

**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 cases referred for further investigation for 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 2014560/4967

Name of Current Service/Service Development/Service Redesign:

Brownlee Outpatient Service, Gartnavel General Hospital, Emergency Care 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 Brownlee unit was built 16 years ago to replace the previous infectious diseases facility in Ruchill Hospital.. The usage today far exceeds the original number of patients it was designed to treat and the facilities have been modified to ensure rooms are utilised to their maximum whilst considering the patient pathway, i.e. keeping consulting rooms for this use solely and utilising another room for phlebotomy/treatment. In the most recent reconfiguration, as a result of consulting the patients, the small waiting room has been refurbished. This is used by vulnerable patients to provide more confidentiality than the large main waiting area.

The Brownlee Outpatient service provides a specialist medical service that includes tropical and infections medicine, travel medicine, HIV, Hepatitis B and Hepatitis C information, testing, support and treatment, counselling and outpatient antibiotic therapy services. The service has close links with the Sandyford Initiative.

Approximately 70% of the weekly work is associated with the general clinics that deal with infectious diseases including holiday diarrhoeas, cellulites and pneumonia's.

There are approximately 1,400 HIV patients using the service (HIV cohort of patients expected to increase by approximately 100 annually). In addition to the HIV patients there are all the other infectious disease patients that attend the outpatient service.

The travel clinic is seeing more young people attending who are working abroad for a variety of timescales. This includes those going on school trips and other trips to 'see the world' before they settle down for additional studies/fulltime occupation.

There is an Outpatients Home Antibiotic service which takes referrals from all hospitals in NHS Greater Glasgow and Clyde. This reduces the

inpatient stay and this is where patients are taught how to self administer antibiotics or attend this area on a daily basis for treatment.

There are good links between the inpatient ward upstairs and the outpatient department. That is the outpatient department can refer straight to the ward as necessary and vice versa.

The counselling team also receive self referrals from those who are undergoing blood borne virus testing. If a blood borne virus is diagnosed then the patient will see a consultant within 2 weeks of this diagnosis. Those being treated for a blood borne virus will attend the clinic regularly, i.e. every 4/6months or more frequently when first diagnosed. This means that there can be 200 – 250 blood borne virus patients per week.

The service is provided to all those over 14 years of age. (Before this age patients will be treated in the Royal Hospitals for Sick Children, Yorkhill).

Referrals come from, self, inpatient services, GP's, other hospitals, schools and the Sandyford Initiative.

There is a Multi-Disciplinary Team which consists of 11 Consultants within the medical team, Blood Borne Virus Specialist Nurses; Outpatient Nurses; specialist HIV pharmacists; Dietician; Occupational Therapist; Psychiatrist; Counsellors; Sexual Health Advisers, physiotherapist

Although there are other infection disease units in Scotland the Brownlee is the West of Scotland speciality with the Western General in Edinburgh being the equivalent in the east of Scotland. This means that if there is more specialised advice required then referrals can come from other units.

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.)

Identified by the Directorate Management Team for the EQIA since there are a wide range of equality groups attend this service. .

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Con Gillespie, Lead Nurse	Date of Lead Reviewer Training:
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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 Nurse; Senior Charge Nurse (Out-patients); Ward Manager; Practice Development Nurse; Sexual Health Advisor; Blood Borne Virus

Nurse Specialist; Peer Support Manager; Occupational Therapist; Consultant; Counsellor; Quality Co-ordinator; Equality and Diversity Assistant.

	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>	<p>The unit only transferred onto recording patient information on the Trak Care system at the end of May 2013. Previous to this they were recording patient data on the Passweb and Portal systems. Trak Care can record age, gender, ethnicity, religion, any interpreting requirements, preferred language, etc.</p> <p>Data capture for HIV patients at present includes, sex, sexual orientation, age, postcode and ethnicity. See protected characteristic sections for breakdown of data.</p>	Once the team are familiar with Trak Care then they are to plan a review of all patients to ensure the Trak Care system is up to date with all the relevant fields captured.
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.	Once the above is undertaken then a review should be planned to sample all protected characteristics data to ensure there are no gaps in service provision.

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>The Brownlee Centre regularly conducts audits.</p> <p>With the arrival of asylum seekers in Glasgow, advice/training was sought from the Compass Team (who provide mental health services for asylum seekers and refugees). Staff found the information session provided by the Society for the Victims of Torture very helpful and interesting. This session also included tips for working with interpreters.</p> <p>Using advice from Waverley Care, a staff member developed and an asylum seeker/African/foreign language folder which includes useful information and contact details.</p> <p>There is also a Waverly Care representative here in the outpatients waiting area twice a week to talk to our patients and discuss any problems that may arise. They then feedback to the staff</p> <p>There is a monthly HIV Peer forum, facilitated by Brownlee patients who meet to discuss issues, changes and put forward any ideas they have about our service.</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 with equality and diversity monitoring forms have been used to make changes to service provision.</i></p>	<p>Informal surveys have been conducted as well as operating a suggestions box. The surveys are conducted annually.</p> <p>The unit regularly displays posters to feed back on the basis of 'you said we did'. From this involvement the staff have been able to make changes e.g.:</p> <ul style="list-style-type: none"> • Arrange for improvements in some of the signage. • Remodel the waiting area to be information free and to create more space by having less bulky chairs • Create information zones within the corridor • Refurbish the smaller waiting room for vulnerable patients <p>There is a patient forum specifically for HIV patients which creates formal links and communication with the Board's HIV programme and service delivery groups. Representative from this forum will be involved in the development of an appropriate website for the service.</p>	
5.	<p>Is your service physically accessible to everyone? Are there potential barriers that need to be</p>	<p><i>An outpatient clinic has installed loop systems and trained staff on their use. In addition, a review of</i></p>	<p>There is a ramp to the main entrance from the main driveway that runs between the main hospital and the</p>	<p>There are some access issues in that there is no disabled car parking adjacent</p>

	addressed?	<i>signage has been undertaken with clearer directional information now provided.</i>	<p>hotel across the road. Some patients will opt to pay to park their car in the hotel car park for ease of access to the unit.</p> <p>There is a lift available from the ward area above the clinic. The upper level connects to the main hospital.</p>	<p>to the building. This can only be located in the main hospital car park and patients then have a long route to access the out patient area via the corridor upstairs and arrive in the department via the lift.</p> <p>Review the entrance doors as these are manual and can be difficult to open.</p> <p>Review the signage for the Brownlee Centre both internally and externally.</p>
6.	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>	<p>Staff are aware of NHS Greater Glasgow and Clyde's Interpreting Policy and Procedures. There is a robust system in place to ensure that interpreters are booked for all appointments.</p> <p>The 'information zone' displays the Accessible Information Posters which states that if patients need information in another format or language to ask the staff.</p> <p>The Centre distributes a newsletter to HIV patients about the Peer Support Project.</p>	<p>It can be difficult for patients to telephone the Centre. A suggestion was made to have automated options to direct patients to the correct department.</p> <p>Review patient letters to ensure they comply with NHS Greater Glasgow and Clyde's Accessible Information Policy.</p> <p>Investigate the possibility of telephone interpreting for emergency situations e.g. an interpreter does not turn up.</p>

			<p>The Centre has established a 'twitter' account.</p> <p>An external website is currently being developed for patients.</p> <p>Patients can contact the staff in a variety of ways including emails.</p>	
7.	<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><i>A sexual health hub reviewed sex disaggregated data and realised very few young men were attending clinics. They have launched a local promotion targeting young men and will be analysing data to test if successful.</i></p>	<p>71% of HIV patients are male and 29% female.</p> <p>Staff will try to accommodate requests for same sex health professionals. If this isn't possible patients could be offered another appointment at Sandyford.</p> <p>Staff are aware of NHS Greater Glasgow and Clyde's Gender Based Violence Policy.</p> <p>In the 'Information Zones' there are leaflets about domestic violence.</p>	

(b)	Gender Reassignment	<i>An inpatient receiving ward held sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal protection and appropriate ways to delivering inpatient care including use of language and technical aspects of recording patient information.</i>	<p>For HIV patients - 0.1% of the males describe themselves as transgender 0.5% of the females describe themselves as transgender.</p> <p>Staff are aware of NHS Greater Glasgow and Clyde's Transgender Policy.</p> <p>Staff will respect the patient's chosen gender and will use appropriate pronouns.</p> <p>When staff are undertaking screening tests (e.g. cervical smear tests) they will ensure that the patient is comfortable and be sensitive to the patient's needs.</p> <p>Staff can signpost patients to the transgender support groups at Sandyford.</p>	
(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>	<p>The age group for patients is predominantly 30's – 40's. Although there is an aging patient group.</p> <p>There are transition clinics for patients who are transferring from paediatric services to adult services.</p> <p>Staff have undertaken Child Protection Training.</p>	

(d)	Race	<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>For HIV patients; 67.9% white 29.6% black African/Caribbean 1.2% Asian 0.7% other 0,6% unknown /not recorded.</p> <p>Staff are aware of NHS Greater Glasgow and Clyde's Interpreting Policy and Procedures. There is a robust system in place to ensure that interpreters are booked for all appointments.</p> <p>Staff will arrange for same sex interpreters.</p> <p>Information in other languages can be provided upon request. The Centre uses information from a variety of external/charity organisations e.g. 'NAM' which is available in other languages/formats.</p> <p>The Centre can signpost patients to the Waverley Care African Health Project. Also a support worker from Waverley Care visits the Centre once a week.</p> <p>Any racist behaviour would not be tolerated. Staff would try to diffuse the situation and educate the patient, clearly stating that this behaviour will</p>	<p>For any issues regarding interpreters, staff should contact Eileen Carroll, the Interpreting Business Manager.</p>
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			not be tolerated. If this behaviour continues, this would be recorded in DATIX.	
(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. Staffs 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>Staffs are aware of the importance of using appropriate terminology.</p> <p>Staff are aware of the Civil Partnership Act.</p> <p>Staff offer sexual health advice.</p> <p>Staff can signpost patients to other organisations e.g. The Steve Retson Project.</p> <p>For newly diagnosed patients, staff encourage their partners to attend the clinic.</p> <p>Any homophobic behaviour would not be tolerated. Staff would try to diffuse the situation and educate the patient, clearly stating that this behaviour will not be tolerated. If this behaviour continues, this would be recorded in DATIX.</p> <p>HIV patients:</p> <ul style="list-style-type: none"> • 60.3% of males describe themselves as gay 4.7% of males describe themselves as bi-sexual • 0.5% of the females describe 	

			<p>themselves as lesbian and 0.25% describe themselves as bi-sexual.</p>	
(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>Staff are aware of NHS Greater Glasgow and Clyde's Interpreting policy and procedures. Staff know how to access British Sign Language interpreters and other forms of communication support.</p> <p>Information would be provided in other formats upon request.</p> <p>For patients with learning disabilities there is some patient information that is pictorial and this therefore helps understanding.</p> <p>For patients with learning disabilities, staff would liaise with their support worker and would accommodate carers (with the patient's consent).</p> <p>There are a variety of heights of chairs and a mixture of chairs with arms and without to assist patients with mobility issues.</p> <p>The Centre would be able to accommodate a wheelchair user.</p> <p>There is sufficient colour contrast between floors and walls to assist way finding.</p>	<p>Review disabled parking (see section 5.)</p> <p>Review entrance doors (see section 5)</p> <p>Although there is an accessible toilet – there is insufficient space to manoeuvre a wheelchair within it. The toilet does not have an alarm.</p> <p>Circulate information about the Text Relay service for patients who are deaf or hard of hearing.</p> <p>Ensure the Centre has access to a portable loop system for patient who are deaf or hard of hearing.</p> <p>For patients with learning disabilities, staff may wish to utilise the 'Getting to know me' document. The patient can record information which will help staff to support them.</p>

			<p>Staff would utilise visual aids to assist patient's understanding.</p> <p>If a patient had any mental health issues, staff would refer them to the Counselling Team. The Occupational Therapy service also offers an Anxiety Management Service.</p> <p>The Occupational Therapist undertakes neuro-cognitive testing of patients and will utilise the 'alert box' where appropriate in Trak Care to highlight if the patient has any cognitive issues.</p>	
(g)	Religion and 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>Staff have access to the Faith and Belief Communities Manual. Staff can signpost patients to Chaplaincy Services.</p> <p>A spiritual healer visits the Centre.</p> <p>Staff are working with the Corporate Inequalities Team and Chaplaincy staff regarding African patients and cultural issues.</p> <p>Staff are aware of religious implications e.g. Jehovah witnesses refusing blood products.</p>	
(h)	Pregnancy and Maternity	<i>A reception area had made a room available to breast feeding mothers</i>	Staff can provide people with advice who wish to start a family.	

		<p><i>and had directed any mothers to this facility. Breast feeding is now actively promoted in the waiting area, though mothers can opt to use the separate room if preferred.</i></p>	<p>The Centre has close links with the Princess Royal Maternity.</p> <p>NHS Greater Glasgow and Clyde has a HIV screening programme for pregnant women which has seen 144 babies born without the disease since 2006. Both mother and baby are monitored after the birth and as breastfeeding is not recommended, mothers on low incomes are supported by a free formula milk scheme.</p>	
(i)	Socio – Economic Status	<p><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>	<p>Those who require to reclaim there travel expenses can do so at the Admissions office in the main foyer of the main hospital.</p> <p>Staff are aware that the changes of the disability Living Allowance to the Personal Independence Payments are an issue for some patients and therefore signpost them accordingly to others to help.</p> <p>Staff are also aware that the aging of HIV patients means that when they were first diagnosed they were advised that they were not likely to live. Therefore this patient group did not plan/save for their old age and therefore may have more complex financial issues to deal with.</p>	<p>The Centre previously had welfare officers within the unit. This service has now been withdrawn. However, a proposal has been written for a welfare rights officer to be available 2 half mornings a month to provide advice and support.</p>

(j)	<p>Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers</p>	<p><i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i></p>	<p>The Centre has links with the Asylum seekers team for support and guidance as required. Staff can also contact the Compass Team for advice.</p> <p>For homeless patients, staff will liaise with the Homeless Team.</p> <p>For patients with addictions, referrals will be made to the Addictions Team for advice and support.</p> <p>Most of the prisons now have blood borne virus clinics which has reduced the number of patients attending the Centre. They may now only attend the clinic annually for a review of their treatment.</p> <p>Staff are aware that ex-service personnel may need more psychological support due to their experiences, e.g. Post Traumatic Disorder</p>	
9.	<p>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?</p>	<p><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></p>	<p>As with all departments costs saving exercises are being implemented but it is not anticipated that these will discriminate against any of the equality groups.</p>	

10.	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 have up to date KSF's and PDP's. There is a rolling programme of staff undertaking the equality and diversity e-learning modules. Staff have regular education sessions. Voluntary/external organisations have been invited to attend these sessions as part of staff development e.g. Society for the Victims of Torture which included tips for working with interpreters.	
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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.

Staff from the Brownlee Centre are working with the Corporate Inequalities Team to develop an 'Anti-Stigma Campaign'.

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>Plan a review of all patients to ensure the Trak Care system is up to date with all the relevant fields captured.</p> <p>Plan a review to sample all protected characteristics data to ensure there are no gaps in service provision.</p> <p>Review disabled parking</p> <p>Review signage to the Brownlee Centre</p> <p>Review entrance doors</p> <p>Review patient letters to ensure they comply with NHS Greater Glasgow and Clyde's Accessible Information Policy.</p> <p>Investigate the possibility of telephone interpreting for emergency situations e.g. an interpreter does not turn up.</p> <p>Review the accessible toilet and the lack of alarm system.</p> <p>Obtain a portable loop system for patients who are deaf or hard of hearing.</p> <p>Circulate information about the text relay service.</p> <p>Circulate information about the 'Getting to know me' documentation.</p>	<p>Sept 2013</p> <p>Sept 2013</p> <p>Sept 2013</p> <p>Sept 2013</p> <p>Sept 2013</p> <p>Sept 2013</p> <p>Sept 2013</p> <p>Sept 2013</p> <p>Sept 2013</p> <p>Sept 2013</p> <p>Sept 2013</p>	<p>GM</p> <p>GM</p> <p>GM, MN, Facilities</p> <p>GM, MN, Facilities</p> <p>GM, MN, Facilities</p> <p>GM, CG, FM</p> <p>GM, FM</p> <p>GM, MN, Facilities</p> <p>GM, MN</p> <p>GM, FM</p> <p>CG, GM</p>

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

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Lead Reviewer:
EQIA Sign Off:

Name
Job Title

Con Gillespie
Lead Nurse ECMS

Signature
Date



31st July 2013

Quality Assurance Sign Off:

Name
Job Title
Signature
Date

Please email a copy of the completed EQIA form to egia1@ggc.scot.nhs.uk, or send a copy to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4560/4967. The completed EQIA will be subject to a Quality Assurance process and the results returned to the Lead Reviewer within 3 weeks of receipt.

PLEASE NOTE – YOUR EQIA WILL BE RETURNED TO YOU IN 6 MONTHS TO COMPLETE THE ATTACHED REVIEW SHEET (BELOW). IF YOUR ACTIONS CAN BE COMPLETED BEFORE THIS DATE, PLEASE COMPLETE THE ATTACHED SHEET AND RETURN AT YOUR EARLIEST CONVENIENCE TO: egia1@ggc.scot.nhs.uk

**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET**

Name of Policy/Current Service/Service Development/Service Redesign:

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Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

Please email a copy of this EQIA review sheet to egia1@ggc.scot.nhs.uk or send to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospitals Site, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4560/4967.