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:

Patient Information Centre

Please tick box to indicate if this is a : **Current Service** x☐ **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 Patient Information Centres (PiCs) constitute part of the Public Health - Health Improvement Team. The PiC service currently operates from the two Ambulatory Care Hospitals (ACHs) at the New Victoria and New Stobhill sites. The service has been designed around the social model of health and takes a holistic, non clinical approach to health and lifestyle in a hospital environment.

It is of a drop in nature, providing information, support and signposting on a wide range of issues relating to health and lifestyle, including benefits/money advice, smoking cessation and physical activity. The service also hosts a number a direct health improvement services including Infant Feeding, Carers Support and Walking Groups. The service is open to any hospital user, including patients, family members and staff, as well as any individual from the general public.

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 PiCs liaise with a wide range of patients, families, carers, staff and the general public - providing support, written information and signposting to local services. The service already engages in equalities monitoring, collecting information on a range of protected characteristics. The EQIA will further promote equality within the service, as well as potentially detecting inequalities that currently exist and influencing how we can best respond to these. It will facilitate a better understanding of how the service operates at present, as well as playing a significant role when planning future aspects of the service.

Due to the drop in nature of the service, staff are required to respond to the specific and unique needs of users, however diverse.

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 Curtis – Health Improvement Lead, Acute

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):

Denise Hazley, Pauline Cameron, Elaina Smith – All PiC Officers who provide the Drop-in service

	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 service currently collects data on age, sex, ethnicity and the first four digits of a user's postcode. • This data is routinely analysed to ensure that no particular groups are excluded. • All staff demonstrate skill in asking these questions and are confident explaining why they are being asked.	• The service is soon to adopt the new Boardwide monitoring tool which will incorporate all the protected characteristics. (By Dec 2013)

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.***	For Example: • Slightly more females engage (58:42%) with the service than men. As a result, more male targeted health events have been incorporated (e.g. Male Cancer Month). • The staff Weigh In @ Work service is frequented by more female staff. Promotion has been designed to target both genders. • An increase in users from different ethnic minorities has resulted from a targeted promotional campaign to link with BME communities. This has resulted in new adaptations to the service, including the stock and provision of accessible information (different languages, formats etc) and the	•

			installation of a three way interpreter telephone. • The PiC drop-Ins have a loop system and a textphone. Staff also use yellow coloured paper for users that are visually impaired. All staff are made aware of how and when to use these resources at induction. • The PiC operates with all clinics, wards and departments and continually building links with community and voluntary organisations in order to best respond to the needs of a diverse user group (e.g. Scottish Refugee Council, various ethnic minority community groups). • All staff, including PiC Volunteers, have a high understanding of health inequalities, as well as	

			the appropriate skills and training to engage with existing and potential service users.	
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.***	• Staff are currently engaged with ongoing project work with a Roma community group to identify how the PiC service can make links with this hard to reach group. • Staff employ a literacy screening question for all service users in order to identify the most appropriate methods to communicate health information to the user. It also helps to identify users who do not speak English and who may not necessarily be able to read their own written language. • The service is still not engaging with all of the equalities groups. There are future plans to	• Identified need for an improved language identity tool. Current poster requires the person to identify their language in spoken format. Something visual, perhaps displaying a country's national flag, may be more effective? This will be progressed in 2013-2014 planning.

			extend the service to outreach, increasing the opportunity for engagement with hard to reach groups. • The service runs a staff Weigh In @ Work drop in. It was identified that some ACH staff were anxious to engage with this weight management service due to fear of form filling and reading/writing information. This barrier has been removed by highlighting that form filling is not required. Special attention is given to discuss information leaflets. • The PiC Literacy sensitive practice applies other techniques including highlighting information, printing materials on yellow paper etc. All staff and volunteers have been	

			trained in these areas to ensure smooth delivery • The PiC service also hosts a staff smoking cessation drop in. This benefits staff who are unable to access support outwith working hours (e.g. via pharmacies or community support). • PiC Staff regularly signpost service users to the Sanctuaries on both sites. This is a private space where all hospital users can have private contemplation in line with their beliefs and or faith. • The service will also be linking with the Learning & Education team to identify and support staff with literacy issues.	
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.***	• The service has ongoing links with community groups for hard to reach groups e.g. Crossroads	•

			Youth & Community Association, BME Carers within the SE Carers Centre. Staff can engage with feedback given around the potential barriers to accessing the PiC and other NHS services. This enables the team to identify ares of priority for the service, and improve engagement with equalities groups (e.g. Roma Community outreach sessions) • A PiC Evaluation was completed in June 2012. Case studies and user feedback from this will influence future service provision. • Shadowing within antenatal clinics to established the tailored information needs of expectant mothers and their partners/families. • On a daily basis, staff	

			and volunteers carry out health promotion activities within the atriums of both sites. This provides a unique opportunity to engage with many individuals that use the hospital, including individuals from equality groups. These interactions allow for staff to engage with the specific needs of these groups, as well as the opportunity to appropriately respond to these needs.	
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.***	• The service exists as part of the acute health improvement team in the Public Health Directorate. • In line with the Healthcare Quality Strategy's ambition to provide support at the earliest opportunity, The PiC service is open to all users of the hospital, as	• Identified need for services staff to undergo Health Improvement training (e.g. Health Behaviour Change, Developing Effective Practice). All staff now

			well as the general public. As well as providing information on a wide range of health improvement topics, the service also hosts other specific health improvement services and runs awareness raising campaigns for all hospital users to access. All services are open to any hospital user. Translated information is readily available. Interpreters can be booked on request or the telephone translation line can be used immediately in order to remove any language barriers • All service staff have undergone EQIA training and Equality & Diversity training. Any new PiC staff will complete as part of their induction. • All staff are aware of the	completed (Feb 2013) • Identified a need for PiC volunteers to be briefed on specific policies. This will be progressed via the PiC Volunteer Network Training programme in the next financial year (2013/14)

			transgender policy and are confident in signposting as required. • All staff have a high understanding of the Accessible Information Policy. • All staff are aware of the issues surrounding carers and are confident in dealing with these issues. They actively engage with users to identify Carers at the earliest opportunity. • Staff liaise with multi-disciplinary teams on a regular basis. They have a good understanding of how different teams/services within the hospitals operate and are confident of when to signpost.	
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***	• Service is Disability Discrimination Act (DDA) compliant. • Availability of loop system and text	• Limited learning disabilities information? • Training on the

		provided.	phone. • The three-way interpreter phone is also available. Face to face interpreters are booked on request/need. • All staff are aware of the Interpreting Protocol and understand the booking procedure. • Compliant with specific catering requests – Halal, vegetarian etc. • The service is located on the ground floor of both sites. • Communication support is organised as and when required. E.g. note taker and deafblind communicator. • The venue is fully accessible by a wheelchair and mobility scooter use. • There are appropriate	use of the loop system, textphone and telephone interpreting service is incorporated into staff & volunteer inductions.

			accessible car parking spaces available. • There are accessible toilets and also a range of seating to aid mobility.	
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.***	• There are various routes of communication via which users can engage with the service – face to face (with option of interpreter), telephone, letter and email. • All staff are aware of the Accessible Information Policy. • Service information, as well as tailored information for the user, is regularly translated on request. • Staff can organise communication support using NHSGGC's Interpreting Policy.	• Faith and Belief Communities Manual to be made available to PiC volunteers at the next Network session in 2013.
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.***	• The service is available to both males and females. • There are tailored health events throughout the year. • The service is compliant with the organisation's recruitment policy and both males and females could be integrated into the team. • Volunteers are recruited as per the organisation's recruitment policy. Currently, both male and female volunteers	

			• All staff have to familiarise themselves with the Gender Based Violence policy and procedures as a matter of course	
(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.***	• All staff are aware of the Transgender Policy and can accommodate a transgender person.	• Need for Why we Ask prompts. • Need for service volunteers to be aware of Transgender Policy. Will be progressed in staff PDP and induction session in 2013.
(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***	• The service is accessible to users of all ages. A wide range of information needs are tailored to, including age	• More consideration of younger users? Perhaps a scoping

		appointment letters highlighted potential clinical complications of non-attendance.	appropriate information	exercise with ACH clinics to identify where they have a greater number of younger patients coming through the system. Help identify their health improvement and information needs at the time of service interaction. To be planned in next planning phase for 2013/14
(d)	**Ethnicity**	***An outpatient clinic reviewed its ethnicity data capture and realised that it was not providing information in other languages. It***	• Translated health information on request. • Availability of a twin	• Core service information available in

		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.	deck phone. • If required NHSGGC's interpreting service can be accessed to support people who do not have English as a first language. • Holidays and Festivals are taken into account when planning the service (e.g. health events). • Discrimination of any nature would not be tolerated.	different languages has been completed for 5 main languages by Dec 2013.
(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. Training was also provided on dealing with homophobic incidents.***	• Staff are aware of the need to use appropriate terminology. • Discrimination of any nature would not be tolerated.	• Identified need to adjust enquiry forms/PIED. Will be implemented in PIED developments for 2013/14 • Need Why we Ask prompts. (March 2013)

(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.***	• All staff are aware of the Disability Discrimination Act. • The service is located on the ground floor at both sites. • Information is available in different formats. • There is a loop system available. • Each site is fully accessible by a wheelchair and mobility scooter user. • There are appropriate accessible car parking spaces available. • There are accessible toilets and also a range of seating to aid mobility. • Staff are aware and can meet the needs of disabled people e.g. visually impaired, deaf hearing impaired and deafblind people.	• A need to incorporate the disability question into the service enquiry forms and enquiry database. Will be completed in redesign of PIED database in 2013/14

(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.***	• Religious belief needs are taken into consideration when planning various aspects of the service (e.g. specific dietary requirements at meetings, promotional material at Ramadan) • Prayer facilities are available at both sites. Staff regularly signpost service users to the Sanctuaries. This is a private space where all hospital users can pray/worship. • Staff can access the Faith and Belief Communities Manual for support if required.	• A need to incorporate the faith question into the service enquiry forms and enquiry database. (2013/14 redesign)
(h)	**Socio – Economic Status**	***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***	• All staff are aware of the complexities surrounding health inequalities, particularly in relation to socio-economic status as this is the most common reason	

		can have on health.	for users to access the PiC service • The service hosts a weekly benefits advice service for users of the hospital. Staff are also aware of the various financial inclusion routes and signpost to various welfare rights/financial inclusion services on a regular basis. • Staff have carried out scoping on various local services to support those who are struggling to feed and clothe themselves e.g. Glasgow Destitution Network, Trussel Trust Foodbank. The PiC service also holds vouchers for access to local foodbanks.	
(i)	**Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum**	***A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health***	• Staff are very knowledgeable about community/voluntary services that can	

	seekers & refugees, travellers	***Board Areas.***	support individuals from these marginalised groups. Staff signpost to these services on a regular basis. • The service has a complex user group and staff have daily experience of dealing with users that are or are about to be made homeless, asylum seekers and refugees, people with addictions etc.	
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.***	• None	
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 shortlisting, interview and recruitment for equality groups. Training was provided for managers in the service on equality and diversity in***	• At present all staff are female but there has been male workers in the past. • The service adheres to the organisation's	

		recruitment.	recruitment policy and discrimination of any kind would not be possible.	
11.	**What investment has been made for staff to help prevent discrimination and unfair treatment?**	***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.***	• All staff and volunteers are encouraged to complete E-learning modules. • Staff regularly update their PDP and KSF. • Staff have undertaken Equality & Diversity Training.	• All staff and volunteers to attend Equality & Diversity Training by June 2013.

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.

Good examples:

- Active promotion of the Twin deck Interpreting Telephone service has been undertaken with various BME communities, including South Asian and Roma/Slovack community groups.

Roma Outreach – Further to a review of who was (and was not) using the PiC service, the PiC staff undertook a needs assessment with a local Roma Community group. They reproduced the PiC promotional materials in Romanian and Slovakian and have undertaken a series of workshops in the community to raise the profile of the PiC service, help to explain how the Roma community access Acute services and gain trust for Roma users to feel confident to use the PiC service in the future. To date this has proved extremely successful at raising the usage of the service to this community.

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 All PiC resources have been tested and approved for plain English. They are currently being translated in a number of other languages in order to raise the profile with specific BME communities	August 2013	Claire Curtis
Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy **Updated enquiry forms? Why we Ask prompts?** The PiC enquiry forms that capture routine data will be updated in line with the new legislation as part of the Boards commitment to the new Act	March 2013	Claire Curtis

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

Lead Reviewer:	**Name - Claire Curtis**
EQIA Sign Off:	**Job Title – Health Improvement Lead - Acute** **Signature** **Date – 20/12/12**
Quality Assurance Sign Off:	**Name – Alastair Low** **Job Title Planning & Development Manager** **Signature** **Date – 10th February 2013**

Please email a copy of the completed EQIA form to CITAdminTeam@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.**