

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

Name of Current Service/Service Development/Service Redesign:

The Pain Management Programme, Surgery and 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 Pain Management Programme commenced in July 2008. It is a 12 week programme consisting of one session per week that lasts 2½ hours. The programme is a series of educational talks and workshops that include some stretching exercises and meditation. There is also a medication review during the 12 week programme. Following the 12 week programme patients will have follow – up appointments at 3 and 6 months. The programme can accommodate 12 patients at a time.

The team consists of a psychologist, an assistant psychologist, physiotherapist, nurse, administrator and anaesthetist.

Referrals are from any of the three pain clinics held at New Stobhill Hospital, New Victoria Hospital or Inverclyde Royal Hospital. These referrals can be made by anyone in the multidisciplinary team but mainly come from the anaesthetists. Once referred there is an ‘opt in’ required by the patient, i.e. to ensure that they take a lead in the programme. (60-70% of patients referred opt into the programme). The programme is a non-medical approach to helping patients with their pain and the affects of it on their life and lifestyle. (It doesn’t treat the pain).

The service is mainly delivered at the Templeton’s Building. Once a year, the programme is run at Inverclyde Royal Hospital.

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.)

Selected by Directorate Management Team.

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)

Martin Dunbar; Consultant Clinical Psychologist; Pain Management Programme; Templeton Building.

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 Psychologist; Clinical Nurse Specialist; Quality Co-ordinator; Equality and Diversity Assistant.

	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 data is recorded (approximately 80% of patients are female and 20% are male).  The patient data form includes questions about date of birth; ethnic group; language and religion.  Although equality data is collected it is not routinely analysed due to a lack of resources.	Analyse equality data.
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>	Not applicable.	
3.	Have you applied any learning	<i>Cancer services used</i>	The service conducted a	

	<p>from research about the experience of equality groups with regard to removing potential barriers? This may be work previously carried out in the service.</p>	<p><i>information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.</i></p>	<p>postcode analysis to ascertain if there were any differences on outcomes for patients from deprived areas. The evidence suggested that there were no differences on outcomes.</p> <p>The service had made referrers aware that there may be difficulties in treating groups where multiple languages were being translated, due to the noise and confusion that would be caused. We had considered that in such cases, patients would be seen individually. In order to assess the possible impact that this policy may have, we conducted an internal audit with the pain clinics (the referrers) to ascertain what the likely demand would be for such a service and if there were any patients not being referred currently because of communication issues. The clear message back from the pain clinic was that this was not an issue and they did not have patients who they were not referring because of communication problems.</p>	
4.	Can you give details of how	<i>Patient satisfaction surveys</i>	Evaluation of the programme	

	you have engaged with equality groups to get a better understanding of needs?	<i>have been used to make changes to service provision.</i>	is undertaken at the end of the 12 weeks and at the 3 and 6 month follow-ups.  Patients are also encouraged to give informal feedback during the programme, i.e. there is time at the end of each programme session for patients to see staff individually. Issues can be anything from something specific to an individual patient to comments about the layout of the room.	
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>	The service will signpost patients to other agencies such as the Weight Management Service; Addiction Services; exercise classes; Citizen's Advice if appropriate.	
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>	All patients are given information about public transport links to the Templeton Building.  There are disabled car parking spaces in the car park outside the building.  There are automatic doors to the building, there is ramp access; a lowered reception desk; there are lifts available	There are issues with the patient transport as the Templeton building is not a designated delivery point for Scottish Ambulance patient Transport Service. At present there are discussions regarding interim measures i.e. providing taxis. This issue has been raised with the Scottish

			<p>which have tactile buttons and a voice announcer. Patients are always escorted on the premises to the appropriate meeting rooms for security reasons.</p>	<p>Ambulance Service by the then Service Manager. Need to have this issue raised again by the Service Manager.</p>
7.	<p>How does the service ensure the way it communicates with service users removes any potential barriers?</p>	<p><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></p>	<p>In the past, the service has provided information on yellow paper for a patient who had dyslexia; the service has also provided information in a larger font for patients with visual impairment.</p> <p>The service has a generic email address.</p> <p>When signposting to other agencies, staff provide different ways to communicate e.g. website addresses and telephone numbers.</p> <p>Staff know how to book interpreters and other forms of communication support.</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</p>			

	been taken into consideration in relation to:			
(a)	Sex	<p><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></p>	<p>It is predominantly females who attend the service, however, the service tries to ensure that the groups do not contain a solitary male (i.e. either none or more than one man in each group).</p> <p>If a patient wishes to speak to a same sex health professional, the staff will try to organise this (the service has a small team so this might not always be accommodated).</p> <p>Staff are aware of NHS GG&amp;C's Gender Based Violence Policy.</p> <p>As some pain medication can affect fertility and pregnancy, this topic is discussed as part of the programme.</p> <p>If a patient wishes to discuss an issue in privacy this can be discussed after the session.</p> <p>We have analysed our audit data and can find no statistically significant differences between men and</p>	

			women in terms of their assessment outcomes.	
(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>	Staff are aware of NHSGG&C's Transgender Policy.	
©	Age	<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>	<p>The service is available for patients aged 16 and over.</p> <p>The service runs a programme for young people once a year.</p> <p>All staff have attended Child and Adult Protection Training.</p> <p>The service has access to baby changing facilities if required.</p> <p>We have analysed our audit data and can find no statistically significant effect of age on assessment outcomes.</p>	
(d)	Ethnicity	<i>An outpatient clinic reviewed its ethnicity data capture and realised that it was not</i>	Staff are aware of NHSGG&C's Interpreting policy and how to organise	Information is not available in other languages.

		<p><i>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>	<p>interpreters.</p> <p>The staff have not encountered any racist incidents. However, any incidents would be reported via datix. (At the beginning of each programme there is a discussion regarding the rules i.e. acceptable behaviour).</p> <p>We have analysed our audit data and can find no statistically significant differences between ethnic groups in terms of their assessment outcomes.</p>	<p>The service is investigating the possibility of having the pain manual in an audio format.</p>
(e)	Sexual Orientation	<p><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></p>	<p>Staff are aware of the Civil Partnership Act.</p> <p>Staff are aware of the importance of using appropriate terminology. (i.e. the patient data form asks the patient to identify the next of kin and their relationship).</p> <p>The staff have not encountered any homophobic incidents. However, any incidents would be reported via datix. (At the beginning of each programme there is a discussion regarding the rules i.e. acceptable</p>	

			behaviour).	
(f)	Disability	<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>There are accessible toilets available. (There had been an issue regarding the door but this had been reported and been remedied).</p> <p>There are a selection of chairs available in the group session.</p> <p>Wheelchairs can be accommodated; (staff would arrange the room to accommodate wheelchair user).</p> <p>The service has induction loops for patients who are hard of hearing or deaf. The reception desk also has an induction loop and posters advertising this.</p> <p>In the event of a fire, staff would escort patients off the premises. (The staircase also has a slide for people who have mobility issues).</p> <p>Staff are aware of how to organise British Sign Language and other forms of communication support.</p> <p>Some staff have attended</p>	<p>Check if presentations comply with NHSGG&amp;C's Accessible Information Policy since presentations are used in group sessions of the programme.</p> <p>The service is investigating the possibility of having the pain manual in an audio format.</p>

			<p>Deaf and Visual Awareness Training sessions.</p> <p>There is sufficient colour contrast between floors and walls.</p> <p>The service has links with Learning Disability Teams.</p> <p>Meditation CD's are available.</p> <p>The service does not have a website, however, they have provided information for the Pain Association Scotland website.</p>	
(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>	<p>Staff have an awareness of different religions and cultures.</p> <p>Staff can access the Faith and Belief Communities Manual via staffnet.</p> <p>Staff are aware of religious festivals.</p> <p>If a patient had any queries regarding medication ingredients staff would refer to the British National Formulary (BNF).</p>	
(h)	Socio – Economic Status	<p><i>A staff development day</i></p>	<p>Staff are aware that some</p>	<p>There is not a system in</p>

		<i>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>patients may have literacy issues and have different coping mechanisms. However, patients don't always disclose literacy issues. Staff can signpost patients to support agencies e.g. Big Plus.</p> <p>The service will signpost patients to Social Work Departments and Citizen's Advice Bureau if appropriate.</p> <p>The service conducted a postcode analysis to ascertain if there were any differences on outcomes for patients from deprived areas. The evidence suggested that there were no differences on outcomes.</p>	place for reclaiming travelling expenses.
(i)	Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers	<i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i>	The service will signpost patients to Addiction Services if appropriate.	
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?	<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</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.	

		<i>action.</i>		
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?	<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>	The service adheres to NHS GG&C's recruitment policy.  The service is a small team of both male and female staff.	
11.	What investment has been made for staff to help prevent discrimination and unfair treatment?	<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>	As part of staff development, other agencies/departments are invited to give presentations to the service.  All staff have attended the Acute Services statutory and mandatory training session which covers topics such as equality and diversity; adult protection and child protection.  Some staff have attended Visual Impairment Training.  Some staff have attended Deaf Awareness Training.  All staff are offered supervision by the manager.	

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 Service has recently run its first relatives session. This is a session to provide information about chronic pain; what can they do to help etc. This session is still to be evaluated.

Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.

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>Analyse equality data.</p> <p>Review patient information, including presentations and the pain management programme manual, to ensure they comply with NHS GG&amp;C's Accessible Information Policy.</p> <p>Contact the Scottish Ambulance Service regarding the patient transport issues and ensure the General Manager in Emergency Care Directorate involved in SAS issues is appraised.</p> <p>Contact the Facilities Department for advice about providing travelling expenses.</p>	<p>29/02/2012</p> <p>30/08/2012</p> <p>30/03/2012</p> <p>30/03/2012</p>	<p>VE</p> <p>JW</p> <p>MD</p> <p>DW</p>
<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</p>		

Ongoing 6 Monthly Review

Please write your 6 monthly EQIA review date:

Lead Reviewer:  
EQIA Sign Off:

Name            Martin Dunbar  
 Job Title        Consultant Clinical Psychologist and Clinical Lead for PMP  
 Signature        Martin Dunbar  
 Date              15.02.2012

Quality Assurance Sign Off:      Name  
   Job Title  
   Signature  
   Date

**Please email a copy of the completed EQIA form to [EQIA@ggc.scot.nhs.uk](mailto: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.**