

Equality Impact Assessment Tool for Frontline Patient Services

Equality Impact Assessment is a legal requirement and may be used as evidence for cases referred for further investigation for 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 2014560.

1. Name of Current Service/Service Development/Service Redesign:

Pre-Operative Assessment Service

This is a : Service Redesign

2. Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally determined).

A. What does the service do?

POA is an assessment service for assessing patients prior to surgery. Assessment will unpack the patients fitness for surgery. Service is delivered Victoria and Southern. It includes several tests e.g. bloods, ecg, chest x-ray and knowing about any patient medication. Will take 1-2 hours but may be longer depending on tests required. Applies to all patients aged 14+. Cover ENT, Gynae, urology vascular and general surgery.

B. 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.)

EQIA relates to a current service that will be undergoing a degree of re-design once it moves location

3. Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name:	Date of Lead Reviewer Training:
Juliet Boag	23/04/2014

4. 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):

Flora Muir

Lead Reviewer Questions

Example of Evidence Required

Service Evidence Provided

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 be used to analyse DNAs, access issues etc.

Service uses the available fields on the Trakcare system. This includes - age, sex, post code and interpreting support. faith and belief and disability is asked at pre-assessment.

Any data captured that is additional to available fields on Trakcare will be itemised on the patient's records/assessment document for loading onto Trakcare.

2. Can you provide evidence of how the equalities information you collect is used and give details of any changes that have taken

A Smoke Free service reviewed service user data and realised that there was limited participation of men. Further engagement was undertaken and a gender-

Current patient flow has been mapped out and considered against the proposed redesign to ensure that same day admission works seamlessly. This will take into account any additional

Will develop a plan for analysing data captured. Will review via snap audit.

place as a result?

focused promotion designed.

requirements of the patient pre-admission.

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.

Learning will be applied from visit to Portsmouth to better understand the self-scanning/check-in process where patients book in for an outpatient appointment. This will include learning on accessibility against a number of protected characteristics. A pilot phase in the SGH will build on this.

Pilot in SGH will consider access issues

4. Can you give details of how you have engaged with equality groups to get a better understanding of needs?

Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.

A pre-operative assessment questionnaire was completed in 2010. 82 questionnaires were completed from a diverse range of patient groups. 49% British 23% no response with a mix of Kenyan, Sudanese, Scottish, Pakistani. The questionnaire looked at patient knowledge and understanding and options for changing the pre-op service to respond better to their needs.

5. **If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?**

A parenting service includes referral options to smoking cessation clinics. The service provides crèche facilities and advice on employability and income maximisation.

N/A

6. **Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?**

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.

There are disabled parking spaces located outside the building. There is a drop off zone outside the main entrance. There are automatic doors at the main entrance to the hospital. There are lifts available which can accommodate wheelchair users. The lifts have tactile buttons for patients with visual impairments. Some areas have suitable colour contrast between the floors and walls. There will also be a new fast link transport system to the new hospital to ensure better transport links with other parts of the city.

7. How does the service ensure the way it communicates with service users removes any potential barriers?

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.

Staff are aware of NHS Greater Glasgow and Clyde's Interpreting Policy and how to organise interpreters and other forms of communication support. The leaflets regarding the accessible information policy are displayed in the waiting area. The department can borrow a loop system as and when required. The new leaflet for pre-op assessment has been updated to comply with the NHSGGC Accessible Information Policy. The survey of August 2010 indicated that 5% of respondents had other language requirements including Punjabi, Urdu and Yoruba and Tamil. Telephone interpreting will be available for all patients requiring additional communication support. Staff will follow the assessment pathway to ensure that all additional communication

Circulate information to staff about the text relay service for patients who are deaf. Updated leaflet to be made available in other formats. Explore possibilities of a dedicated e-mail address for any queries.

needs are identified and highlighted on Trakcare - e.g. patient requires an interpreter

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

A sexual health hub reviewed sex disaggregated data and realised very few young men were attending clinics. They have launched a local promotion targeting young men and will be analysing data to test if successful.

2010 survey identified 54% female 30% male and 16% no response. All rooms are single rooms. Staff are aware of relevant policies and can respond to the disclosure of abuse/GBV

(b) Gender Reassignment

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.

Staff are aware of NHS Greater Glasgow and Clyde's Transgender Policy. Staff would ask transgender patients how they wish to be addressed.

(c) Age

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.

2010 survey showed 20% 41-5- age group, 11% under 30 36% over 50 and 16% no response. There are no age cut-offs in the service which operates on a biological rather than chronological basis.

(d) Race

An outpatient clinic reviewed its ethnicity data capture and

2010 patient survey - 76% Scottish, 11% no response - remaining responses

Patient leaflet currently being developed in other languages

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.

included British, English, Pakistani and Sri Lankan. Staff are aware of NHS Greater Glasgow and Clyde's Interpreting Policy and how to organise interpreters. Staff will request same sex interpreters for patients. Any racist incidents would be diffused and recorded in the DATIX system.

(e) Sexual Orientation

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

Staff are aware of the importance of using appropriate terminology e.g. partner rather than husband and wife. Any homophobic incidents would be recorded in the DATIX system

with homophobic incidents.

(f) Disability

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.

2010 survey 6% of respondents disclosed a disability Staff are aware of NHS Greater Glasgow and Clyde's Interpreting Policy and how to organise interpreters and other forms of communication support. The consultation rooms are wide enough to accommodate a wheelchair user. There are a variety of types of chairs available for patients. There are accessible toilets located throughout the department. Hearing dogs and assistance dogs can be accommodated and staff were aware of how to recognise dogs that are working. Staff are aware of the Adults with Incapacity Act and the associated requirements regarding consent, etc. There have been requests from patients

with learning disabilities (or their carers) to come to the department before their appointment to familiarise themselves with the clinic and this alleviates any fears or concerns. The department can accommodate carers and advocacy workers (with the patient's permission). The department can signpost to other organisations e.g. Arthritis Care; Lupus UK; British Heart Foundation etc. All patients over 65 will undergo an AMT 4 cognitive assessment tool. This tool can be used for other age groups if presenting issues suggest it's required. Hoists are available in outpatients dept. should they be required. Staff would use Trakcare alerts to notify other departments of need.

(g) Religion and Belief

An inpatient ward was briefed on NHSGGC's Spiritual Care

2010 survey 18% declined top respond 22% declared no religion 21% Catholic 21%

Staff need to be aware of any changes to available blood

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.

Church of Scotland and remainder mix of Anglican Baptist, Muslim (5%), Quaker and Spiritualist. The staff can access the Faith and Belief Communities Manual if they have any queries regarding a particular religion. Staff are aware of religious festivals. A room can be made available for prayer upon request. (For Muslim patients, staff can tell them which direction to pray in). Staff can contact the Chaplaincy Team for advice if required. If a patient required food (this would be rare as it is an Out-Patient Department) staff would contact the Catering Department for appropriate snacks taking cognisance of religious needs.

products for Jehovah Witnesses

(h) Pregnancy and Maternity

A reception area had made a room available to breast feeding mothers and had directed any mothers to this

There are no issues. Baby changing facilities will be available and mothers can be supported to either breast feed in public areas or

facility. Breast feeding is now actively promoted in the waiting area, though mothers can opt to use the separate room if preferred.

privately.

(i) Socio - Economic Status

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.

Staff can signpost patients to reclaim their travelling expenses (if applicable). This can be accommodated within the same building. Staff can signpost patients to support organisations e.g. Social Work Department, McMillan etc.

(j) Other marginalised groups - Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers

A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.

If a patient has an addiction issue and requires access to a prescription (e.g. methodone) this is highlighted to the patient booker to allow for extra time or to make more flexible arrangements. Staff are

aware that some patients may have literacy issues and will take this into account e.g. reading information out to the patient, going over information verbally. There are protocols in place for dealing with prisoners. There were no issues identified with patients who are asylum seekers or patients from the travelling communities. All have attended their appointments and been contactable as required.

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.

The service is expanding so all changes will create positive developments in service provision.

10. What investment has been made for staff to help prevent

A review of staff KSFs and PDPs showed a small take up

All staff have KSF's and PDP's. Newly appointed staff have to complete an

discrimination and unfair treatment?

of E-learning modules. Staff were given dedicated time to complete on line learning.

induction workbook. All staff have undertaken or will undertake the Acute Services Statutory and Mandatory Training which includes a session on equality and diversity. Staff have also undertaken the on-line equality and diversity module There are monthly Senior Charge Nurse meetings to discuss issues and monthly departmental meetings.

5. 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.

Good practice will be developed as the service progresses. Expansion of pre-assessment to ensure patient stay is reduced and

avoid cancellations for same day appointments will bring benefits to all.