

**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:

NHS Greater Glasgow and Clyde's Special Needs in Pregnancy (SNIPS) Strategy, Women and Children's Directorate.

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

Brief description of the above: (Please include if this is part of a Board-wide service or is locally determined).

In January 2010 NHSGG&C moved to two inpatient maternity units for Glasgow, the Southern General (SGH) and Princess Royal Maternity (PRM). In preparation for this, a Maternity Strategy Implementation Steering Group (MSISG) had governed delivery of the implementation plan. A Pregnancy Pathway Group had been one subgroup of MSISG, which produced a maternity service redesign strategy. Within this strategy, a Glasgow wide Special Needs in Pregnancy (SNIPs) team was proposed to caseload manage those families with the most complex social needs. Additionally, a series of SNIPs criteria and care pathways were developed. The service redesign was implemented by the operational management team during 2009.

As the maternity strategy related to Glasgow, it did not include Clyde area, which has three additional maternity units: the Royal Alexandra Hospital (RAH), Inverclyde Royal Hospital (IRH), and Vale of Leven (VoL). Therefore, in March 2010 the Women's and Children's Directorate (W&C) embarked on work to review the strategy for SNIPs provision across both areas of the Directorate.

The SNIPs service would be woman centred, ensuring accessibility and continuity of existing services and support. An interagency approach was proposed, to enable effective communication and minimise the risk of fragmented care. Women would have multidisciplinary maternity team care with multiagency input.

Women may access the SNIPs service in a variety of ways and at any point during care; including referral from multiagency partners, self referral directly into the service, or via mainstream maternity services. Throughout care, staff would use the referral criteria to ensure that appropriate women are offered the SNIPs service.

Who is the lead reviewer and where based?

Ann Holmes, Consultant Midwife, Princess Royal Maternity.

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):

Consultant Midwife; Equality Programme Lead, Lead Midwife, Senior Officer Addictions Children & Families

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
All	<ul style="list-style-type: none"> • Midwifery Staff are required as a minimum to attend training on the following: <ol style="list-style-type: none"> 1. Equality and Diversity 2. Gender Based Violence 3. Drug/Alcohol Training 4. Child Protection Training 5. Blood bourne virus Training • Across NHSGGC women presenting with the following risk factors are referred into SNIPs: <p>Alcohol and/or drug misuse in woman and/or partner in last 12 months (including any substitute prescribing); HIV +ve women and/or with a known HIV +ve partner; Gender based violence and/or abuse associated with child protection issues; Significant or current mental health issues (such as bipolar disorder or schizophrenia) impacting on their ability to parent a child and that may lead to child protection issues; Vulnerable adult for example an adult with learning disabilities that may lead to a difficulty associated with ability to parent a child and child protection issues; Women who have been trafficked into UK; Women who have been victims of torture/imprisonment; Involvement in sex trade/forced prostitution; Women who conceived in difficult circumstances and/or as a result of rape; Late booker (over 20 weeks) with additional concerns +/- concealed pregnancy; Women disengaged from mainstream maternity services – such as recurrent defaulter, or women with</p> 	<ul style="list-style-type: none"> • Equality data not analysed.

	<p>difficulties registering with a GP; Women who have or whose partners have current and/or past involvement with criminal justice system involving child protection issues – such as Schedule 1 offence; Current or previously identified child protection issues – including children previous in care or on child protection register; Disclosure of female genital mutilation (FGM); Failed or destitute asylum seekers or illegal entrants; Unaccompanied asylum seeking children</p> <ul style="list-style-type: none"> • The strategy supports an “open door” approach to SNIPs with women meeting the criteria able to access the service at any point during the antenatal, labour or postnatal periods. • Named SNIPS midwives would be allocated to the agreed sites and this would provide community based postnatal care for women from the site and 1:1 parenting support. • Alerts are in place for women when they are admitted to the service to highlight any risk issues • Equality data is captured in the hand held maternity notes. 	
Gender	<ul style="list-style-type: none"> • This is a women led service. • Services are tailored to meet the needs of the women accessing the SNIPS service. • Routine Inquiry is in place for Gender Based Violence. • Staff are aware of Gender Based Violence issues. 	<ul style="list-style-type: none"> • No negative impact identified.
Ethnicity	<ul style="list-style-type: none"> • Staff are aware of how to access interpreters. Female interpreters are requested. • Information is available in other languages upon request. 	<ul style="list-style-type: none"> • No negative impact identified.

	<ul style="list-style-type: none"> • There is a dedicated midwife who works with Asylum seekers and deals with some of the complex issues that may arise. • NHS Greater Glasgow and Clyde have Special Needs in Pregnancy Teams (SNIPs). Women who have complex needs that are Asylum Seekers or refugees would be referred to SNIPS. • An educational pack was developed to help support midwives that work with asylum seeker women from Africa in relation to Female Genital Mutilation (FGM) and the complexities that it can bring during pregnancy. This pack to be made available on line for staff. 	
Disability	<ul style="list-style-type: none"> • NHS Greater Glasgow and Clyde have Special Needs in Pregnancy Teams (SNIPs). Women who have complex needs and a learning disability or ongoing significant mental health problem would be referred to SNIPS. • Staff are aware of how to organise sign language interpreters and other forms of communication support. • The service has access to portable induction loops if required 	<ul style="list-style-type: none"> • No negative impact identified.
Sexual Orientation	<ul style="list-style-type: none"> • Staff use the term 'partners' or 'significant other'. Rather than making assumptions about relationships. 	<ul style="list-style-type: none"> • No negative impact identified.
Religion and belief	<ul style="list-style-type: none"> • Staff are aware of the religion and belief issues and have access to the Faith and Belief Manual • Staff can offer appointments to accommodate religious festivals. 	<ul style="list-style-type: none"> • No negative impact identified.
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • NHS Greater Glasgow and Clyde have Special Needs in Pregnancy Teams (SNIPs) and there is a Link Midwife for teenagers. Young mums or anyone 	<ul style="list-style-type: none"> • No negative impact identified.

	<p>under the age of 16 can be referred to these teams or the Link Midwife.</p> <ul style="list-style-type: none"> • The SNIPs service also work closely with the neonatal team. 	
Social Class/Socio-Economic Status	<ul style="list-style-type: none"> • NHS Quality Improvement Scotland is undertaking multiagency work aiming to develop a pathway for women and families with social complexity. Output from this is likely to include a national framework for co-ordinating and planning support for “vulnerable” pregnant women and children (age 0-3). NHS GG&C have a representative involved in the development of this national framework and will implement any future guidance from this work. • A protocol is in place to work closely with the social work department to ensure that appropriate support and care is in place and to highlight any areas of risk. 	<ul style="list-style-type: none"> • No negative impact identified.
Additional marginalisation	<ul style="list-style-type: none"> • The service works with the community addictions teams and make referrals where necessary. • Babies are observed for 10 days where substance abuse by the parent has been identified. • Prisoners can be brought in to the private rooms for visiting as appropriate. • Discussion are in place with the Directorate Pharmacy community addictions representatives and other relevant agencies to discuss the complexities associated with substance reduction prescribing • NHS Greater Glasgow and Clyde have Special Needs in Pregnancy Teams (SNIPs). Women who are homeless would be referred to SNIPS 	<ul style="list-style-type: none"> • No negative impact identified.

Actions	Date for completion	Who is responsible?(initials)
Cross Cutting Actions Consider analysing equality data for women accessing the SNIP,s service.		AH
Specific Actions		

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

--

Lead Reviewer: **Name: Anne Holmes**
Sign Off: **Job Title Consultant Midwife**
 Signature
 Date: 23 March 2011

Please email copy of the completed EQIA form to Jacqueline.Russell@ggc.scot.nhs.uk

Jacqueline Russell, Corporate Inequalities Team, NHS Greater Glasgow and Clyde, Gartnavel Royal Hospital, 1053 Great Western Road, Glasgow, G12 0YN. Tel: 0141 201 4560.