters highlighted potential clinical complications of non-attendance.</i>	<p>Administrator.</p> <p>Age recorded and analysed, with the majority of users between the ages of 25-34 followed by 35-44 year olds.</p> <p>Older people have accessed services particularly around the walking programme, women's health group and smoking cessation groups.</p>	
(d)	Race	<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>Ethnicity recorded and analysed. In terms of Ethnicity 56% of service users are of Pakistani origin, followed by Scottish white.</p> <p>Interpreter telephone service is available in any language. Bi-lingual Health Improvement Practitioner based within shop.</p> <p>Availability of interpreters for any language is available if users do not have English as their first language.</p>	When utilizing language line need to record usage
(e)	Sexual Orientation	<i>A community service reviewed its information forms and realised that</i>	Sexual orientation not currently	Sexual orientation data will be captured within

		<i>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>	recorded/analysed. Staff aware of the Standing Together Against Homophobia Campaign. Staff familiarising with : Inclusive Language in the NHS (Stonewall Scotland) and Tackling Homophobia – NHSGGC- Standing together against homophobia.	the newly inclusive dataset.
(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>	Support workers can attend with clients to provide support. Disability recorded Wheelchair accessible, premises on ground floor Assessable toilet Parking available directly outside building Guide dogs welcome Advocacy available for patients. BSL interpreting available if required.	Loop system required
(g)	Religion & Belief	<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</i>	Awareness of religious holidays and services planned accordingly. Health Improvement Practitioner has made links with the local faith	

		<i>items (Qurans etc.) and provision for bathing. A quiet room was made available for prayer.</i>	leaders.	
(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>	Employment status is recorded and analysed Postcodes recorded and analysed. Financial inclusion service delivered within shop.	
(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>	People with addictions, asylum seekers and those presenting around domestic violence issues have accessed the shop and have been signposted to appropriate services.	
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>	No	
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	<i>Analysis of recruitment shows a drop off between shortlisting, interview and recruitment for equality groups. Training was provided for managers in the</i>	The Health Improvement Practitioner aligned to the Health Shop is bi-lingual. In addition there is a part time administrator	

	use your service?	<i>service on equality and diversity in recruitment.</i>		
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>	Staff have completed online training around equality & Diversity (Learnpro)	

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)
<p>Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials</p>		
<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy.</p> <p>Need to raise awareness of transgender policy with staff</p> <p>Loop system Installed and training provided to staff on using system</p> <p>New dataset established and new client registration forms developed and in use.</p> <p>Scoping exercise in relation to development of diet and nutrition services/programmes.</p>	<p>July 2012</p> <p>March 2013.</p> <p>March 2013</p> <p>March 2013</p>	<p>NF</p> <p>NF</p> <p>NF</p> <p>NF</p>

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

June 2013

**Lead Reviewer:
EQIA Sign Off:**

**Name Nicola Fullarton
Job Title HI Lead
Signature
Date**

Quality Assurance Sign Off:

**Name Alastair Low
Job Title Planning Manager
Signature
Date 14th February 2013**

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.