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 CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

Name of Current Service/Service Development/Service Redesign:

Primary Care Mental Health Team Review

Please tick box to indicate if this is a: Service Redesign Yes

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?

Primary Care Mental Health Teams (PCMHTs) provide services for people with mild to moderate mental health problems in every area of NHSGGC. Services are tiered including provision of self help materials, stress control (large groupwork) interventions, small therapeutic groups and 1-1 short term counselling. It is a key service for people experiencing multiple disadvantage.

The service currently operates a range of approaches to accessing services. Implementation of the Review recommendations will introduce a self referral system, in addition to existing referral routes, creating an open access Service.

The PCMHT Review was carried out to develop better standardisation of approaches and procedures within NHSGGC PCMHTs whilst achieving cost savings identified by NHSGGC finance directives.

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.)

Development plan priority - service redesign.

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)

Mark Richards, Head of Mental Health, East Dunbartonshire CHP, CHP Offices, Stobhill Hospital

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):

The EQIA was completed over 3 sessions. The following staff were involved, most were at the 3 sessions.

Mark Richards, Head of Mental Health, East Dunbartonshire CHP
Jim White, PCMH Team Lead, South East Glasgow (STEPS PCMHT)
Linda Roberts, PCMH Team Lead, West Dunbartonshire CHP
Marion Campbell, Lead OT, Arran Centre, North East Glasgow
Amanda White, Service Manager, East Renfrewshire CHCP (Bridges PCMHT)
Catherine Taylor, CBT Therapist / Team Lead, Riverside Resource Centre, North West Glasgow
Elizabeth McVicar, PCMH Nurse Team Lead, Inverclyde CHCP
Julie Dunnan, Consultant Clinical Psychologist, North West Glasgow
Helen Sandbach, Primary Care Liaison Worker, Renfrewshire CHP
Margo Pratt, Clinical Effectiveness Co-ordinator, Clinical Governance Unit
Jackie Erdman, Corporate Inequalities Manager, Corporate Inequalities Team
Noreen Shields, Planning & Development Manager, Corporate Inequalities Team
Fiona Murray, Team Lead / Consultant Clinical Psychologist, South West Glasgow (Pathways PCMHT)

	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 be used to analyse DNAs, access issues etc.***	Age, sex, SIMD, ethnicity and employment status is collected on PIMS. English not first language is recorded. Most areas indicated improvements in ethnicity recording required. Some areas collect equalites on all referrals; GP and self. PIMS does not collect sexual orientation, disability and religion. Most areas are doing telephone screening, East Dunbartonshire have added in disability so that they can build in additional time or improve access. Pathways Service, South West Glasgow, asks sexual orientation and disability. Only one Team currently collects this information at point of referral, including sexual orientation and	Annual 50% improvement in ethnicity recording over next 4 years - One team asks ethnicity for self referrals – another team trial this also Annual GGC wide analysis of service use by available protected characteristics with a particular focus on SIMD All areas to implement disability screening as telephone screening rolls out across GGC

			disability – plan to pilot gathering this information with one Team and use lessons learned to inform roll out. Mindful of impact on length of telephone contact and number of questions asked. Some areas have used anonymous equalities monitoring forms for large groupwork interventions (these 'snapshot audits' are 6 monthly / annually) Some areas collect equalities data on all levels of intervention including larger classes & therapeutic groups. DNA information is collected but not disaggregated. Gap around equalities approaches to DNA management.	All areas use anonymous equalities monitoring forms once a year for groupwork Do a GGC wide analysis of DNA data. This to be disaggregated by available protected characteristics. CIT to send equality proofed Non-engagement protocol (Example is from Healthier Wealthier Children). Develop a standard approach to DNA management within the PCMHT operational policy.
2.	**Can you provide evidence of how the equalities information you collect is used and give**	***A Smoke Free service reviewed service user data and realised that there was***	Protected characteristics gathered as part of assessment processes are	Local implementation plans to include their

	details of any changes that have taken place as a result?	***limited participation of men. Further engagement was undertaken and a gender-focused promotion designed.***	taken into consideration in the clinical setting. Overall 4% of service users are over 65, which is low. GPs recently had a letter from the Lead Director highlighting the age discrimination ban, encouraging referrals. East Dunbartonshire and Inverclyde Teams are involved in service improvement activities to address under-representation of this age group. Lessons learned will be shared with other Teams. Local evidence has identified more women use PCMHT services than men. Men tend to mask issues (e.g. by use of alcohol). Within large stress control groups, older men are over represented. Young men are more likely to DNA / don't attend. A shift towards triage to a) self supported materials, b) large groupwork	specific actions on protected characteristics & to update this regularly To consider a GGC wide marketing campaign (to raise awareness that it isn't an age limited service / encourage more men to attend etc) after 6 months implementation

			c) 1-1 interventions) and use of 'Call back' (as informed by the Review) all seeks to improve gender balance and response to deprivation. (See Appendix for more info on what local areas have done). Local Teams also have examples of responses to equality issues unique to their population or profile.	
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.***	There are examples in all local Teams of the application of new evidence to improve access for all. These include: - STEPS research on issues for equality groups that have led to health improvement interventions taking place in community venues, religious and faith groups, etc - Using Older Adults Research undertaken by Chris Williams / Young Foundation to	No gaps

			make services more accessible to older people	
4.	**Can you give details of how you have engaged with equality groups to get a better understanding of needs?**	***Patient satisfaction surveys have been used to make changes to service provision.***	Across the service, seminars, Mental Health Forums, Public Partnership Forums and other mechanisms are used for routine communication. Examples of local service engagement with equality groups includes: - following consultation with key members of the community, training now delivered in local Mosque - focus activity on new mums and older adults by working with local community groups	KPI on user outcomes: have a standard approach including equalities elements. Test the new approach end 2013
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 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.***	Plan being developed with Health Improvement colleagues – regular events scheduled between PCMHT and Health Improvement. Other opportunities include working with other services such as Sandyford Hubs.	Schedule of meetings agreed involving PCMH and Health Improvement.

			Service supports asset mapping- strengths based approach and identifying community assets that can support mental health. Includes cross referral between other services - HWC, SNIPS, CAB etc. Some areas do direct referrals- literacy issues etc, healthy eating, books on prescription, exercise on referral (via GP), learning from and linking with programmes such as Healthier Wealthier Children, Triple-P, etc. Reduce stigma of service users by normalising mental health - e.g. using the word stress rather than depression.	
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***	A Deaf and Metal Health Working Group have identified barriers and an action plan is in place to address these. To date, actions have included training	Local areas to do own actions / consider own EQIAs after 6 month review of this EQIA done

		information now provided.	of some staff in BSL and stress control classes being run with signers in collaboration with Deaf Connections. Accessibility is addressed at initial assessment and alternative arrangements can be made for anyone who has difficulty accessing local services. Consideration will be given to the need for local Team EQIAs 6-months after completion of the Service-wide EQIA.	
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.***	Mark Richards & Jim White are working on suite of equality proofed patient information booklets leaflets (available through PERL) Targeted service information is done e.g. Mosques, shops, Radio Awaz- has worked in South Glasgow / important to have multiple access points (e.g. South targeted working	

			class men through use of comedians). Literacy - sending out questionnaires, appointment letters. Even call back won't get round this entirely. Text messaging is used. Accessible information policy reviewing written information - PCMHTs have financial barriers to this and work is ongoing. PCMHT Leads have details of Accessible Information Person	
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 that very few young men were attending clinics. They have launched a local promotion targeting young men and will be testing sex-specific sessions.***	Lack of crèche facilities a barrier to women with children- use health visitors who have links with nurseries, pre 5 clubs. Some areas use mobile crèches. Participated in the pilot of sensitive enquiry gender based violence, now routine practice in one Team. GBV Lead will attend July meeting of Team Leads to discuss implications for implementation across all services. Mental Health Services are already positioned to respond to disclosure within the clinical context. Marketing the service to young men is an issue.	Roll out plan tbc See Section 2 above
(b)	**Gender Reassignment**	***An inpatient receiving ward has held briefing sessions with staff using the NHSGGC***	Lack of awareness of transgender issues, which will be picked up through local	Local areas to do briefing on Transgender policy

		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.	briefing and subsequent supervision.	
(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.***	PCMHTs are taking part in Mental Health Services strategic approach to age discrimination. They are reviewing inclusion and exclusion criteria to ensure that exclusions (for example based on bereavement or a requirement for home visits) do not indirectly discriminate against older people This includes ongoing work with GPs to publicise referral options for older people & estimating the proportion of adults likely to benefits from access to PCMHTs & plan to meet that target	Consider roll out issues from some local area actions (e.g. Inverclyde new approach from Feb 2013). Monitor use for people over the age of 65
(d)	**Race**	***An outpatient clinic reviewed***	BME Interpreting procedures	Use proxy data (e.g.

		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.	used well Each area gets information in other languages as required. Areas are aware that Govanhill Library which has a lot of translated materials PERL materials will be in main community languages	use of interpreting services) to identify levels of access for BME communities are appropriate. As ethnicity data collection improves use this
(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 with homophobic incidents.***	Feed back from patients (e.g. heterosexist examples given in written materials)	See Section 2 above: will be covered in review of patient materials
(f)	**Disability**	***A receptionist reported he***	Good awareness of BSL	

		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.	booking procedures, some staff trained in BSL. PCMHT Services part of the GGC Deaf & Mental Health Action Plan Text reminders and call back have been very successful in reducing DNAs for individual appointments. Text reminders not available in all areas for groupwork.	Extend text reminders and call back to all PCMHTs.
(g)	**Religion and Belief**	***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.***	Some areas cover in 1-1 assessments but no facility to record in PIMS Specific areas have covered this issue (e.g. South Glasgow PCMH Service – worked with faith leaders for a number of years & local library services to cover faith & MH issues). If patients raise religion / belief as part of 1-1 counselling, staff would work with client on this issue as part of their support system or problem area in their life	No gap

(h)	**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.***	Services are in local venues. There is evidence that PCMHTs refer to Money Advice Services but this could be improved. In Glasgow City, PCMHTs are linking with welfare rights officer who are providing training on financial capability. There is an emphasis on asking employment status & direct referral to employability services.	Staff to use the NHSGGC Health Improvement Directly to refer to Money Advice, Employability & other social support services
(i)	**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.***	Homelessness: Heads of Mental Health are linked to the review of Homelessness Action Plans. Some areas (e.g. North West) have close engagement with housing / vol orgs Ex service personnel: Colin McCormack, Head of Mental Health, North West Sector (Glasgow City), is the Mental	Fiona McNeill will send the GGC wide Homelessness & Health report. All to consider for local implementation plans

			Health Service Link on GGC work, PCMHT issues are being considered. Mark Richards is covering prison health issues & will consider any PCMHT issues in this Addictions: well developed pathways. Being considered in local implementation plans Asylum Seekers and Refugees: PCMHTs good links with Compass specialist 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?**	***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.***	Resource Allocation Model - Head of Planning has devised the model. Weighted for deprivation but not ethnicity. A Project Initiation Document outlining cost savings has been equality proofed. Each CH (c) P has done cost savings differently, not all areas developed a Project Initiation Document.	Consider whether cost savings prohibit EQIA actions (at 6 month review stage)

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.***	Variable gender mix within PCMHTS across GGC. Redeployment affects this. Some areas offer a choice but most areas don't ask as they can't meet the demand.	Cross referrals between teams to be included as an aspect in the Operational Policy
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.***	Staff have access to the eKSF e-learning modules – a review will be undertaken of current uptake with a view to staff completing all relevant modules as part of ongoing Personal Development Plans. Protected time with GPs is used to discuss caseload issues and address any perceived discrimination or unfair treatment within the service. Scottish Recovery Network indicator being used in some teams to promote a recovery orientation by highlighting issues in relation to rights, equalities and diversity.	No gap

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 and have used this to change the way you deliver services - 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 was summarised in a poster event in December 2012 on Mental Health equalities work.

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)**
Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials		
Q1. Collection of patient information – protected characteristics Annual 50% improvement in ethnicity recording over next 4 years. ??One team asks ethnicity for self referrals – another team trial this also	following 1st data report	Team will be identified following report
Annual GGC wide analysis of service use by available protected characteristics with a particular focus on SIMD	Quarterly review	FMcN
All areas to implement disability screening as telephone screening rolls out across GGC	01/06/13	MR (Within Operational Policy)
All areas use anonymous equalities monitoring forms once a year for groupwork	01/06/13 (OP) Annual review	MR (Within Operational Policy)

		FMcN
Do a GGC wide analysis of DNA data. This to be disaggregated by available protected characteristics. Actions such as introducing text reminders should be monitored for impact	Annual review	FMcN
CIT to send Healthier Wealthier Children equality proofed Non-engagement protocol.		NS – completed 1/12/2012
Develop a standard approach to DNA management within the PCMHT operational policy, linking with Fiona McMahon.	01/06/13	MR (within Operational Policy)
Q2. Use of patient information – protected characteristics		
Local implementation plans to include their specific actions on protected characteristics & to update this regularly – discussion about protected characteristics	01/6/13	PCMH Team Leads
- begin by ensuring same PCMH access arrangements agreed around age: 16 – 18 year olds and older people	08/01/2013	FMc
To consider a GGC wide marketing campaign (to raise awareness that it isn't an age limited service / encourage more men to attend etc) after 6 months implementation	30/01/14	FM
Q4. Engagement equalities groups / patient experience		
KPI on user outcomes: have a standard approach including equalities elements. Test the new approach no later than March 2013, with 1 or 2 teams before full roll-out	01/04/2013	NS & Patient Experience Subgroup
Q5. Health improvement roles		
Ongoing discussions about how to progress this through schedule of meetings in place	01/12/12	MR
Q6: DDA compliance – physical access		
Local areas to do own actions / consider own EQIAs after 6 month review of this EQIA done	01/06/12	PCMH Team Leads

Q7: Communication needs / Accessible information CIT will email Fiona McNeill list to AIP Leads for dissemination		NS – completed 06/12/2012
Q9: Cost savings Consider whether cost savings prohibit EQIA actions (at 6 month review of EQIA)	01/6/13	FM, PCMH Team Leads
Q10: Representative workforce Cross referrals between teams to be included as an aspect in the Operational Policy	01/06/2013	MR

Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy		
- Roll out plan tbc for gender based violence routine enquiry – Pathways have already piloted this Invite Kath Gallagher to July meeting to discuss GBV Board Requirements	04/06/2013	FM
- Local areas to do briefing on Transgender policy	01/06/13	PCMH Team Leads
- Consider roll out issues from some local area actions on age (e.g. Inverclyde new approach from Feb 2013). Monitor use for people over the age of 65 – prepare a schedule of meetings that incorporates discussion about existing practice in relation to protected characteristics	08/01/2013	FM
- Use proxy data (e.g. use of interpreting services) to identify levels of access for BME communities are appropriate. As ethnicity data collection improves use this. Eileen Caroll will have this information held centrally for Teams.	01/06/13	FM, PCMH Team Leads
- Disability: Extend text reminders and call back to all PCMHTs.	01/06/13	MR (Within Operational Policy)
- Socio-economic: Staff to use the NHSGGC Health Improvement Directory to refer to Money Advice, Employability & other social support services	01/06/13	MR (Within Operational Policy)
- Marginalised groups i) Fiona McNeill will send the GGC wide Homelessness & Health report. All to consider for local implementation plans	28/02/13	FM, PCMH Team Leads

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

06/12/2013

Lead Reviewer: **Name** Mark Richards
EQIA Sign Off: **Job Title** Head of Mental Health, East Dunbartonshire CHP

Signature

Date 5th February 2013, revised post QA feedback June 2013

Quality Assurance Sign Off: **Name** Alastair Low
Job Title Planning Manager
Signature
Date

Please email a copy of the completed EQIA form to eqia1@ggc.scot.nhs.uk, or send a copy to 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.

PLEASE NOTE – YOUR EQIA WILL BE RETURNED TO YOU IN 6 MONTHS TO COMPLETE THE ATTACHED 6-MONTH REVIEW SHEET. IF YOUR ACTIONS CAN BE COMPLETED BEFORE THIS DATE, PLEASE CONTINUE TO COMPLETE THE ATTACHED SHEET AS YOU AND RETURN AT YOUR EARLIEST CONVENIENCE TO: eqia1@ggc.scot.nhs.uk

NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET

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

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			
Action:			
Reason:			
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	**Initials**
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6 month EQIA review date:

Name of completing officer:

Date:

Please email a copy of this EQIA review sheet to eqia1@ggc.scot.nhs.uk or send to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospitals Site, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4817.