

**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](mailto:CITAdminTeam@ggc.scot.nhs.uk) for further details or call 0141 2014560.

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

Nuclear Cardiology, Diagnostics Directorate, Acute Services

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?**

Nuclear Cardiology services for NHS GG&C are based at Glasgow Royal Infirmary (GRI) and the Western Infirmary (WI). The department performs Myocardial Perfusion Scans. The aim of the service is to provide diagnostic information for a wide range of patients with a variety of cardiac symptoms to ascertain if they have heart disease. It is also used as a prognostic tool to stratify patients with known heart disease. The scan is performed in two parts: A stress test and a scan using a Gamma camera and then a repeat scan 3-4hours later. Radioactive injections are given to the patient in order to see the heart under the camera.

The service at Glasgow Royal Infirmary will see 1500 -1600 patients per year who will all come for appointments both in the morning and again in the afternoon to allow the heart to be assessed at rest & stress. The Western Infirmary will see 4-500 patients per year but they may come 3 or 4 times for the same tests depending on the treatment pathway regime.

A triage system operates to identify patients at high or low risk for stress testing. Those patients that are of high risk will only be in the unit when Medical staff are available within the department.. The service is operated by clinical scientists and technicians. There will always be 2 technicians & a clinical scientist involved in the triage system to ensure patients are safe to exercise.

The suite at Glasgow Royal Infirmary consists of a reception area and two sets of rooms that connect whereby patients can be exercising in one half but have their scan in the next. There is also an additional gamma camera room. At the Western Infirmary there is only one big room for undertaking all the tests.

The age range of patients can be from 18 years and above (sometimes younger due to their medical condition and this diagnostic test being essential for their ongoing treatment and care).

Referrals will only come from consultants in the outpatient clinics or via an emergency admission of an inpatient to Coronary Care Unit or the acute Medical Wards. However this is a West of Scotland service so the service also sees patients from other health board areas, e.g. Dumfries and Galloway; Western Isles, Lanarkshire and occasionally Forth Valley. The Western Infirmary will mainly support patients for the Beatson who are in the preparation/assessment stages for their treatment regime.

All patient details are recorded in a Radiology Information System with links to the PASSWEB patient information system.

**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 EQIA was selected by the management team

**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)**

Bill Martin, Consultant Medical Physicist, Glasgow Royal Infirmary.

**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):**

Consultant Medical Physicist; Secretary; Advanced Specialist Clinical Physics Technologists; Quality Co-ordinator; Equality and Diversity Assistant.

	<b>Lead Reviewer Questions</b>	<b>Example of Evidence Required</b>	<b>Service Evidence Provided (please use additional sheet where required)</b>	<b>Additional Requirements</b>
1.	<b>What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?</b>	<b><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></b>	The department utilises the PASSWEB patient information database which captures date of birth; gender and postcode. If a patient has any communication needs or disabilities this information would be included in the referral form.  All patients are referred directly by hospital consultants, staff are concerned that patients would be	It is anticipated that the introduction of Trakcare will assist in capturing equality data.

			repeatedly asked the same questions about equality data. (During cardiac investigations, a patient may attend multiple clinics). .	
2.	<b>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?</b>	<b><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></b>	Not applicable.	There are issues with the Trakcare referral system that are required to be explored before any analysis of equalities data can be undertaken.
3.	<b>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.</b>	<b><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></b>	<p>The service at Glasgow Royal Infirmary was previously based on the 3<sup>rd</sup> Floor of the Queen Elizabeth Building. As there were access and space issues the department was moved to the Queen Elizabeth Building into an area which was specifically designed for the service. This also includes two connecting rooms whereby a patient can be exercising in one room and the gamma camera in the other room. This helps maintain the patient's privacy and dignity.</p> <p>The service continues to work with the Heart Disease Managed Clinical Network to deliver consistent nuclear cardiology services across Greater Glasgow and Clyde, with clear referral criteria and equitable waiting times, building on audit results, national guidance and local clinical opinion, and the work already underway.</p>	Until the Trakcare issues above are resolved then no analysis of equalities data can be undertaken.

			<p>The service are aware that some equality groups are more likely to have heart disease than others, especially in the West of Scotland and therefore may be referred to the department for diagnostic tests..</p> <p>Each patient is sent an appointment letter and information about their tests. The letter asks patients to confirm their attendance. If a patient doesn't confirm the staff will contact the patient to;</p> <ol style="list-style-type: none"> <li>1. confirm they received the letter</li> <li>2. to confirm that they will attend.</li> </ol> <p>(This helps to reduce the number of Did Not Attends (DNA's))</p>	
4.	<p><b>Can you give details of how you have engaged with equality groups to get a better understanding of needs?</b></p>	<p><b><i>Patient satisfaction surveys have been used to make changes to service provision.</i></b></p>	<p>As there were a number of informal complaints about the waiting area, the service devised a short questionnaire. This resulted in the chairs in the waiting area being changed from the hard plastic chairs to padded chairs with arms.</p> <p>Complaints are regularly reviewed for common themes.</p> <p>The service has received feedback via Patient Opinion. (This is a pilot which NHS Greater Glasgow and Clyde are participating in. Patient Opinion is a website where anyone can share their recent experience of local health services, and see what others are</p>	<p>The service will consider implementing a comments and suggestions box for feedback on the service.</p>

			saying. Stories can be submitted to the site online, or by post or telephone. When a story is published on the site, Patient Opinion automatically tells relevant health service staff, who can respond online.	
5.	<b>If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?</b>	<b><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></b>	Not applicable as the service is staff by Clinical Physics Technologists.	
6.	<b>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</b>	<b><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></b>	<p>The service is based at Glasgow Royal Infirmary and the Western Infirmary.</p> <p><b>Glasgow Royal Infirmary</b> The service is located on the ground floor of the Queen Elizabeth Building. There are bus stops and drop off points outside the entrance. There are lifts to the ground floor. There is sufficient colour contrast between the walls and floors for people with visual impairment. There is a lowered reception desk for patients who have wheelchairs. The reception desk has a fixed loop system for patients who are hard of hearing or deaf. The department is wheelchair accessible.</p> <p><b>Western Infirmary</b> There are bus stops on Dumbarton</p>	<p><b>Glasgow Royal Infirmary</b> Although there are disabled car parking spaces at the rear of the building which are augmented by disabled bays in the multi –storey car park, these are not located close enough to the building.</p> <p>There is a lack of signage to direct patients to the department.</p> <p>There is a shortage of wheelchairs to transfer patients.</p> <p>The doors to the department are heavy and can be difficult to open.</p>

			<p>Road that are close to the hospital entrance.</p> <p>There are disabled car parking spaces available.</p> <p>There is a drop off point at the main entrance.</p> <p>There is ramp access at the main entrance.</p> <p>The service is located on the 4<sup>th</sup> floor and there are lifts available which can accommodate wheelchair users.</p> <p>The department is wheelchair accessible.</p>	<p><b>Western Infirmary</b></p> <p>There is a shortage of wheelchairs to transfer patients.</p>
7.	<p><b>How does the service ensure the way it communicates with service users removes any potential barriers?</b></p>	<p><b><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></b></p>	<p>Staff are aware of how to arrange interpreters and other forms of communication support.</p> <p>Staff have used text relay to communicate with patients who are deaf.</p> <p>Each patient is sent an appointment letter and information about their tests. The letter asks patients to confirm their attendance. If a patient doesn't confirm the staff will contact the patient to:</p> <ol style="list-style-type: none"> <li>1. confirm they received the letter</li> <li>2. to confirm that they will attend.</li> </ol> <p>(This helps to reduce the number of Did Not Attends (DNA's))</p> <p>There are Accessible Information Posters on display in the department</p>	<p>The appointment letters will be reviewed to ensure they comply with NHS Greater Glasgow and Clyde's Accessible Information Policy.</p> <p>The service does not have a portable loop system.</p> <p>The service will consider using telephone interpreting.</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)	Sex	<p><b><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></b></p>	<p>The department would try to accommodate requests for same sex technologists. If this wasn't possible chaperoning would be offered or an alternative appointment.</p> <p>Patients do not have to fully undress for the tests. However they need to allow access to their chests for the application of ECG electrodes to allow stress testing.</p> <p>At Glasgow Royal Infirmary, there are two separate rooms (one room for exercising and the other for the scan) which maintain the patient's privacy and dignity.</p> <p>At the Western Infirmary there is only 1 large room. Therefore, staff try to allocate appointments to avoid having two patients at once .If it is essential to have 2 patients in the room they are separated by a curtain to give a degree</p>	<p>Circulate information about NHS Greater Glasgow and Clyde's Gender Based Violence Plan.</p>

			of privacy.	
(b)	<b>Gender Reassignment</b>	<b><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></b>	Staff would ask the patient how they wished to be addressed.	Circulate information to staff about NHSGG&C's transgender policy.
(c)	<b>Age</b>	<b><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></b>	<p>The service is only for adult patients with some exceptions for younger patients due to their medical condition and this diagnostic test being essential for their ongoing treatment and care.</p> <p>Staff will explain the tests in an appropriate format to ensure the patient understands.</p> <p>For patients with dementia, staff would consult with the carers.</p>	Staff will undertake Adult Protection training.
(d)	<b>Race</b>	<b><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</i></b>	<p>Staff are aware of how to organise interpreters and always arrange same sex interpreters.</p> <p>No racist incidents have occurred to date but if they occurred then these would be challenged and reported through datix.</p> <p>There are Accessible Information</p>	Information is not available in other language but would be provided on request to comply with NHS Greater Glasgow and Clyde's Accessible Information Policy.

		<i>family interpreting and reviewed use of interpreting services to ensure this was provided for all appropriate appointments.</i>	Posters on display in the department	
(e)	<b>Sexual Orientation</b>	<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>	<p>Staff are aware of the importance of using appropriate terminology and not making assumptions (e.g. who is with you today).</p> <p>No homophobic incidents have occurred to date but if they occurred then these would be challenged and reported through datix.</p>	
(f)	<b>Disability</b>	<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>If a patient has a disability, the staff would contact them before their appointment to ascertain their needs. (For example, if a patient has a wheelchair, the staff would need to know if they could transfer from the wheelchair or if they would need a hoist).</p> <p>Staff are aware of how to access British Sign Language Interpreters and other forms of communication support.</p> <p>For patients, with visual impairments staff would describe the surroundings /equipment to the patients and if required guide them.</p>	<p>Information is not available in other format but would be provided if requested to comply with NHS Greater Glasgow and Clyde's Accessible Information Policy.</p> <p>Although the reception desk has a fixed loop system, the service does not have a portable loop system for the consultation rooms.</p>

			<p>If applicable, patients can bring their guide dog or hearing dog.</p> <p>If a patient has a learning disability, the staff would consult with the carer if appropriate.</p> <p>Staff are aware of the Adults with Incapacity Act.</p> <p>Staff can accommodate carers.</p> <p>The waiting area has chairs with arms.</p> <p>The service at Glasgow Royal Infirmary has a dedicated accessible patient toilet.</p> <p>The service at the Western Infirmary does not have a dedicated toilet, However, there is an accessible patient toilet adjacent to the general clinical waiting area.</p>	
(g)	<b>Religion and Belief</b>	<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 can signpost patients to the hospital Chapel.</p> <p>If a patient had any queries about the ingredients of medication, the staff would contact the Pharmacy Department for advice.</p>	Circulate information on access to the Faith and Belief Manual.
(h)	<b>Socio – Economic Status</b>	<i>A staff development day</i>	Staff can signpost patients to the	

		<i>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>	Cashier's Office if they are eligible to re-claim their travelling expenses.  If patients are from other Health Boards the staff will sign the appropriate forms to confirm they attended the appointment.	
(i)	<b>Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers &amp; refugees, travellers</b>	<i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i>	The service has a process in place for dealing with prisoners in the criminal justice system. The staff would be unaware if a patient was from a travelling community. The staff would be unaware if a patient was an asylum seeker, however, the referral form would highlight if an interpreter was required. If a patient has an addiction this would be documented in the referral form. If a patient has a drug addiction there can be issues with venous access which is essential to allow the test to be performed.	
9.	<b>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?</b>	<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>	As with all departments cost saving exercises are being implemented but it is not anticipated that these will discriminate against any of the equality groups.	
10.	<b>What investment has been made for staff to help prevent</b>	<i>A review of staff KSFs and PDPs showed a small</i>	All staff have personal development plans.	

	<b>discrimination and unfair treatment?</b>	<i>take up of E-learning modules. Staff were given dedicated time to complete on line learning.</i>	The Service has a training programme in place which includes who and when equality modules will be undertaken. The Service has regular departmental meetings and study days. This means that staff have the opportunity to share with others new knowledge in a timely manner.	
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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 and have used this to change the way you deliver services - 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.**

<b>Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.</b>	<b>Date for completion</b>	<b>Who is responsible?(initials)</b>
<b>Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials</b>  Consider implementing a comments/suggestions box for patient feedback.  Discuss with Estates the issues regarding signage.	  Feb 15  Feb 15	  JG  RC



**Date**

**Please email a copy of the completed EQIA form to [egia1@ggc.scot.nhs.uk](mailto: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. 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 6-MONTH REVIEW SHEET. IF YOUR ACTIONS CAN BE COMPLETED BEFORE THIS DATE, PLEASE CONTINUE TO COMPLETE THE ATTACHED SHEET AS YOU AND RETURN AT YOUR EARLIEST CONVENIENCE TO: [egia1@ggc.scot.nhs.uk](mailto: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
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			

**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
<b>Action:</b>			
<b>Reason:</b>			
<b>Action:</b>			
<b>Reason:</b>			
<b>Action:</b>			
<b>Reason:</b>			
<b>Action:</b>			
<b>Reason:</b>			

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

	<b>To be completed by</b>
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	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 EQIA review date:**

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**Name of completing officer:**

**Date:**

**Please email a copy of this EQIA review sheet to [eqia1@ggc.scot.nhs.uk](mailto:eqia1@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: 0141-201-4817.**