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**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:

Smoke Free Services South Sector, Glasgow City CHP

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?

South Sector's Smoke Free Community Services provide a comprehensive support service to smokers who work or live within Glasgow South Sector who want to quit. The areas within South Sector are: Govan, Pollok, Ibrox, Kinning Park, Penilee, Cardonald, Hillington, Priesthill, Darnley, Arden, Govanhill, Gorbals, Kings Park, Croftfoot, Pollokshields, Castlemilk and Carmunnock.

The Principal service is to offer individuals 7 weeks of group support which is facilitated by two trained smoking cessation advisors. This is followed by up to further 6 weeks of support from their local pharmacy.

The service is provided in community centres and NHS premises across these areas, including stop smoking support groups, a drop in clinic, support at Pollokshields Health Shop and some one to one support. Referrals are made to the service via GP practices, hospital services, any health professional or by self referral.

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 is a service which is open to all members of the public who wish to stop smoking. Service users were not involved in the EQIA process. However, previous data and research has been used to ensure that the service meets the needs of different equality groups. For example, routinely using client evaluation feedback forms, in order to explore what improvements to our service are required to be addressed.

key based? (Please note the lead reviewer must be someone in a position to authorise any

Heather Bath, Health Improvement Senior . Tobacco Control, Pollok Health Centre

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):

Heather Bath, Health Improvement Senior . Tobacco Control
Lara Calder, Health Improvement Lead
Nicola Fullarton, Health Improvement Lead

	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>	The service collects data on gender, age, race, and postcode. Time is limited for data collection. As discussions are held in a semi-open environment, client sensitivities need to be considered when in discussions.	It does not collect data on religion, gender reassignment or sexual orientation. Review the process and sensitivities to ensure there are no barriers to collecting 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>	There is clear documented evidence that the group format used is the most effective way to support smokers to quit. Evidence from statistics of the service show evidence of which venues and times are well used and easily accessible. Services on a Saturday are now offered as a result of the BME needs analysis which was undertaken. Service user evaluations have been used to ensure group numbers, venues, etc are meeting the needs of the	

			<p>population.</p> <p>Population profile data/analysis of service user profile has been utilised to provide a tailored service, eg, drop in clinics, Saturday morning sessions.</p>	
3.	<p>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.</p>	<p><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></p>	<p>Discussions are on-going with learning disabilities staff to consider if services need to be altered to meet the needs of this group.</p> <p>The data collected from the BME Needs Analysis has informed the service to provide a one to one service for clients as required, and also to offer support groups on a Saturday.</p>	
4.	<p>Can you give details of how you have engaged with equality groups to get a better understanding of needs?</p>	<p><i>Patient satisfaction surveys have been used to make changes to service provision.</i></p>	<p>Service user evaluations have been used to ensure group numbers, venues, etc are meeting the needs of the population.</p> <p>Population profile data/analysis of service user profile has been utilised to provide a tailored service, eg, drop in clinics, Saturday morning sessions All clients complete an evaluation form at the end of each group which allows them the opportunity to raise any issues of this nature. It is difficult to engage with clients who do not attend or drop out.</p> <p>The recent Needs Assessment of the BME population was used to inform</p>	

			<p>service delivery (Smoking Cessation Needs Assessment of BME Population living in South East Community Health & Care Partnership, 2010)</p> <p>On-going discussions are being held with staff from learning disability teams.</p>	
5.	<p>If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?</p>	<p><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></p>	<p>The service aims to help people quit smoking thus improving their overall health, and works to meet Government targets. The work undertaken is regularly reviewed to ensure that any issues linked to inequality are dealt with.</p>	
6.	<p>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</p>	<p><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></p>	<p>Referrals highlight any adjustments which are needed. The majority of the venues used for services have parking facilities, transport links, access for disabled, hearing loop, disabled toilets etc. Clients are given clear instructions on how to access the venues used when they book their place within the service. When clients enquire about services they are given information face to face, over the phone, or by mail, about the services which are offered, where and when they are held, and how to book a place. Services are promoted widely through hospitals, GP services, community venues etc.</p>	<p>All letters which are being sent out are being examined to ensure that they will meet the Accessible Information Policy requirements.</p> <p>We refer clients to Smokefree Services community pharmacies. Proposed mapping of south sector pharmacies which provide disabled access.</p>
7.	<p>How does the service ensure the way it communicates</p>	<p><i>A podiatry service has reviewed all written</i></p>	<p>We are developing resources which are suitable for clients with learning</p>	<p>Review/examine information and letters for</p>

		<p>information and included options 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.</p>	<p>disabilities, and which would be produced in partnership with the learning disabilities teams, to ensure they are compliant with the Accessible Information Policy.</p> <p>Materials are provided in a range of languages, including Urdu, Polish, Slovakian. An interpreter service is available. Deaf clients are offered a service through Deaf Connections. Clients may access information in a written format or over the phone.</p>	<p>compliance with Accessible Information Policy, e.g. font size, available in Braille</p> <p>We refer clients to Smokefree Services community pharmacies. Proposed mapping of south sector pharmaciesq facilities to offer clients private consultation space.</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>Sex</p>	<p>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.</p>	<p>Gender is recorded and analysed. A higher number of female clients attend group services, and a higher percentage of men attend the drop in clinics. Group clients are offered private space away from the group members to discuss any individual needs or issues. We offer a one to one service.</p> <p>We have a range of facilitators in relation to age, race and experience</p>	

			<p>Some facilitators have attended training and staff are aware of Gender Based Violence (GBV) issues and can signpost to local services.</p> <p>Our area has no male facilitators on staff at present. However, from service feedback we do not believe that this impacts on the number of men accessing the service.</p> <p>Under representation of men attending group services but this is being addressed by the higher proportion of men who access the drop-in clinic</p>	
(b)	Gender Reassignment	<i>An inpatient receiving ward has held briefing sessions with staff using the NHSGCC 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>	<p>Staff understand their legal duty and are aware of the policy</p> <p>Limited experience of working with trans patients</p>	Information is not captured
(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</i>	<p>Access to service available during the day and in the evening</p> <p>Age recorded and analysed, and results published. 77% of clients are aged 41-70. Different age groups show different success rates for a variety of reasons.</p>	Service is being offered to young people via local voluntary organisations who work with this age group specifically.

	<p>Appointment letters highlighted potential clinical implications of non-attendance.</p>	<p>Young people are less likely to attend community services. Toolkit for smoking cessation work with Young People was launched in September 2011 and is now used as a resource across the area for all work with young people</p> <p>Service offered to adults aged 18 and over,</p> <p>Young clients, 12-17 years are offered alternative services via the Tobacco and Young People project.</p> <p>Telephone service is offered to the housebound or elderly who cannot attend other services.</p>
<p>(d) Race</p>	<p><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></p>	<p>Ethnicity recorded and analysed. Small numbers of ethnic minority groups access the services, despite services being offered. We are continually working to improve representation from ethnic minority groups.</p> <p>The service undertakes a language and communication assessment with clients to assess support needs. There is a facility to record language need on the referral form.</p> <p>Interpreter telephone service is available in any language and team members who are bilingual can also deliver brief advice</p> <p>Continue to progress the findings from the Needs Assessment of the BME population.</p> <p>We refer clients to Smokefree Services community pharmacies. Proposed mapping of south sector pharmacies which provide bilingual staff.</p> <p>Continue to develop a service appropriate for</p>

and specialist advice.
Need for interpreter is highlighted in referral pathway, and interpreting services are available by telephone

Face to face interpreting service available at drop in clinics

Translated information is available if required for clients. New translated materials available in Urdu, Polish, Slovakian

Have a range of facilitators in relation to age, race and experience

A smoking cessation needs assessment has been conducted with Black and Minority Ethnic groups living within South East Glasgow, showing that standard group services are not suitable for this population. Saturday services and enhanced one to one services have been introduced as a result of the needs assessment.

Staff are aware of different smoking patterns within minority ethnic groups and are using this to develop the service. Planning being undertaken to further improve the service offered to BME clients

A drop in service for the Roma population is being developed

Staff have publicised the service on

Roma population.

Continue to develop information about Shisha use (smoking of tobacco through a Shisha pipe).

			Radio Ramadan and Radio Awaz	
		<p>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.</p>	<p>Staff aware that LGBT population have higher smoking rates</p> <p>Any client who is not comfortable in a community group setting may attend the drop-in clinic for one to one support</p> <p>There are no reliable statistics for smoking rates within the LGBT population in Scotland</p>	Sexual orientation not recorded/analysed.
(f)	Disability	<p>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.</p>	<p>Can provide a one to one service for clients with disabilities. One to One service for hearing impaired clients via Deaf Connections.</p> <p>If clients request we can provide information in large print. Text size on letters is being reviewed.</p> <p>Help available with form filling.</p> <p>Some leaflets designed for those with learning disabilities available</p> <p>All venues close to public transport</p> <p>Venues are used on a rotating basis, for ease of accessibility.</p> <p>Locations for service delivery have</p>	<p>We refer clients to Smokefree Services community pharmacies. Proposed mapping of south sector pharmacies services for the sensory impaired and those which provide disabled access.</p>



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wheelchair access, on ground floor etc.

Some locations have the loop system, and the venue will be checked for accessibility for all attendees before groups commence and for the needs of that specific group

We can access British Sign Language (BSL) Interpreters

Nearby car parking for all clients that included disabled spaces

Guide dogs welcome

Carers are welcome to come with Client to attend groups.

Advocacy available for patients

Information about the service is available in DVD format.

Accessible Toilets are available

Stop smoking support is offered at various times, daytime, in the evening, and at weekends

Community venues are used so permanent signage is not appropriate. Most venues have a reception area, or a sign will be posted.

			Telephone service is offered to the housebound or elderly who cannot attend other services.	
(g)	Religion & 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>	<p>Progressing recommendations from needs assessment with BME population although there were no specific faith identifiers within this work.</p> <p>The BME needs analysis does not have a faith component</p> <p>Staff are aware of religious holidays/ events and can offer flexible appointments.</p>	Religion not recorded
(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>	<p>Smoking Cessation work is targetted within 15% SIMD (< 15% datazones) and there is more intensive support to this group by targeting service promotion & provision to deprived communities. Support sessions are held on an on-going basis in areas of high deprivation. Free service with Nicotine Replacement Therapy products are available for all clients</p> <p>Employment status is included within client questionnaire. Can refer on to financial inclusion services and employment agencies as appropriate</p> <p>Service is accessible by public transport.</p>	Travel expenses are not reimbursed

			Postcode data collected and analysed, and shows that clients from the most deprived areas, who have the highest level of smoking, are accessing service	
(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>	Most of the above protected characteristics would apply to our clientele but we appreciate that not all groups of people who use our service are as self evident. For example, those with mild learning disabilities, mental health issues, refugees and the hidden homeless.	
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>	No	
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>	All facilitators within our area are currently female, however male facilitators are available if required from the wider pool of staff within NHS GG&C There is one bilingual trained member of staff Staff delivering services are of a wide range of ages and backgrounds	
11.	What investment has been	<i>A review of staff KSFs and</i>	Staff must participate in equality and	



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<p>showed a small take up learning modules. Staff given dedicated time to complete on line learning.</p>	<p>diversity training programmes via Learn Pro and/or taught sessions. All attendance recorded on the training database and via KSF and pdp.</p>	
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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.

- Following the Needs Assessment of the BME community, changes have been put in place to encourage this population group to engage with services
- Saturday groups commenced
- Drop in clinic commenced

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>Develop plans how data capture will be improved to include other protected characteristics</p> <p>Review the process and sensitivities to ensure there are no barriers to collecting data</p> <p>Ensure that information DVD is accessible to all and ensure information is current</p> <p>Examine providing information & letters in 14 pt print size</p>	<p>March 2013</p> <p>March 2013</p> <p>March 2013</p> <p>March 2013</p>	<p>HB</p> <p>HB</p> <p>HB</p> <p>HB</p>
<p>Specific Actions – those that will specifically support protected</p>		



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**Health Improvement Senior – Tobacco Control
Heather Bath
15th October 2012**

Quality Assurance Sign Off:	Name	Flora Muir
	Job Title	Quality Co-ordinator
	Signature	<i>Flora Muir</i>
	Date	29th October 2012

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.