

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 2014817.

Name of Current Service/Service Development/Service Redesign:

Ophthalmology Day Unit Inverclyde Royal Hospital, Surgery & Anaesthetics Directorate

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

The Ophthalmology unit diagnoses and treats eye problems such as trauma, cataracts, diabetic eye diseases, and other eye problems. Referrals are from GP's, Accident and Emergency and Hospital Consultants. The Department treats a wide range of age groups. There are pre operative assessment clinics and nurse led Post operative checks. Patients have Ophthalmology Surgery mainly on a day case basis.

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.)

It was felt appropriate that an EQIA should be undertaken at this time to ensure that there would be equal access for all groups following the redesign of the department.

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)

Fiona Rogan, Lead Nurse for Ophthalmology GG&C based at Southern General 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):

Fiona Rogan Lead Nurse, Laura McFarlane, SCN Day Unit; Linsey Nelis, Nurse in charge of pre assessment; Arlene Rodgers, SCN EYE OPD; Dr Venkatesh, Consultant Ophthalmologist; Louise Robertson, Secretary

	Lead Reviewer Questions	<i>Example of Evidence Required</i>	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?	<i>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.</i>	Gender and age data is recorded in the patient information database	No other data is currently recorded but this may change once the new patient information recording system (Trakcare) is fully operational. (there was no electronic system prior to this all data was recoded on paper systems)
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>		Data above is not routinely analysed but this may change once the above system is fully operational.
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.	<i>Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.</i>	Lead Nurse carried out Research into 'Learning Disabled patients and their Carer's accessing Health Care' to improve access and remove barriers from patient pathway.	
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>	Lead Nurse engaged with members of the Down's Syndrome society for Scotland. Learning disability patients are given extra time at appointments as required Staff routinely ask patients	

			the Better Together ward questions and address any issues as they arise.	
5.	If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?	<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>		
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>	<ul style="list-style-type: none"> • The Day Unit is on Level K of the building. There is direct access from Level C (ground floor) via lifts. The lifts have tactile lift buttons and a lift announcer facility • There is disabled parking outside the building and a drop off point. • There is a ramp for wheelchair users into the building. • There is good colour contrast in the signage used throughout the hospital. • There is colour contrast between the floors and walls both in the access routes and in the department • There is a mixture of different types of chairs (arms and height). • The department is wheelchair accessible. • A hoist can be accessed 	

			when required	
7.	How does the service ensure the way it communicates with service users removes any potential barriers?	<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>	<ul style="list-style-type: none"> • There are picture booklets which can be used as a visual aid to back up verbal information. • There is a loop system in the department and posters are displayed showing that this is available. • Some staff have accessed Deaf Awareness Training. • Staff are aware of how to access a sign language interpreter • Patient information is available in larger print. • There some patient information available in audio format. • Some information is available in Braille for patients who are blind. • Staff are aware of the importance of guide dogs being allowed in the department 	
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>	<ul style="list-style-type: none"> • Gender data is recorded in patient record • Staff try to accommodate choice of health professional when possible. If this isn't possible, chaperoning would be provided. • When interpreters are required, staff can request a same sex interpreter if necessary. • There are separate male and female toilets available. • Staff are aware of the Gender Based Violence policy and would access the staff intranet for more information if required 	
(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>	<p>All staff are aware of the transgender policy.</p> <p>At Pre-assessment appointments any specific patient needs would be identified. This would include any preferences for accommodation within the ward</p>	
(c)	Age	<i>A urology clinic analysed their sex specific data and realised that young men represented a</i>	<ul style="list-style-type: none"> • When requested staff can provide an area for breast feeding. 	Not all staff have been on Adults with Incapacity training.

		<p><i>significant number of DNAs. Text message reminders were used to prompt attendance and appointment letters highlighted potential clinical complications of non-attendance.</i></p>	<ul style="list-style-type: none"> • Staff make every effort to provide flexible appointment times when these are required e.g. outside school hours • There are baby changing facilities available. • The department has links to Yorkhill Hospital for children and younger patients. These links can help younger patients with the transition from children's services to adult services • Staff can access patient information specifically for children and some staff have undergone Child Protection training • Patients are encouraged to bring relatives to accompany them to their appointment. (Patients tend to be older as some eye conditions are age related) The elderly may have other chronic health conditions, be particularly frail, be at risk of falls and a friend relative can help with this as well as be available to hear all the information about the eye condition. 	
(d)	Ethnicity	<i>An outpatient clinic reviewed its</i>	<ul style="list-style-type: none"> • Information about 	Ethnicity is not recorded at

		<i>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.</i>	<p>admission is available in Bengali; Gujarati; Hindi; Punjabi and Urdu.</p> <ul style="list-style-type: none"> • Staff are aware of NHS Greater Glasgow & Clyde's interpreting policy and procedures on how to book an interpreter. • Some staff are bilingual and can be used to interpret in emergency situations. 	present but this will change once the new patient information system is fully operational.
(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>	<ul style="list-style-type: none"> • Staff are aware of the Civil Partnership Act and the issues regarding consent • Staff are aware of the importance of using appropriate terminology 	
(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 book BSL interpreters.</i>	<ul style="list-style-type: none"> • There is disabled parking outside the building and a drop off point. • There is a ramp for wheelchair users into the rear entrance of the building on the upper ground floor. • The entire hospital building at IRH is wheelchair accessible. • There are a variety of illustrated leaflets which 	

			<p>can be used as a visual aid to back up verbal information when discussing Ophthalmology conditions.</p> <ul style="list-style-type: none"> • Staff are aware of how to access a sign language interpreter. • The department is able to accommodate guide dogs. • The department try to offer flexible appointment times for people with additional needs. For example, longer appointment times for people with learning disabilities in eye pre-assessment . • In conjunction with The Learning Disability Service, relevant information from the Eye Department is written into a diary which many people with a learning disability carry for continuity of care 	
(g)	Faith	<p><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>	<ul style="list-style-type: none"> • The department has access to a Faith and Belief Communities Manual. • Some staff have attended Spiritual Awareness training sessions run by the Chaplaincy 	

			<p>Department.</p> <ul style="list-style-type: none"> • Staff can direct patients to the Chaplaincy Department if they wish to pray. • Staff are aware of religious festivals and how this can impact on the patient's treatment e.g. medication during Ramadan 	
(h)	Socio – Economic Status	<p><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></p>	<ul style="list-style-type: none"> • Those patients on income support or there specific benefits can have their travelling expenses reimbursed at the cashier's office • if patients have specific health needs that meet the criteria of Scottish Ambulance Service then ambulance transport may be ordered to transport them to the hospital • Staff operate outreach clinics in Largs, Rosethsay, etc to prevent patients additional travel or expense. 	
(i)	Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers	<p><i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i></p>	<ul style="list-style-type: none"> • The department can contact the Social Work Department as and when required. • Staff are aware of NHS Greater Glasgow and Clyde's alcohol and drug 	

			<p>policy and can signpost patients to the Addiction's Liaison Service.</p> <ul style="list-style-type: none"> For patients in the criminal justice system, staff are aware that all correspondence should be sent to the Prison. The prison service carries out a risk assessment of the department before bringing the patient. 	
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>Savings have had to be made. This had not had any disproportionately effect on equality groups.</p>	<p>The redesign process means that some staff require additional skills and knowledge to meet the needs of the department.</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>There is a wide age range in staff members.</p> <p>There are both male and female staff in the workforce.</p> <p>The department conforms to the NHS GG&C's recruitment policy.</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 have accessed the on-line equality and diversity training course.</p> <p>All staff have a KSF and PDP review yearly or more frequent if required.</p>	

			All staff nurses will rotate through the Day Unit, pre assessment and Eye Clinic ensuring there is no discrimination.	
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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.

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>Ensure all staff undergo specialised training to meet the needs of the redesigned department</p> <p>Ensure that the new electronic patient recording system includes ethnicity and other equality and diversity data.</p> <p>Analyse equality and diversity data from new system on a regular basis to understand patient groups using the service.</p>	<p>1/11/11</p> <p>1/12/12</p>	<p>LMcF</p>
<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</p> <p>Ensure all staff have attended Adults with Incapacity training</p>		

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

June 2012

Lead Reviewer:
EQIA Sign Off:

Name Fiona Rogan
Job Title Lead Nurse
Signature
Date 1/11/11

Quality Assurance Sign Off:

Name
Job Title
Signature
Date

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