

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 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](mailto:CITAdminTeam@ggc.scot.nhs.uk) for further details or call 0141 2014817.

Name of Current Service/Service Development/Service Redesign:

Colposcopy Services, Women and Children's 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?**

Colposcopy services are delivered at the New Stobhill and Victoria Hospitals, Royal Alexandra Hospital, Vale of Leven and Inverclyde Royal Hospital.

**Colposcopy** is a diagnostic procedure to examine the cervix and the tissues of the vagina and vulva with the aim to identify any pre-cancer cells. The diagnostic procedure uses a colposcope, which provides an enlarged view of the areas being examined to allow the colposcopist to visually distinguish normal from abnormal appearing tissue and take biopsies for further pathological examination and later treat the area if applicable.

Very rarely, If extensive treatment is required then some patients will be referred to Day Surgery.

Colposcopy clinics are fitted with video equipment that allows the colposcopist to view the examination on a television monitor. The patient can also watch the procedure if they want to, which may help to reduce any nervousness and anxiety.

The treatment of pre-cancerous cells is almost always 95% successful.

Screening of patients is usually age 20 – 60 as recommended by the national programme. From 2013 this will change to 25-64.

The majority of referrals will be as a result of an abnormal smear being identified at the laboratory and a few referrals will be direct from the GP. Urgent referrals are seen within 2 weeks and others within 8 weeks.

**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.)**

The Management team identified the Coploscopy service for an EQIA

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)

<b>Name:</b> Katie McEwan, Clinical Services Manager, Southern General Hospital.	<b>Date of Lead Reviewer Training:</b>
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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):

Consultant; Clinical Services Manager; Nurse Specialist	Equality & Diversity Assistant, Quality Co-ordinator
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	Lead Reviewer Questions	<i>Example of Evidence Required</i>	<b>Service Evidence Provided (please use additional sheet where required)</b>	<b>Additional Requirements</b>
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>	The Colposcopy Service uses the TRAKCARE system. Gender, date of birth and postcode are recorded. (At time of EQIA some hospitals had only been on the TRAKCARE system for 2 weeks)  Colposcopy uses the Scottish Cervical Cell Recall System (SCCRS) which is a web-based application for booking in smears, recording results, and managing call/recall lists.	Improve on the capture of other equalities data including ethnicity to ensure analysis of patient data can be undertaken. This will allow the service to identify any gaps in service provision.
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>	.	The service does not currently have enough equality data collated to be able to analyse all protected characteristics for any specific needs.

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>	From 1 April 2010, direct referral to colposcopy was introduced to improve the referral time to colposcopy. All appointments are issued centrally by Royal Alexandra Hospital Health Records staff. Where possible, all women are appointed to a local colposcopy clinic. This change was as a result of understanding the variances in referral times in certain parts of the service and a need to standardise this.	
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	<i>Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.</i>	The Colposcopy Service has undertaken patient experience questionnaires. No equality issues were identified.	Ensure all patient experience questionnaires include an ethnic monitoring sheet to be able to analyse areas of engagement.
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 parenting service includes referral options to smoking cessation clinics. The service provides crèche facilities and advice on employability and income maximisation.</i>	If a patient has a Sexually Transmitted Infection (STI), staff would refer them to the Sandyford Clinic.  Any patient who smokes are offered a referral to Smoking Cessation.	
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>	The Colposcopy Service is provided at various sites throughout NHS Greater Glasgow and Clyde. Each site has a drop of point. Each site has disabled parking spaces. Each main entrance has automatic	Clarify if all sites have access to hoists to transfer patients in wheelchair.

			<p>doors. Each site has lift access with tactile buttons. The clinics have lowered reception desks.</p>	
7.	<p><b>How does the service ensure the way it communicates with service users removes any potential barriers?</b></p>	<p><b><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></b></p>	<p>Staff are aware of how to arrange interpreters.</p> <p>All Colposcopy letters have been standardised.</p>	<p>Ensure staff are all aware of NHS GG&amp;C's Interpreting policy and Procedures. There have been incidences where an interpreter has not been arranged. Review referral pathway to ensure communication needs can be better accommodated.</p> <p>Obtain a code from NHS Greater Glasgow and Clyde's Interpreting Service to be able to access telephone interpreting.</p> <p>Clarify if all sites have access to a portable loop system.</p> <p>Circulate information about text relay for patients who are hard of hearing or deaf.</p> <p>Ensure staff are aware of</p>

				<p>NHS Greater Glasgow and Clyde's Accessible Information Policy.</p> <p>Clarify if Colposcopy letters comply with NHS Greater Glasgow and Clyde's Accessible Information Policy.</p>
8.	<p>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:</p>			
(a)	<p><b>Sex</b></p>	<p><i>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.</i></p>	<p>The service will try to accommodate requests for same sex health professionals.</p> <p>All patients are chaperoned.</p> <p>Staff have an awareness of gender based violence issues and would signpost to appropriate agencies as per the needs of each individual patient.</p>	
(b)	<p><b>Gender Reassignment</b></p>	<p><i>An inpatient receiving ward has held briefing sessions with staff using the NHSGGC</i></p>	<p>Transgender patients (female to male) who have retained their cervix may be referred to the service if they</p>	<p>Circulate NHSGG&amp;C's Transgender Policy to staff for information.</p>

		<b><i>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></b>	have had an abnormal smear. The investigations of the abnormal smear would be undertaken sensitively following the referral.	
(c)	Age	<b><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></b>	As part of the national screening programme the age range of patients is 20 – 64. (The service may see patient out-with this age range).  Cervical screening does not stop simply due to age. It would only stop when a woman with a previously abnormal cervical screening test has had three negative results.	
(d)	Race	<b><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 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></b>	Staff are aware of how to organise interpreters.  There are some translated resources in which are available from Health Scotland. The languages available are: Chinese; Urdu and Polish.  Any racist incidents would be recorded in datix.	However the referral process may not always identify the interpreting needs. There have been incidences where an interpreter has not been arranged. Telephone interpreting would be useful in these situations. See communication section earlier.
(e)	Sexual Orientation	<b><i>A community service reviewed</i></b>	With the majority of referrals coming	

		<p><i>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></p>	<p>as a result of an abnormal smear, staff would be unaware of the patient's sexual orientation unless the patient disclosed this.</p> <p>Staff would not make assumptions about the patient's relationship status and would use appropriate terminology e.g. partner rather than husband/wife.</p> <p>Any homophobic incidents would be recorded in datix.</p>	
(f)	<p><b>Disability</b></p>	<p><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></p>	<p>If a patient has a disability or communication needs, staff would arrange a double appointment.</p> <p>Staff are aware of how to organise British Sign Language interpreters and other forms of communication support.</p> <p>There is a video clip available from The British Society for Colposcopy and Cervical Pathology about a visit to the Colposcopy Department.</p> <p>Health Scotland has an easy read leaflet about cervical screening tests for women after treatment for cervical intraepithelial neoplasia (CIN).</p> <p>Each site has access to an accessible toilet.</p>	<p>Clarify if all sites have access to hoists to transfer patients in wheelchair.</p>

			<p>The services could accommodate a wheelchair user.</p> <p>Staff may draw diagrams to aid the patient's understanding.</p> <p>Staff understand that if a patient has a carer that they are included in the consultation if required.</p>	
(g)	Religion and Belief	<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>	All sites have a hospital chapel/sanctuary.	Ensure staff are aware NHS Greater Glasgow and Clyde's Faith and Belief Communities Manual (which can be used as a reference guide).
(h)	Pregnancy and Maternity	<i>A reception area had made a room available to breast feeding mothers and had directed any mothers to this facility. Breast feeding is now actively promoted in the waiting area, though mothers can opt to use the separate room if preferred.</i>	Colposcopy can be safely carried out on pregnant women. There is a protocol in place for this.	
(i)	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</i>	<p>Staff would be able to signpost patients to the Cashier's Office to reclaim their travel expenses.</p> <p>Patients who are eligible will know to ask for directions and those who are unsure but wish to know more, may also ask staff.</p> <p>Staff try to allocate appointments to</p>	

		<i>understanding how the impact this can have on health.</i>	the patient's local hospital to avoid excess travel. (However, if the appointment is urgent, patients may be sent to any hospital).	
(j)	<b>Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers &amp; refugees, travellers</b>	<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>Staff would be unaware if a patient was an asylum seeker or refugee unless the patient disclosed this.</p> <p>Staff would be unaware if a patient was homeless unless the patient address was wrong when being checked on patient arrival.</p> <p>There is a protocol in place for dealing with patients who are prisoners.</p> <p>Patients with addictions would be able to have a colposcopy.</p>	
9.	<b>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?</b>	<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>	As with all departments cost saving exercises are being implemented but it is not anticipated that these will discriminate against any of the equality groups eg cost of supplies have been reviewed to get best value for money and implementing standardise/rationalise programme	
10.	<b>What investment has been made for staff to help prevent discrimination and unfair treatment?</b>	<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>	All staff have PDP's and KSF's.	

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)
<b>Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials</b>		
Improve on the capture of other equalities data including ethnicity.	Ongoing	Health Records
Analyse equalities data to ensure there are no gaps in service provision	Ongoing	Health Records
Ensure staff are aware of NHS Greater Glasgow and Clyde's Interpreting Policy and Procedures.	28 Feb 2013	Lead Nurse/Midwife
Ensure staff are aware of NHS Greater Glasgow and Clyde's Accessible Information Policy.	28 Feb 2013	Lead Nurse/Midwife
Clarify if Colposcopy letters comply with NHS Greater Glasgow and Clyde's Accessible Information Policy	31 March 2013	Charge Nurse
Ensure all future patient experience questionnaires include an ethnic monitoring sheet to be able to analyse areas of engagement.	30 June 2013	Charge Nurse/Lead Nurse
<b>Specific Actions – those that will specifically support protected characteristics e.g. hold</b>		

<b>staff briefing sessions on the Transgender Policy</b>		
Clarify if all sites have access to hoists to transfer patients in wheelchair.	28 Feb 2013	SCN
Obtain a code from NHS Greater Glasgow and Clyde's Interpreting Service to be able to access telephone interpreting.	28 Feb 2013	SCN
Clarify if all sites have access to a portable loop system.	31 March 2013	SCN
Circulate information about text relay for patients who are hard of hearing or deaf.		
Circulate NHSGG&C's Transgender Policy to staff for information.	31 March 2013	Lead Nurse
Ensure staff are aware NHS Greater Glasgow and Clyde's Faith and Belief Communities Manual (which can be used as a reference guide).	31 March 2013	Lead Nurse

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

June 2013

**Lead Reviewer:**

**EQIA Sign Off:**

**Name**

**Job Title**

**Signature**

**Date**

**Katie McEwan**

**Clinical Service Manager**

**25/01/13**

**Quality Assurance Sign Off:**

**Name**

**Job Title**

**Signature**

**Date**

Please email a copy of the completed EQIA form to [eqia1@ggc.scot.nhs.uk](mailto: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 REVIEW SHEET (BELOW). IF YOUR ACTIONS CAN BE COMPLETED BEFORE THIS DATE, PLEASE COMPLETE THE ATTACHED SHEET AND RETURN AT YOUR EARLIEST CONVENIENCE TO: [eqia1@ggc.scot.nhs.uk](mailto: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:**

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

		Completed	
		Date	Initials
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			

**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
<b>Action:</b>			
<b>Reason:</b>			
<b>Action:</b>			
<b>Reason:</b>			

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

		To be completed by	
		Date	Initials
<b>Action:</b>			
<b>Reason:</b>			

Action:			
Reason:			

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

Please email a copy of this EQIA review sheet to [egia1@ggc.scot.nhs.uk](mailto:egia1@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.