

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.

Name of Current Service/Service Development/Service Redesign:

NHSGGC District Nursing Service. This is the QIA Briefing Tool

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 district nursing service delivers high quality, compassionate care, health and well being outcomes for all patients referred to the service. The service aims to deliver safe, effective person centred care that achieves the best clinical outcomes for the patients within NHSGGC. based upon; organisational values, Facing the Future Together and adopting the 10 Essential Shared Capabilities
All of these refer to how the service will work with patients by:

- working in partnership;
- respecting diversity;
- practising ethically;
- challenging inequality;
- promoting recovery, well-being and self-management;
- identifying people's needs and strengths;
- providing person-centred care;
- making a difference;
- promoting safety and risk enablement;

- personal development and learning.

Priority areas for district nursing are:

- maximising health and well being and helping people remain independent;
- identify the need for early help and manage crisis intervention or where patient has long term condition or complex care needs; case manage and co-ordinate care for patients who are unwell or recovering at home;
- promote a positive patient and carer experience, empowering patients and enabling self care;
- working with a range of health and social care partners to provide services to adults and their carers at home or in other homely setting; building on and strengthening leadership and measuring impact;
- supporting positive staff experience both as individuals and within their teams.

District nurses work with key delivery partners to improve the health and well being of patients:

- GP's;
- social care;
- acute services;
- hospice;
- carers;
- specialist nursing services;
- residential and care homes;
- Voluntary Organisations.

District nurses manage the interface with a number of community services to ensure:

- effective delivery of care;
- effective information sharing;
- effective joint planning to meet patient and carer 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 EQIA has been devised to help inform the review and modernisation of the district nursing service within an inclusive and inequalities sensitive approach to delivering district nursing practice. The template will be used as both a guide and a checking mechanism to ensure the modernisation of the service is inclusive of the diverse needs of the population and articulates inequality sensitive aspirations for the highest quality of care. The EQIA has brought together a range of evidence against each of the legally protected characteristics as defined in the Equality Act (2010) and in their totality as intersectional or cross-cutting considerations. This includes interface with the following strategy documents:

- NHSGGC Corporate Plan and clinical service review
- NHS Scotland 2020 Vision
- National Quality Strategy
- Scottish Government Modernising Nursing in the Community
- Reshaping Care for Older People
- National Dementia Strategy
- Living and Dying Well.

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: Susan O'Rourke
Professional Nurse Advisor Adult Service Glasgow City CHP

Date of Lead Reviewer Training: 2013

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):

Susan O'Rourke Professional Nurse Advisor Glasgow City CHP
 Karen Jarvis Senior Nurse East Renfrewshire CHCP
 Carrie Fivey Organisational Development Lead South Sector Glasgow City CHP
 Alastair Low

	Lead Reviewer Questions	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?	<p>Within the District Nursing caseload legally protected characteristics are collected through community nurse information system (CNIS) and national community nursing workload tool. There is no barrier to collecting this data.</p> <p>Sex Ethnicity Religion and belief Age</p>	<p>Gender Reassignment</p> <p>Disability Gender Reassignment Sexual orientation require to be added to CNIS</p>
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?	<p>The district nursing caseload profile demonstrated that the demographics of the caseload is predominately in the over 65 population. Older people are more likely to have more than one long term condition: 27 per cent of people aged 75-84 have two or more. There is a predicted rise of 38 per cent in the number of people who will be over 85 in the population by 2016, and a 144 per cent rise in the over 85s by 2031. This will have an impact on the district nursing caseload.</p> <p>This information has been used to inform the future service model including reprofiling the workforce and skill mix, resource allocation to ensure equity of service provision and needs, service structure, service organisation, caseload management, service developments in terms of a 24/7 service, anticipatory care and long term conditions management, prevention of admission to hospital and</p>	

		<p>supporting early discharge.</p> <p>A new induction framework has been developed specific to district nursing this includes training in equality and diversity and adult support and protection.</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>All District Nurses have been attending Leading Better Care national initiative at local events. Within these sessions presentations have been given on Inequalities sensitive Practice (ISP). This highlighted the need to apply evidence based ISP practice into district nursing practice. The sessions evaluated very well.</p>	
4.	<p>Can you give details of how you have engaged with equality groups to get a better understanding of needs?</p>	<p>A series of engagement events were held with Partnership PPF leads during the course of the review including representing a range of stakeholders including those with disabilities.</p> <p>A final engagement session is currently being led by Partnership Directors for all staff and stakeholders until end of March 2014.</p> <p>Patient satisfaction surveys have also been undertaken through Releasing Time to Care initiative.</p> <p>All of this has been used to inform the future service model and service provision.</p>	
5.	<p>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</p>	<p>The service is community based predominately to patients in their own homes.</p> <p>The review identified gaps in service provision the new model recommends a 24/7 service 7 days per week.</p> <p>District nurses assess for any barriers that may impact in terms of the patient's physical disability, and will provide advice to the patients and family and refer to other agencies as appropriate.</p>	
6.	<p>How does the service ensure the way it communicates with service users removes any potential barriers?</p>	<p>The services involve patients and families in assessing their needs and planning their care.</p>	<p>Raise profile of interpreting services.</p>

		<p>Patients are provided with information on the service, team and their named nurse.</p> <p>Where required staff will utilise NHSGGC interpreting services. The service will also be introducing electronic tablets to record patient's information. This tool has the ability to show patients the range and type of equipment they may need at home to support their individual needs.</p> <p>Review of complaints and necessary actions in line with Board policy.</p>	
(a)	Sex	<p>Data can be extrapolated from the Community Nurse Information System (CNIS) giving a demographic profile of the sex mix of the patient population with the DN caseloads.</p> <p>This enables the service to identify the key issues in terms of health and social care needs and inform service improvement and service planning.</p> <p>Gender based violence training, adult support and protection training and child protection training in place for all staff.</p> <p>Review of patient experience surveys to identify any particular issues.</p>	
(b)	Gender Reassignment	<p>Age Concern estimate that 7% of transgender people are over 61 and 4% of those who underwent gender reassignment surgery are aged 60-74. Older transgender people are likely to experience high levels of prejudice. District nurses are in a position to signpost patients to appropriate support networks.</p> <p>District nursing caseload demography is highest in the over 65 population. Patients may require sensitive intimate personal care.</p>	

		<p>Implementation of a core induction programme for District Nursing includes signposting to all NHSGGC policies including NHSGGC Transgender policy.</p> <p>DN induction programme sets out the values and behaviours expected of staff within the service.</p>	
(c)	Age	<p>The service provides services to all age ranges there is no age cut off.</p> <p>The demographic profile of the patient population has been extrapolated from CNIS. This enabled the service to identify key issues which informed service improvement and service planning specific to age range of patients within the DN caseload.</p> <p>A review of age data has enabled the service to identify that the age range within the caseload is in line with demographic trends.</p> <p>The data enabled the service to highlight to children and family's service, the low numbers of children being seen by the DN service particularly at weekends.</p> <p>This prompted discussion with children and families services to ensure the needs of the younger age group within the caseload are being met.</p>	
(d)	Race	<p>District nursing provides services to the total population of NHSGGC which includes BME communities. The number of older people from BME communities is set to rapidly increase. The UK census from 2001 showed that more than 10% of all BME people were aged 60-79. Evidence shows that people over the age of 65 from 'Asian and 'Black' communities are disproportionately affected by poor health and are more likely to be dependant on others at an earlier age due to experience of disability. Some BME communities experience higher rates of some long term conditions which will impact on future care provision.</p>	

		<p>CNIS data highlights that district nurses are supporting interventions for long term conditions in the over 65 age range.</p> <p>DNs use the interpreting programme to support service delivery with patients who require additional communication support. Written information is available in a number of alternative formats and language in line with accessible information protocol.</p>	
(e)	Sexual Orientation	<p>Data captured from CNIS includes, married /civil partnership, single, civil partnership, widow, divorced.</p> <p>Equality sessions were a core component of Leading Better Care, NHSGGC leadership programme for senior charge nurses. This enables inequalities sensitive practice to be delivered enabling sensitive, empathetic and non judgemental approach to older people who may be gay, lesbian or bisexual.</p> <p>The district nursing induction programme and competency framework for learning and education reflects these values.</p>	
(f)	Disability	<p>All patients receive nursing assessment which will identify any disability the patient may have. The DN in collaboration with the patient would identify if the disability was causing a problem and required any nursing intervention. In the event that there was an issue, a plan of care would identify appropriate intervention required, possible referral to other agencies such as social work to support.</p> <p>DN services will use BSL interpreters and Language interpreters as required.</p>	
(g)	Religion and Belief	<p>As part of the assessment process district nurses will discuss religion and belief to enable them to provide sensitive individualised care to patients. This is especially relevant when providing end of life care where discussion may take place with patients and families.</p> <p>Staff attends learning and education sessions in relation to end of</p>	

		<p>life care.</p> <p>Staff can access spiritual support for patients from local religious groups / services and access NHSGGC Awareness spiritual care manual</p>	
(h)	Pregnancy and Maternity	District nurses are rarely involved with expectant mothers. They would be assessed and treated on an individualised basis. This would involve working in collaboration with Maternity services and other supportive agencies as appropriate.	
(i)	Socio – Economic Status & Social Class	<p>Socio-class economic status and health are core components of District Nurse training.</p> <p>District nursing staff work in collaboration with other agencies to address and social and financial issues patients may have.</p>	
(j)	Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers	The service has no exclusion criteria for marginalised groups and work in partnership with homeless services as required. District nurses will see all patients who are appropriately referred to them for district nursing input.	
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?	No costs savings are planned in the context of the review.	
10.	What investment has been made for staff to help prevent discrimination and unfair treatment?	DN core induction programme uptake of e-learning modules KsF and PDPs	

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 undergone a review. Data highlighted and equality policy context have been used to inform the future service model.

The service is currently implementing releasing time to care. This is enabling the service to review the current way of working to release more time in working with patients.

Key to this is patient's experience of the service, regular patient surveys are being undertaken to assess the patients experience of the service and actions taking forward in response to patients reviews.

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)
Gender Reassignment, socioeconomic status and Disability tabs in CNIS required DN teams Focus on e learning modules most proportionate to population needs Review patient experience returns by protected characteristics	October 2014 Ongoing Ongoing	IMT Chair Senior Nurses District nurses

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

October 2014

Lead Reviewer:

Name

Susan O'Rourke

EQIA Sign Off:

Job Title	Professional Nurse Advisor Adult Nursing Glasgow City CHP
Signature	
Date	25th March 2014

Quality Assurance Sign Off:

Name	Alastair Low
Job Title	Planning Manager
Signature	
Date	09/04/14

Please email a copy of the completed EQIA form to eqia1@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. 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: eqia1@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 eqia1@ggc.scot.nhs.uk or send to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospitals Site,