

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:

Referral Management Centre (Health Records)

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?

This service is the point of contact for Health Records which receives, processes and manages incoming patients referrals from GP and GDP. There are occasions when appointing is carried out via Patient Focussed Booking method which means that following the referrals being triaged by to the appropriate specialty / sub-specialty, the RMC writes to the patient and in the majority of cases asks them to contact the service to agree an appointment. Through this process patients are allocated an appointment to suit their needs.

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.)

This service was selected for EQIA as there is potential for interaction with vulnerable patient groups.

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)

Linda McAllister, Health Records Services Manager, GRI

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):

	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?	<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>	Age, sex and ethnicity are routinely collected. Furthermore if the data is provided at the point of referral, additional patient's needs such as interpreting services or transport requirements are also noted. There are no barriers to collecting the aforementioned data where systems allow.	
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>	Equalities data is fed back to the Corporate Inequalities Team. The target for achieving over 50% ethnicity completeness was achieved by Health Records in 2011.	
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>	All letters sent by the Referral Management Centre have been approved by the local Accessible Information Forum and the Scottish Accessible Information Forum, assuring that the information provided is appropriate.	

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>	Direction of engagement with equalities groups is led by Corporate Inequalities.	
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>	N/A	
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>	Patients will not physically access the RMC as access is made over the telephone or in writing. The RMC complies with all Health and Safety Requirements for staff working in the area.	
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>	As noted, all patient correspondence has received 'Scottish Accessible Information Forum' certification to ensure communications sent out are accessible. Health Records are working with colleagues to enable letters to be produced in languages other than English. Telephone calls are recorded to ensure quality assurance	In order to ensure the correct patient demographics are being supplied, the referrer must engage with the patient at the point of referral to make sure details are up to date and correct.

			<p>takes place. Operators have a set script which they are expected to take the patient through to ensure the process is standard.</p> <p>The RMC is working in close collaboration with the Hearing Impairment Team in relation to Text Phones to improve access to patients who have a hearing impairment.</p> <p>The RMC has also launched an email address which is given to patients in order to allow them to cancel appointments when they are unable to attend.</p> <p>Processes currently in place for communicating with patients who do not have a fixed address or telephone contact details have not raised significant concern.</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</p>			

	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>	There are no potential barriers for patients in relation to this.	Specific requirements must be highlighted at the point of referral.
(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>	There are no potential barriers for patients in relation to this.	Specific requirements must be highlighted at the point of referral.
(c)	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>	There are no potential barriers for patients in relation to this.	Specific requirements must be highlighted at the point of referral.
(d)	Ethnicity	<i>An outpatient clinic reviewed its ethnicity data capture and realised that it was not providing information in other languages. It</i>	There are no potential barriers for patients in relation to this.	Specific requirements must be highlighted at the point of referral.

		<i>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>		
(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>	There are no potential barriers for patients in relation to this.	Specific requirements must be highlighted at the point of referral.
(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>	There are no potential barriers for patients in relation to this.	Specific requirements must be highlighted at the point of referral.
(g)	Faith	<i>An inpatient ward was briefed on</i>	There are no potential	Specific

		<i>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>	barriers for patients in relation to this.	requirements must be highlighted at the point of referral.
(h)	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 understanding how the impact this can have on health.</i>	Not all patients will have access to telephones to confirm appointments (outgoing or incoming)	Specific requirements must be highlighted at the point of referral.
(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>	Standard operating policies are in place for dealing with marginalised groups within NHSGGC.	Specific requirements must be highlighted at the point of referral.
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 action.</i>	This is a developing service and thus no planned cost savings have been made to date. As this is a centralised service, potential savings may be achievable in future.	
10.	What does your workforce look like in terms of representation from equality groups e.g. do you have a workforce that reflects the	<i>Analysis of recruitment shows a drop off between shortlisting, interview and recruitment for equality groups. Training was</i>	The workforce in the RMC complies with all NHSGGC policy regarding recruitment and retention of staff in the	

	characteristics of those who will use your service?	<i>provided for managers in the service on equality and diversity in recruitment.</i>	workplace.	
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>	All staff in Health Records have a PDP which highlights mandatory training needs, and equality and diversity training.	

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 referral management centre will continue to collect patient data relating to ethnicity to inform the Corporate Inequalities Team.

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:

October 2012

Lead Reviewer: Linda McAllister
EQIA Sign Off: Health Records Services Manager
Signature
Date 23/03/12

Quality Assurance Sign Off: Alastair low
Planning Manager

04/06/12

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.