

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:

East Dunbartonshire Smoke Free Services

Please tick box to indicate if this is a : Current Service x 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?

East Dunbartonshire Smoke Free Community Service provides stop smoking support to anyone wishing to quit living across East Dunbartonshire. This is a local stop smoking service, but links with NHS Greater Glasgow and Clyde Stop Smoking Service.

The service is open to anyone wishing to stop smoking; we have no lower or upper age limit. However, the service can only provide Nicotine Replacement Therapy to those over 12 years of age. Those out with this age group can still access behavioural support.

Support is offered either as a group or on a one to one basis, over a 7 week period and is facilitated by trained and accredited Stop Smoking Advisor. Depending on client request, and in a variety of locations including health clinics, community venues. Referral in to the service can be made via GP referral, health professional or self referral.

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.)

As this service is open to anyone wishing to stop smoking, the service must meet the needs of the population and support is therefore prioritised around areas of high deprivation. These areas are identified using national data collected from the Scottish Index of Multiple Deprivation (SIMD). These areas which include Lennoxton, Twecher and Hillhead. The service is heavily promoted in these areas using posters, providing information stalls at local community events and providing information to local groups. We receive regular feedback from our clients by providing an end of session evaluation questionnaire, asking for client's views and opinions of the service, content of the sessions and suitability of the venue used. We routinely look at each feedback form and look at what improvements can be made to the service from the comments given.

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)

David Radford Health Improvement lead Kirkintilloch Health and Care Centre. 10 Saramago Street Kirkintilloch

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):

Vivienne Tennant – Health Improvement Senior
Cathy Williamson 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?	Age, Sex, Race, Sexual Orientation, Disability, Gender Reassignment, Faith, Socio-economic status data collected on service users to. Can	Data routinely collected - Age, gender race, employment status, and postcode. The paperwork	Action: Review of service provision to target these specific groups. This is being

		<i>be used to analyse DNAs, access issues etc.</i>	<p>that the client fills out also asks whether someone has a disability when entering their personal details.</p> <p>This data is collected to ascertain success-outcomes of the service to ensure the service provides equal access to the whole population we are serving.</p>	<p>conducted by the NHS GGC smoking team and will be fed locally to CHP's</p>
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?	<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>A service review indicated that there was little engagement from 16-24 year olds. Therefore we conducted some work around East Dunbartonshire college to raise awareness of the stop smoking service in this setting. This involved having a market stall in -situ within the college on Mondays with a trained advisor in place to provide stop smoking information.</p>	
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	<i>Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient</i>	<p>By identifying a lack of attendance for smoking cessation support of 16-24 year olds, the NHS GG&C smoking and inequalities</p>	

	in the service.	pathway.	group identified best practice and research from a variety of sources to understand how best to engage with this particular client group. Using this best practice, local areas were able to look at ways to better engage with this group. In addition, East Dun Smoke Free Services, met with key college representatives, we discovered that a Monday was the best day to engage with students. Through discussions with student reps, we ensured that the promotional market stall in the college was during the morning and lunch time breaks to maximise opportunity for engagement.	
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>	All clients are asked to complete an evaluation once they have completed the 7 week programme. This allows us to ascertain any service improvements directly from client thoughts. Any non-completers are	Action: East Dunbartonshire Smoke Free Services to raise question at NHS GGC Smoking Cessation PIG about the possibility of changing content of evaluation form to

			<p>contacted by phone to ascertain reason for withdrawal.</p> <p>The local team also take part in NHS GG&C wide smoking cessation meetings to discuss best practice in ways of engaging with equality groups. Any issues identified are raised with this group to discuss ways to improve any issues identified.</p>	<p>include client information on demographic characteristics such as age, gender and ethnic group.</p>
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 aim of the service is to support people making and maintaining a quit attempt. However further support is elicited using motivational interviewing techniques. For example, weight gain during quit attempts will be discussed. If this is something clients feel is an issue during their quit attempt, we offer support from the "live active" team,</p>	<p>Action: Develop links with our debt councillors to ensure they can refer to the stop smoking service if clients want to quit.</p>

			whereby the team will come and discuss physical activity opportunity and health eating with clients	
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>	We have implemented a comprehensive risk assessment process for any new venue used to provide smoking cessation support. This way we can ensure that all the venues all provide access for anyone with a physical disability. In addition, we also assess for the availability of venues which have access to loop system facilities. We also have access to a mobile loop system. Through NHS GGC we can access interpreters for those who do not speak English as their first language, both face to face and telephone support can be provided in this way Telephone support is also provided for those who cannot attend a one to one appointment or group due to them being house bound.	Action: routine question should be in place to ask about disability or special requirements when a client calls for an appointment.

			<p>Our advisors have attended training to provide knowledge in supporting someone with a visual or hearing impairment. In addition, our pharmaceutical products all utilise Braille for information on boxes. We also provide information of the local service in larger print and have paperwork specially suited to those who have a learning disability.</p>	
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>	<p>All staff is aware of the Accessible Information Policy. All NHS GG&C marketing material for stop smoking services are used and therefore are checked routinely for compliance with the DDA i.e. font colour, font size. Local information is passed on via our local DDA advisor Louise Martin.</p> <p>Our local stop smoking advisors should routinely ask <u>all</u> clients at first appointment whether help is needed to complete forms</p>	<p>Action: Look in to accessing audio-recording for those with visual impairments to ensure they can also access the service.</p> <p>We provide service information in a variety of formats to account for anyone with literacy issues.</p> <p>Action: review with advisors to ensure all advisors ask <u>all</u> clients at first</p>

				appointment if help is required to complete forms.
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	<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>	Analysis of access of males and females to the service is routinely looked at to ensure equitable access to both genders. Across East Dunbartonshire the data we collect suggests that we have roughly equal males and females accessing the service. If we found that more females were accessing than males, this would be investigated further to see if we could look at a potential solution to engage with more men. For example	Action: arrange a session for all stop smoking advisors on gender based violence to ensure any information that is divulged by a client is dealt with in an appropriate manner.

			we may look at targeting male populated work places and run workplace based smoking cessation support.	
(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>	Staff are aware of NHS GG&C Transgender Policy	Action: ensure all sessional workers are aware of the policy.
(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>	After reviewing the service, it was identified that there were low numbers of 16-24 year olds accessing support. A college market stall is now delivered in east Dunbartonshire college to target this age group.	
(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</i>	We are able to provide information in other languages and also an interpreter service where required for both face to face	

		<i>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>	support and telephone support. Any inappropriate comment or behaviour made by a group member to anyone else in the group is dealt with according to NHSGGC guidance and policy	
(e)	Sexual Orientation	<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>	Any inappropriate comment or behaviour made by a group member to anyone else in the group is dealt with according to NHSGGC guidance and policy.	Action: staff to be trained in sexual orientation module to ensure they are fully equipped in dealing with any issues.
(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</i>	We implement a robust risk assessment process to ensure all our venues are accessible to anyone with a physical disability. We also provide a loop system in our venues and have a mobile loop system.	<u>Action: as above</u>

		<i>book BSL interpreters.</i>	We provide larger font and information available in Braille on pharmaceutical products.	
(g)	Faith	<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>The minimum dataset does not ask services to collect data on faith. Therefore would need guidance from the client if any faith issue arose from provide stop smoking services.</p> <p>The NHS GGC central stop smoking team, provided training on Shisa tobacco. This allowed local teams to understand the relationship and behaviours around those who smoke Shisha. We were able to understand smoking demographics across Glasgow for those who most commonly smoked Shisha. We were also able to understand what support was required if someone came to the service who smoked Shisha and wanted to</p>	

			Information across NHS GGC has also been developed to support local stop smoking services on Shisha smoking. .	
(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>	As tobacco use is associated with higher prevalence rate in those who have a lower socioeconomic status, each advisor must go through a series of training which incorporates information on the wider determinants of health. In addition, advisors are tutored in motivational interviewing techniques which incorporate, empathy and non-judgemental approaches when dealing with clients.	
(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>	We are a fully inclusive service and provide support to any person wishing to stop smoking. If required we would respond and set up support to after an identified need. We may also refer to our central smoking cessation service to deal	

			with more specific client groups such as prisoners	
9.	<p>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?</p>	<p><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></p>	<p>We ensure that in most cases and where possible, any stop smoking support is delivered within an NHS venue to ensure room hire is not charged for.</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>	<p>Recruitment process follows process in line with NHS GGC.</p>	
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>	<p>Staff attend mandatory training when required. This has included adult and child protection. DDA training and equality and diversity impact assessment. Staff are encouraged to attend this when it is felt that updated skills are needed. Each advisor must go through a series of training which incorporates information on the wider determinants of health.</p>	

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.

As an NHS GGC wide stop smoking service, I believe we continue to strive for excellence in the field of smoking cessation support. To ensure this continues, staff are continually offered training to ensure we continue to support our clients in the most appropriate way. For example, providing training on Shisha smoking.

Staff are also required to go through an extensive suite of training before being able to provide stop smoking support. In addition to training, smoking cessation advisors are mentored to ensure they are providing a service to standard deemed appropriate.

The wider stop smoking team across NHSGGC also respond to where need is required. For example, when routinely looking at the population who access that service. It was found that those from minority groups were not accessing the service in great numbers. The stop smoking team set out to identify why this was the case, through running focus groups and specific training.

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>Action: review service provision, regarding collection of data involving sexual orientation and gender reorientation gender re assignment</p> <p>Action: Develop links with our debt councillors to ensure they can refer to the stop smoking service if clients want to quit.</p> <p>Action: routine question should be in place to ask about disability when a client calls for an appointment.</p> <p>Action: Look in to accessing an audio-recording for those with visual impermanent to ensure they can also access the service.</p> <p>Action: arrange a session for all stop smoking advisors on gender based violence to ensure any information that is divulged by a client is dealt with in an appropriate manner.</p> <p>Action: ensure all sectional workers are aware of the NGS GG&C transgender policy</p> <p>Action: staff to be trained in sexual orientation module to ensure they are fully equipped in dealing with any issues.</p> <p>Action: The local smoke free team are looking at specific engagement from our addiction service to engage with this</p>	<p>March 2013</p> <p>Feb 2013</p> <p>March 2013</p> <p>March 2013</p> <p>March 2013</p> <p>April 2013</p> <p>April 2013</p> <p>January 2013</p> <p>September 2013</p>	<p>Cathy Williamson and Vivienne Tennant</p> <p>Cathy Williamson</p> <p>Cathy Williamson</p> <p>Vivienne Tennant</p> <p>Vivienne Tennant</p> <p>Vivienne Tennant</p> <p>Vivienne Tennant</p> <p>Vivienne Tennant</p> <p>Cathy Williamson</p>

<p>particular client group.</p> <p>Action: East Dunbartonshire Smoke Free Services to raise question at NHS GGC Smoking Cessation PIG about the possibility of changing content of evaluation form to include client information on demographic characteristics such as age, gender and ethnic group.</p> <p>Action: ensure all advisors have a stock and are aware of resources for clients in various formats.</p> <p>Action: review with advisors to ensure all advisors ask <u>all</u> clients at first appointment if help is required to complete forms.</p> <p>.</p>	<p>September 2013</p> <p>July 2013</p>	<p>Vivienne Tennant</p> <p>Cathy Williamson</p>
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<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</p> <p>Continue to develop demographic information about Shisha use (smoking of tobacco through a Shisha pipe) and which communities used this method of tobacco use.</p>		
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Ongoing 6 Monthly Review Please write your 6 monthly EQIA review date:

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**Lead Reviewer:
EQIA Sign Off:**

**Name David Radford (please amend)
Job Title Health Improvement Manager
Signature
Date**

Quality Assurance Sign Off:

**Name
Job Title
Signature
Date**

Please email a copy of the completed EQIA form, 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.