

NHS Greater Glasgow and Clyde  
Equality Impact Assessment Tool For Frontline Patient Services

It is essential to follow the EQIA Guidance in completing this form

**Name of Current Service/Service Development/Service Redesign:**

North West Public Partnership Forum (PPF) Organisation and membership

Please tick box to indicate if this is a :      **Current Service**       **Service Development**       **Service Redesign**

**Brief description of the service and rationale for selection for EQIA: (Please include if this is part of a Board-wide service or is locally determined).**

**What does the service do?**

The North West Public Partnership Forum is a network of local groups and individuals living in north west Glasgow. It is one of the main mechanisms that North West Sector of Glasgow City Community Health Partnership involves the public and service users in decisions and priorities of local health services. There are 35 members on the PPF Executive Group made up of individuals interested in health and a wide range local community and voluntary organisations. An Annual Open Meeting is held each year during which the Public Partnership Forum Executive Group will be elected by the Public Partnership Forum. At the first Annual meeting one third of places on the Executive Group shall be for a one year term, a third of places for up to two years and the remaining third of places elected to serve up to 3 years. This will allow for continuity of membership as well as encourage new people onto the Executive Group. Representatives will be eligible to stand for re-election for up to 3 years at the Annual Meeting once their term of office ended.

The ambition is to have a mix of membership both geographical communities and communities of interest from across the Sector who are sufficiently well involved in their community to be able to represent the views of different groups on the PPF. At least 75% of Executive Group membership will represent a local community or voluntary groups. The PPF Executive Group organise at least 9 committee meetings and a minimum of 3 public events in different localities in the sector each year.

**Why was this service selected for EQIA?**

The North West PPF was selected as part of the North West Sector (Glasgow City CHP) EQIA Exemplar for the Board and also it was agreed that all PPF's operating in the Board area would complete an EQIA to comply with the Participation Standard.

**Who is the lead reviewer and where based?**

May Simpson, Community Engagement and Development Officer, Anniesland SW Office, 1660/70 Gt Western Rd, Glasgow, G13 1HH

**Please list the staff groupings of all those involved in carrying out this EQIA (when non-NHS staff are involved please record their organisation or reason for inclusion):**

Janet Murphy – PPF Executive Group representative and member of We Step Together (WeST),  
Jane Maguire – PPF Executive Group representative and nomination from Queen Cross HA  
Alan McDonald – PPF Executive Group representative and member of Glasgow Disability Alliance  
Abdul Benjelloun – PPF Executive Group representative and member of North Woodside Action Group  
All are members of PPF Executive Group are volunteers and have experience and knowledge of equality concerns.

## Impact Assessment – Equality Categories

	<b>Lead Reviewers Questions</b>	<b>Example of Evidence Required</b>	<b>Service Evidence Provided</b>	<b>Additional Requirements</b>
1.	<b>What equalities information is routinely collected from people using the service? Are there any barrier to collecting this data?</b>	Age, sex race, sexual orientation, disability, Gender reassignment Faith, Socio-economic status date collected on services user. Can be used to analyse DNA's access issue etc	<p>Equality information has not been collected for the PPF Executive group members or the wider PPF membership.</p> <p>Barriers: Some people do not wish to disclose personal information and are reluctant to complete equality monitoring forms. The equality monitoring form will be accompanied by an explanation as to why this information is collected and how it will be used.</p> <p>Support needs assessment has been carried out on PPF Executive Group members to determine their needs and put in place support to allow them to participate effectively in the activities and work of the PPF.</p>	<p>Finalise draft Equality monitoring form ensuring all protected characteristic categories are included.</p> <p>PPF Executive Group members complete equalities monitoring form.</p> <p>Update individual membership list and include the equalities monitoring form.</p> <p>Ensure equalities information is stored securely.</p>
2.	<b>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?</b>	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	<p>Recently the support needs assessment identified a number of members experiencing hearing difficulties making it difficult to fully participate in meetings. The venue for meetings moved to venues with loop facilities and individual table top microphones used for meetings. A small portable loop system was obtained for smaller meetings.</p> <p>Routinely transport is provided for members with disabilities if requested, interpreter service booked if requested and Deafblind guide service booked if required.</p> <p>Creche and carers sitter service organised if requested, pre-agenda meetings organised for members with specific learning needs and written material is transcribed into Braille and audio. Written material would be</p>	

			<p>translated into one of the community languages if requested.</p> <p>Informal monitoring of support needs.</p>	
3.	<p><b>Have you applied any learning from research about the experience of equalities groups with regard to removing potential barriers? This may be work previously carried out in the service</b></p>	<p>Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barrier form the patient pathway</p>	<p>Use The National Standards for Community Engagement to ensure good practice.</p> <p>Good links with a range of community and voluntary groups (both local and National) which focus on many of the 'protected characteristic' communities to keep up to date with developments, good practice or engagement techniques/tools.</p>	
4.	<p><b>Can you give detail of how you have engaged with equality groups to get a better understanding of needs</b></p>	<p>Patient satisfaction surveys have been used to make changes to service provision</p>	<p>Support needs analysis of PPF Executive Group members and regular contact with wide net work of local community and voluntary sector organisation including Deafbind Scotland, Glasgow Disability Alliance, ASRA (Day Centre/Project for Asian Community), Chinese Community Development Project (CCDP), Disability Community, Framework for Dialogue, Seniors Forums, WeST (We Step Together), Drumchapel Disabled Group 2 (DDG2), Cope, Voices for Change, Momentum, Glasgow Good Information Group, Carers Centres etc.</p> <p>Over the last two years worked in partnership with Alcohol Focus Scotland and CATs to engage with service users affected by addiction. Regular reports and input to PPF meetings.</p>	<p>Greater contact with specific locations, networks and organisation's including: LGBT Centre Rights to Reality and West Centre Sandyford Clinic, Young Carers and Parent Carers</p> <p>One of the PPF priorities this year is to achieve greater engagement with young people. Engagement with young people may use a similar approach (or a service user appropriate strategy) adopted to ensure addictions issues are represented and on the agenda of the PPF. A sub group of PPF have started to meet to develop a strategy to progress this priority.</p> <p>Update Community and Voluntary group's mailing list to generate interest and involvement in local health issues,</p>

				promote PPF activities and identify barriers to involvement and engagement.
5.	<b>If your service has a specific Health Improvement role how have you made changes to ensure services take account of inequality?</b>	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	<p>Not the main focus of the PPF but Health Improvement information, activity and event regularly sent out PPF members to distribute to networks.</p> <p>The PPF have fair representation from a range of projects who represent the interests of protected characteristics groups and members do highlight and raise health improvement concerns occasionally ie Weight Management Service, location of Smoking Cessation group.</p> <p>To ensure that members of the public from minority ethnic communities had an input into CHCP Development Plan the PPF worked in partnership with ASRA, (Day Centre/Project for Asian Community), Chinese Community Development Project (CCDP) and Framework for Dialogue to organise a public event which also promoted health improvement activities and information. The public event organised 6 community languages interpreters, provided appropriate refreshments and food, took account of gender and faith issues in order to encourage participation in the event.</p>	
6.	<b>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</b>	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	<p>Regular PPF Executive group meetings have moved to a venue which is barrier free with a built in loop. Portable loop systems hired when other venues (which comply with Disability Disabled Act) are used. Large public meetings are also held in barrier free venues.</p> <p>An accessibility audit is carried out by PPF support worker on venues and facilities which are occasionally used by the PPF prior to use. DeafBlind Scotland have</p>	Continue to collate an informal resource of barrier free local community (and city) venues and facilities.

			occasionally carried out accessibility audits on facilities used by NW PPF.	
7.	<b>How does the service ensure the way it communicated with service users removes potential barriers?</b>	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	<p>The venue for PPF meetings moved to venues with loop facilities and individual table top microphones. A small portable loop system used for smaller meetings.</p> <p>Green (I want to speak) and Red (I don't understand) prompt cards used in meetings. Also working with Glasgow Good Information Group to aid and develop communication with people with learning disabilities.</p> <p>Fax rather than telephone used to communicate with one member.</p> <p>Newsletter is 'easy read' and uses pictures/visuals. At the annual meeting a member requested we used visual information in the Power Point presentations rather than a written power point presentation.</p> <p>Interpreter service booked if requested and written material would be translated into community languages if requested.</p> <p>Deafblind guide service booked if required and written material is transcribed into Braille, audio or large print if requested.</p> <p>Monitoring and review of support needs</p>	<p>Get better at producing 'easy read' material.</p> <p>Investigate greater use of twitter, text, facebook etc to be able to communicate and engage more effectively with young people but have to ensure it is a 'secure' way of communicating.</p>
8(a)	<b>What specifically has happened to ensure that needs of equality groups have been taken into consideration in relation to: Sex</b>	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	<p>35 Members on the PPF Executive Group. The ratio of Male: Female on the Executive Group is 17 male: 18 female maintaining the equal split of gender in the group which promotes balanced of discussion.</p> <p>If requested a crèche or carers support is organised and accommodation used for meetings have a crèche registered room.</p>	Update individual membership list and include the equalities monitoring form.

		will be testing sex-specific sessions	Specific male/female health not on agenda. Currently Care Group focus is Mental Health/Elderly/Learning Disability/Dementia/Primary Care/Carers/Addiction etc rather than gender.  Wider 'individual membership' needs to be updated. Wider group mailing list is not gender specific	
<b>(b)</b>	<b>Gender Reassignment</b>	An inpatient receiving ward has held briefing sessions with staff using the NHS GGC Transgender Policy. Staff are now aware of legal protection and appropriate approaches to delivering inpatient carer including use of language and technical aspects of recording patient information.	Information on the gender reassignment has not been collected.	Update PPF Executive Group membership, individual membership list and include the equalities monitoring form.  Promote PPF at Sandyford Clinic and appropriate networks to encourage involvement
<b>(c)</b>	<b>Age</b>	A urology clinic analysed their sex specific data and realised that young men represented a significant number of DNAs. Text messages reminders were used to prompt attendance and appointment letters highlighted potential clinical complications of non-attendance.	Information on the age of PPF Executive Group members and wider list of individual members has not been gathered.	Update PPF Executive Group membership, individual membership list and include the equalities monitoring form.  One of the PPF priorities this year is to achieve greater engagement with young people
<b>(d)</b>	<b>Ethnicity</b>	An outpatient clinic reviewed its ethnicity data capture and realised that it was not providing information in other languages. It provided a	3 members – two male and one female (9% of membership) of the 35 members on the PPF Executive Group are from a minority ethnic communities or represent minority ethnic communities groups (CCDP and ASRA)  Translators and support provided in line with NHS GGC	Update PPF Executive Group membership, individual membership list and include the equalities monitoring form.

		prompt on all information for patients to request copies in other languages. The clinical so realised that it was dependant on family and friends interpreting and reviewed use of interpreting service to ensure this was provided for all appropriate appointments.	Interpreting Protocol. Specific engagement event organised for BME/Woodlands community in October 2009. Information used to inform CHCP Development Plan 2010- 13, Review of Equality Policy NHS GG & Clyde.	
<b>(e)</b>	<b>Sexual Orientation</b>	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 in appropriate language and the risk of making assumptions about sexual orientation in service provision. Training was also provide on dealing with homophobic incidents	Information on the sexual orientation of members of the PPF Executive group has not been gathered  Send LGBT Glasgow wide organisations the PPF Newsletter and committee papers but information and wider network contact list needs to be updated	Update PPF Executive Group membership, individual membership list and include the equalities monitoring form.  Update Community and Voluntary group's mailing list to generate interest and involvement in local health issues, promote PPF activities and identify barriers to involvement and engagement.
<b>(f)</b>	<b>Disability</b>	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	25% of Glasgow population is either disabled or affected by a long term illness  Over 25% the members of the PPF Executive Group either are directly affected by disability or representing disability focused organisations including 3 people who use wheelchairs, 2- 3 people with walking difficulties, one person who is blind, one person is affected by dual sensory impairment, two people representing mental health organisations and 1 person with a learning	Update PPF Executive Group membership, individual membership list and include the equalities monitoring form.  Update Community and Voluntary group's mailing list to generate interest and involvement in local health issues, promote PPF activities and identify barriers to involvement and

		ensure staff understood how to book BSL interpreters	<p>disability.</p> <p>The support needs assessment is carried out with new members to identify barrier to involvement. Reviewed periodically to accommodate changes in long term conditions.</p> <p>British Sign language interpreters provided when requested in line with NHS GGC Interpreting Protocol.</p>	engagement.
<b>(g)</b>	<b>Faith</b>	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.	Information on the faith of members of the PPF Executive group has not been collected.	Update equalities monitoring form ensuring to include a question on faith
<b>(h)</b>	<b>Socio- Economic Status</b>	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	Information on the socio- economic status of members of the PPF Executive group has not been collected. However using the postcode of members homes - 15 (43%) out of the 35 members live in within the boundaries of the top 15% of deprived areas in Scotland.	
<b>(i)</b>	<b>Other Marginalised groups – Homelessness, prisoners and ex-</b>	A health visiting service adopted a hand-held record for travellers to allow continuation of services	One member of the PPF Executive Group is formally an asylum seeker and has now been granted 'leave to remain'.	Develop greater links with vulnerable housing networks

	<b>offenders, ex-service personnel, people with addictions, asylum seekers and refugees, travellers</b>	across various health board areas.	The PPF have worked with Alcohol Focus Scotland and Addiction Engagement officer carrying out research and engagement with local service users, community and voluntary organisations/service providers with a focus on addiction and Community Addiction Teams on how to improve access to services. Results regularly reported at PPF meeting to follow up actions/recommendations to improve access to services.	
9.	<b>Has the service had to make any cost savings are any planned? What steps have you taken to ensure this doesn't impact disproportionately on equalities groups?</b>	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 were raised with senior managers for action.	No known cost saving planned on the core funding of the PPF.  The restrictions for use of taxis applied to the Acute Sector <b>if</b> adopted by the Primary Care sector will have an impact on engagement and involvement. Many PPF members would have difficulty attending meetings due to disability, socio economic circumstances and poor public transport links. Taxis of have sanctioned by line manger.	
10.	<b>What does your workforce look like in terms of representations from equality groups e.g. do you have a workforce that reflects the characteristic of this who will use your service</b>	Analysis of recruitment shows a drop off between shortlisting, interview and recruitment for equality groups. Training was provided for managers in the service equality and diversity in recruitment	N/A - One Community Engagement and Development Worker	As part of training and development of PPF members the 3 Glasgow City PPF plan to organise a joint training opportunity focusing on equality issues.
11.	<b>What investment had been made for staff to help prevent discrimination and unfair treatment</b>	A review of staff KSK's and PDP's showed a small take up of E Learning modules. Staff were given dedicated time to complete on line learning.	Annual review and regular monitoring of staff Key Skills Framework (KSF) and Personal Development Plan (PDP).  Group induction allows members to understand expected roles and expectations with regard to conduct which includes a zero tolerance approach to discriminatory or prejudiced behaviour.	

If you believe your service is doing something that stands out as an example of good practice – please use the box below to describe the activity and the benefits this has brought to the service. This information will help other consider opportunities for development in their own services

**Actions – from the additional requirement boxes completed above. Please summarise the actions this service will be taking forward.**

	Date for completion	Who is responsible?(initials)
<p><b>Cross Cutting Actions</b></p> <ul style="list-style-type: none"> <li>• Update individual membership list and include the equalities monitoring form.</li> <li>• Update Community and Voluntary group’s mailing list to generate interest and involvement in local health issues, promote PPF activities and identify barriers to involvement and engagement.</li> <li>• Continue to build a informal resource recording barrier free community (and city) venues and facilities</li> <li>• Get better at producing ‘easy read’ material</li> <li>• Monitor ‘use of taxis’ guidance. Taxi use sanctioned by line manager</li> </ul>	<p>July 2012 July 2012  Ongoing Ongoing Ongoing</p>	<p>MS MS  MS MS MS</p>
<p><b>Specific Actions</b></p> <ul style="list-style-type: none"> <li>• Finalise draft Equality monitoring form ensuring all protected characteristic categories are included</li> <li>• PPF Executive Group members complete equalities monitoring form.</li> <li>• Ensure equalities information is stored securely</li> <li>• Greater contact with specific locations, networks and organisation’s including: LGBT Centre, Rights to Reality and West Centre (Young Disabled), Sandyford Clinic, Young Cares, Parent Carers</li> <li>• Greater engagement with young people – PPF priority 12/13</li> <li>• Investigate greater use of twitter, text, facebook etc to be able to communicate and engage more effectively with young people but have to ensure it is a ‘secure’ way of communicating</li> <li>• Develop greater links with vulnerable housing networks</li> <li>• As part of training and development of PPF members the 3 Glasgow City PPF plan to organise a joint training opportunity focusing on equality issues.</li> </ul>	<p>April 2012 May 2012 Ongoing April 2013  April 2013 April 2013  September 2012</p>	<p>MS/PPF Support Officers MS/PPF Executive MS MS  MS/PPF Executive MS  MS</p>

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

August 2012

**Lead Reviewer:** Name: May Simpson  
**EQIA Sign Off:** Job Title: Community Engagement and Development Officer  
Signature  
Date

**Quality Assurance Sign Off:** Name Alastair Low  
Job Title Planning & Development Manager  
Signature  
Date 11/04/2012

Please email a copy of the complete EQIA form to [EQIA@ggc.scott.nhs.uk](mailto:EQIA@ggc.scott.nhs.uk), Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Hospital 1055 Great Western Road, G12 0XH. Tel; 0141 201 4560. The complete EQIA will be subjected to a Quality Assurance process and the results returned to the Lead Reviewer within 3 week of receipt