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 EQIA@ggc.scot.nhs.uk for further details or call 0141 2014817.

Name of Current Service/Service Development/Service Redesign:

Development of Good Bowel Health Resource & Training Project

Please tick box to indicate if this is a : Current Service ☐ Service Development ☑Yes 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 aim of this project is to design a resource for people with learning disabilities and their carers to use to increase awareness of good bowel health and improve uptake of bowel screening programme.
Bowel Cancer UK, NHS Greater Glasgow and Clyde Health Improvement team and Breast Cancer Care delivered a joint training session to carers of people with learning disabilities in November 2010. The training session was to inform carers of the breast, bowel and cervical screening programmes and to discuss how best to help the people that they care for to take part in the screening programmes where appropriate. Following this training, and subsequent information sessions with people with LD, there were requests for resources that were more accessible for this client group.
A literature search was undertaken to see what was available if anything. This search found that though there is information available from different sources; there seemed to be inconsistencies, smaller projects of work that operated on a very local level, out of date resources and others that evaluated well but carers did not know they existed. Bowel Cancer UK decided to take the learning from the existing resources and create an information pack, training programme and dissemination plan to roll out the packs to ensure that information was consistent, well managed and could be updated as and when new information became available.
NHS Greater Glasgow and Clyde Health Improvement agreed to work in partnership with Bowel Cancer UK to develop this resource and training programme.

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 project team agreed to undertake an EQIA of this project to demonstrate best practice.

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)

Claire Donaghy, Health Improvement Senior, NHS GGC

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):

NHS GGC: Health Improvement Senior, Learning Disabilities Team Leader, Speech and Language therapists, Community Nursing Local Authorities: Inverclyde, Glasgow Bowel Cancer UK Scottish Operations Manager Scottish Consortium for Learning Disability People with Learning Disabilities (service users)

	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.*	The project supports the findings from the NHS GGC Learning Disabilities Health Needs Assement, in particular recommendations 27 & 28 which looked to address the inequality in uptake of cancer screening programmes. The resource will include an evaluation form with monitoring questions included to measure Age,	

			gender, ethnicity, sexual orientation, religion and belief and socio-economic status. A barrier to gaining this information is that it will be voluntary and due to the nature of the target group, returns may be low. It is more likely that care providers will complete this form which may not give an accurate reflection. To address this, the ongoing evaluation process will look to engage service users to gain more insight as to who is using the resource.	
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?	*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.*	This project was developed following a number of training and information sessions which brought to light an inequality in people with LD accessing bowel screening. During the development of the project we have engaged with both men and women, people aged 40+ (due to target audience of intervention being 50-75yrs), we consulted with different cultural groups and people from different socio-economic backgrounds. The information that we have	

			gathered has been used to shape the content of the resource. The words and pictures that we have included are the ones that they wanted to see and comply with NHS GGC Accessible Information Policy.	
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.*	NHS GGC Health Needs Assessment for people with LD identified that people with LD were less likely to participate in cancer screening programmes. This project was established to reduce the barriers to participation and improve uptake. The resource pack includes easy-read written information, a booklet with clear photography of how to complete the screening test, a multi-lingual DVD and links to multimedia resources. The training that we are rolling out for care providers will provide them with the information, skills and knowledge to discuss bowel screening more confidently with their clients.	
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.*	Members of the project team held focus groups (6) with service users (people with LD) and their carers. Questionnaires were used to gain feedback from community primary care staff about their knowledge of the bowel screening programme	

			and their confidence in discussing it with people with a learning disability. The information that we gathered has been used to shape the content of the resource. The training is being delivered in a variety of geographical locations, in different CH©P areas, to an audience of service providers and also family carers. The first two pilot sessions have helped finalise the content of the resource and training through the evaluation.	
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.*	There is information on lifestyle recommendations within the resource with links to LD specific information. The training sessions for the resource include a session on Lifestyle recommendations and local services.	
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.*	The resource includes easy-read written information and images as well as a DVD. The DVD has been produced by NHS Health Scotland and includes translations, with subtitles, in BSL, Polish, Punjabi, Sylheti, Urdu and Chinese. The images include both men and women of different race and faith. The training has taken place in locations that are accessible for all –	

			a pre course questionnaire identifies any additional support needs so any adaptations of the course/venue can be made.	
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.*	The resources include easy-read information with images/symbols and photographs. There is also a DVD included that is translated into 5 languages (see above), has subtitles and is also in BSL.	
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.*	There is a lower uptake of bowel screening in men. We have addressed this barrier by including many images of men within the resources. The training raises awareness of the inequality in uptake and looks at overcoming barriers to discussion and participation.	

			To ensure that we know who we are reaching with the resource, a monitoring form within the resource pack will ask this question	
(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.*	This project understands that people have the right to live with dignity and privacy in the gender with which they identify. The resources are for all people with a Learning Disability and will be accessible through LGBT organisations making them more accessible for people with a learning disability who are also transgendered.	
(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.*	The majority of bowel cancers occur in people over the age of 50, and the bowel screening programme is only available to people aged 50-74, therefore we targeted our work at the 40+ population. The training and the resource do also include information on how to have good bowel health and all ages attending the training will have increased knowledge of key messages. To ensure that we know who we are reaching with the resource, a monitoring form within the resource pack will ask this question	
(d)	Ethnicity	*An outpatient clinic reviewed its*	We consulted with people of	

		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.	different ethnicity when gathering information and agreeing content of the resource. We were aware that there might be cultural differences in the acceptability of certain language when discussing bowel health and involved them in agreeing the most suitable words/images to use. The resource includes a multilingual DVD and a photographic step-by-step leaflet. The training raises awareness of the inequality in uptake and looks at overcoming barriers to discussion and participation. To ensure that we know who we are reaching with the resource, a monitoring form within the resource pack will ask this question. We will also include information about the availability of the resource in other languages on request.	
(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.*	To ensure that we know who we are reaching with the resource, a monitoring form within the resource pack will ask this question. We have involved LGBT organisations in the planning process of the resource and they will have access to the resource. If required the project team to	

		Training was also provided on dealing with homophobic incidents.	consider adapting the training to suit this specific audience.	
(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.*	This project is for people with a learning disability and has involved service users throughout the process. The DVD within the resource pack has been translated into BSL. There is a step by step instructions section in the resource with tips that may help to increase uptake in people with a physical disability. All participants who attend training are asked if they consider themselves disabled to allow adjustments to be made to the venue/content	
(g)	Faith	*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.*	This project is not an inpatient service. The project resources include images of people from different faiths. We consulted people from different faiths re content of resource to ensure that it was as accessible as possible. If required the project team to consider adapting the training to suit this specific audience.	
(h)	Socio – Economic Status	*A staff development day identified negative stereotyping of working*	Many people with LD have a lower socio-economic status. The	

		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.	resource has addressed this by prioritising training sessions to areas of higher deprivation where screening uptake is particularly low currently.	
(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.*	People with LD may also belong to any of these other marginalised groups. This resource will target them through their linkages with other Learning Disability services and primary care. There are existing NHS GGC protocols in place for targeting these marginalised groups for bowel screening.	
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 funding for this project is specifically to develop a resource and training programme for people with LD and their carers (formal, informal and family)	
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 short listing, interview and recruitment for equality groups. Training was provided for managers in the service on equality and diversity in recruitment.*	The project team is multidisciplinary and included service users – ie men and women who have learning disabilities.	
11.	What investment has been made for	*A review of staff KSFs and PDPs*	The project team established	

	staff to help prevent discrimination and unfair treatment?	*showed a small take up of E-learning modules. Staff were given dedicated time to complete on line learning.*	ground rules at the first stage of planning. These ground rules included anti discrimination rules.	

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.

The project was developed as a result of consultation with people who have learning disabilities and people who work with people with LD. We used a variety of approaches to ensure that we involved them in the content and layout of the project. In the first instance a multidisciplinary team was established to steer the project to completion. Service users, care providers and minority groups were consulted on each decision around the resource – how it looked, which colours were used, which words were used, what types of images were included. There were 6 focus groups of service users and online questionnaires for service providers. Local service users and care providers appear as models in the booklets that are included in the resource. Having included various services throughout the planning of the resource, awareness and knowledge of good bowel health has already increased and should increase the dissemination of the resource following the launch.

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		
Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy		

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

Lead Reviewer:	Name
EQIA Sign Off:	Job Title
	Signature
	Date
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.