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.

1. Name of Current Service/Service Development/Service Redesign:

Routine Childhood Immunisation Clinic Delivery Redesign

This is a : Service Redesign

2. Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally determined).

A. What does the service do?
As a public health measure, immunisations have been and continue to be evidenced as extremely effective in reducing the burden of disease and are a critical aspect of preventative medicine. Immunisation policy in the UK is determined by the UK Health ministers and devolved administrations with advice/recommendations made by the independent expert advisory group, the Joint Committee on Vaccination and Immunisation (JCVI)The timely delivery of vaccines is an important aspect in achieving maximum levels of protection both at individual patient and population levels. A number of national developments including CEL13(2013) which set out the requirement of NHS Boards to refocus existing Health Visiting and School Nursing Roles , services and interventions by April 2014, www.sehd.scot.nhs.uk/mels/Cel2013, and a subsequent request from the Scottish GP Committee to the Scottish Government in the context of agreeing the new 2018 General Medical Services Contract in Scotland, that wherever possible some of the service delivery in practices should be delivered elsewhere in the NHS to relieve pressure on GP Practices including all vaccinations. This provides a timely opportunity to review and improve delivery of vaccinations through the Vaccination Transformation Programme. A new model for delivering routine childhood immunisations across NHSGGC has been proposed. This would see pre-school-aged children receive routine childhood immunisations from NHS community clinic venues rather than their registered GP practice (for the majority). Given the fundamental importance of delivering an equitable and effective immunisation programme to our diverse communities, it is important that an assessment of the proposal is undertaken to highlight any possible equality and human rights issues for delivery by health and social care partner organisations.
B. 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 equality impact assessment (EQIA) has been conducted to review the potential risks to the protected equality characteristics of targeted vaccination cohorts (pre-school-aged children) in moving routine childhood immunisation delivery from the GP practice setting to a community clinic delivery model, which must be managed and mitigated in the delivery of the proposed, new model. The assessment has been designed to highlight overarching considerations by each HSCP. This EQIA has not been undertaken to capture all possible risks for each proposed clinic site within the six co-terminus health and social care partnerships (HSCPs) as this responsibility will sit with each HSCP, rather, the assessment has been designed to highlight overall health equality and service accessibility risks, and how these might be mitigated in the delivery of the new model. This EQIA limits itself to an overarching assessment of what the potential risks and benefits will be of changing the model from GP practice delivery to centralised delivery via HSCP community venues. The risks highlighted must be considered by each participating HSCP as recommendations for delivering effective and legally compliant services

3. 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:	**Date of Lead Reviewer Training:**
Hanley, Scott	05/03/2018

4. 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):

Ingram, Angela (Project Manager Immunisation); Elaine Byrne (Team Lead); Polet, Arlene (Team Leader children and families); Annie Hair (senior Nurse practice development); Gallagher, Kath (Planning and Development Manager); Gary Dover (Head of Planning and Performance); Diane Allcock (practice development nurse); Val Tierney (Senior Nurse Manager Children And Families); Affleck, Michelle (Development Officer); Janine McAlister (Team Lead); Una Provan (Team leader)

	Lead Reviewer Questions	*Example of Evidence Required*	Service Evidence Provided	Additional Requirements
1.	**What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?**	***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.***	Equalities data is routinely collected on two (age and gender (male/female)) protected characteristics for children using the service; with accurate reporting available on immunisation uptake by age and SIMD. In addition, by area, service accessed, the child health team, EMIS web, amongst others. Ethnicity is not reliably recorded, partially due to historical reasons as during the setup process large numbers of children's files were ported into EMIS Web manually, and ethnicity was not always entered/ or was not available to be entered. Although there is no explicit legal requirement under the Equality Act's General Duty to collect and use equality information, in order to have due regard to the aims of the general duty, named public authorities must understand how the impact of their policies and practices differs with respect to those with particular protected characteristics. Collecting and analysing equality information (including information from engagement with people sharing protected characteristics where relevant) can be an important way of named authorities developing this understanding. With this in mind it is recommended that Health and Social Care Partnerships adopt a robust approach to capturing protected characteristics data and use resulting analysis to identify possible patterning in service uptake that may inequity in use of the service	Although there is no explicit legal requirement under the Equality Act's General Duty to collect and use equality information, in order to have due regard to the aims of the general duty, named public authorities must understand how the impact of their policies and practices differs with respect to those with particular protected characteristics. Collecting and analysing equality information (including information from engagement with people sharing protected characteristics where relevant) can be an important way of named authorities developing this understanding. With this in mind, it is recommended that HSCPs adopt a robust approach to capturing protected characteristics data and use resulting analysis to identify possible patterning in service uptake.
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?**	***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.***	Following a mumps outbreak in early 2016, cases were analysed by age and compared with vaccination uptake data, which highlighted the majority of cases were amongst the school-age population in a concentrated area. Following further investigation, a community immunisation clinic for those transferring into the area after their 6th birthday was piloted. In addition, an MMR immunisation mop-up programme for all S1-S6 pupils was held. MMR immunisation is now routinely offered across NHSGGC to all S1 and S2 pupils with either 0 or 1 MMR dose recorded.	HSCPs will need to ensure that community clinic venues are accessible and have the appropriate equipment in place and that staff are aware of how to operate it, e.g. loop systems. All HSCP staff should complete the e-learning module on Equality as per their individual PDP

3.	**Have you applied any learning from research about the experience of equality groups with regard to removing potential barriers? This may be work previously carried out in the service.**	***Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.***	There is limited research available on the relationship between protected characteristics and early years childhood immunisation. However, existing research does suggest lower uptake of immunisation programmes can be patterned by race and poverty. The 2017 reviewed NICE guidance (Immunisations - Reducing Differences in Uptake) makes recommendations for targeting groups at risk of not being fully immunised and includes:1. Children and Young People who do not attend immunisation appointments will be followed up with a written recall invitation phone call or text 2. Children and Young People identified as having missed a childhood vaccination offered the outstanding vaccination 3. Children and young people who receive a vaccination have it recorded in their GP record the Child Health Information Service and Personal records. $. Children and young people have immunisation status checked at specific educational stages. 5. young offenders have their immunisation status checked on entry to a secure setting and offered outstanding vaccinations.	Improve access to immunisation services for those with transport, language or communication difficulties, and those with physical or learning disabilities. For example, provide longer appointment times, walk-in vaccination clinics, services offering extended hours and mobile or outreach services. The latter might include home visits or vaccinations at children's centres; Provide accurate, up-to-date information in a variety of formats on the benefits of immunisation against vaccine-preventable infections. This should be tailored for different communities and groups, according to local circumstances. For example, offer translation services and provide information in multiple languages; Consider using pharmacies, retail outlets, libraries and local community venues to promote and disseminate accurate, up-to-date information on childhood immunisation; Health professionals should check the immunisation history of new migrants, including asylum seekers, when they arrive in the country. They should discuss outstanding vaccinations with them and, if appropriate, offer the necessary vaccinations administered by trained staff.
4.	**Can you give details of how you have engaged with equality groups to get a better understanding of needs?**	***Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.***	There are examples of local patient engagement/feedback both pre and post move from delivering in GP practices to community clinics.	Engagement with people with protected characteristics is a key aspect of understanding and evidencing due regard in respect of meeting responsibilities contained in the Equality Act 2010. Each HSCP should confirm they have the appropriate means of engaging with their respective communities and demonstrate involvement in shaping local service provision, where appropriate, to meet expressed need.
5.	**Question 5 has been removed from the Frontline Service Form.**			

6.	**Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?**	***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.***	All pre-school immunisation clinics are held in either GP or NHS premises that are compliant with DDA legislation or meet appropriate building regulations.	HSCPs will need to ensure that community clinic venues are accessible and have the appropriate equipment in place and that staff are aware of how to operate it, e.g. loop systems. HSCPs may wish to consider how clinics can be made more accessible for both or either parents to attend and appropriate sign posting to meet identified needs.
7.	**How does the service ensure the way it communicates with service users removes any potential barriers?**	***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.***	All immunisation resources to support pre-school immunisations are produced nationally by NHS Health Scotland and are available in different languages. An Easy Read version of each resource is also available. Staff work to NHSGGC Working with Interpreters Staff Guideline http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/InterpretingServices/Documents/Working%20with%20Interpreters%20-%20Staff%20Guidelines.pdf Staff follow Accessing a Telephone Interpreter guide provided by Language Line services http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/InterpretingServices/Documents/Accessing%20a%20Telephone%20Interpreter.pdf Staff use Language Identifier resource http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/InterpretingServices/Documents/Languages%20Identification%20Poster.pdf so that they can use the correct version of leaflets or language line with patients.	When planning patient communications re. the move to community clinics HSCPs will be expected to develop them in line with the NHSGGC Clear to All policy and guidelines.
8.	**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:**			
(a)	**Sex**	***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.***	Whilst not aware of any evidence showing that immunisation uptake is impacted on by children's gender, there is the potential for the parents'/carers' gender to be a factor. Evidence suggests there may be a slightly lower immunisation uptake for children of younger parents or single parents. Typically, women account for around 90% of all single parents and therefore experience a disproportionate financial burden. All staff as part of learning and development will have completed Routine Sensitive Enquiry training and Financial Enquiry.	HSCPs may wish to consider how clinics can be made more accessible for both or either parents to attend and appropriate signposting to meet identified need(s). Evidence suggests there may be a slightly lower immunisation uptake for younger parent or single parents. HSCP delivery should acknowledge the burden of parenting remains with women and should make necessary adjustments to remove barriers. This may include capitalising on health centre resources by delivering financial inclusion sessions/resources on immunisation clinic days.

(b)	**Gender Reassignment**	***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.***	It is not expected that gender reassignment will present risk of impeding the delivery of an immunisation service to a pre-school child. However, care should be taken to ensure that any correspondence with the parent or guardian of the child/children matches chosen gender titles etc to avoid any distress and maintain confidence in the service.	Mandatory Equality and Diversity learnPro module should be completed by all HSCP staff.
(c)	**Age**	***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.***	The routine childhood immunisation programme offered to pre-school age children is for those aged 0-5 years old. With the exception of Rotavirus and Meningitis B vaccines which have maximum age limits for when they can be administered in line with national immunisation policy, if a baby or child misses an immunisation for whatever reason there is the opportunity for immunisations to be caught-up, in line with the routine schedule or following the national Vaccination of individuals with uncertain or incomplete immunisation status pro forma https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status. Evidence suggests there may be a slightly lower immunisation uptake for children of younger parents or single parents.	Going forward, HSCPs should consider contingency plans for children aged 6+ who have not completed pre-school immunisations and investigate prompts etc e.g. opportunity to raise at primary 1 induction visits. HSCPs should consider work with Family Nurse Partnership staff re. messages for younger parents re. childhood immunisations.
(d)	**Race**	***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***	Staff work to NHSGGC Working with Interpreters Staff Guideline http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/InterpretingServices/Documents/Working%20with%20Interpreters%20-%20Staff%20Guidelines.pdf Staff follow Accessing a Telephone Interpreter guide provided by Language Line services http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/InterpretingServices/Documents/Accessing%20a%20Telephone%20Interpreter.pdf Staff use Language Identifier resource http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/InterpretingServices/Documents/Languages%20Identification%20Poster.pdf so that they can use the correct version of leaflets or language line with patients	Although there is no explicit legal requirement under the Equality Act General Duty to collect and use equality information in order to have due regard to the aims of the general duty, named public authorities must understand how the impact of their policies and practices differ with respect to those with particular protected characteristics.HSCPs should ensure recording of children's ethnicity is improved as per NHSGGC Recording Keeping Guidelines.

		use of interpreting services to ensure this was provided for all appropriate appointments.		
(e)	**Sexual Orientation**	***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.***	LGBT does not form part of any template/assessment questions in relation to the delivery of pre-school immunisation, hence any available data would be based on a staff user adding this on an ad hoc basis. Unaware of any adverse impact on pre-school immunisation uptake.	Any individual could potentially be impeded from accessing the immunisation service due to fears of discrimination from practitioners or other service users. HSCPs should ensure the service is delivered in a way that is sensitive to all protected characteristics to minimise barriers to access risk of discrimination
(f)	**Disability**	***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.***	Reporting on disability would be reliant on read coding. There are an extensive number of read codes within EMIS Web, however these are not currently consistently used. It is important that all staff do not make assumptions about sexual orientation of parent/carers and refer to partners rather than wife husbands. The use of read codes across Specialist Children Services is currently being reviewed, so this should improve in future.	HSCPs should consider flexible service provision to meet the needs of the child to successfully deliver the pre-school immunisation programme e.g. children born with bilaterals talipes. All HSCP staff should be aware of any difficulties /disabilities /patients or carers may face when attending clinics.
(g)	**Religion and Belief**	***An inpatient ward was briefed on NHSGGC's Spiritual Care Manual and was able to provide more sensitive care for patients***	There is provision for alternative vaccines (childhood flu and MMR) for pre-school children whose parents/carers wish their child/children, for faith or religious reasons, to receive an alternative vaccine vaccine.	HSCPs should continue to be culturally sensitive.

		with regard to storage of faith-based items (Qurans etc.) and provision for bathing. A quiet room was made available for prayer.		
(h)	**Pregnancy and Maternity**	***A reception area had made a room available to breast feeding mothers 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.***	During initial discussions re. the move from delivering pre-school immunisations in GP practices to community clinics, access and space for prams/buggies has been listed as an accommodation requirement. NHSGGC is a Unicef Baby Friendly accredited service.	N/A
(i)	**Socio - Economic Status**	***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.***	As per the section on protected characteristic of Sex, there is a correlation between slightly lower uptake of immunisation and deprivation. HSCP staff complete Financial Enquiry training.	The interconnection between parental gender and deprivation should be considered and options to alleviate avoidable financial burdens explored. Programmes like Healthier Wealthier Children that are already embedded in mainstream HSCP practice will play a key role in increasing household income and providing space and time to facilitate access to health provision. HSCPs through completion of local EQIA should consider this when scoping/identifying community clinic venues.
(j)	**Other marginalised groups - Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers**	***A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.***	A short life working group, established in 2016 by the NHSGGC Homelessness & Asylum Service Manager, undertook to review the pathway to health for children who are seeking asylum and are accommodated in Glasgow. This resulted in a review to look at the options and agreed the move to GP registration for all newly arrived Asylum Seeker children. Following agreement at AS&R management group to move to implementation to ensure all children within newly arrived asylum seeking families and marginalised groups, have equitable access to universal services, such as immunisation, all	HSCPs must ensure the risk of discrimination is minimised with specific actions taken to ensure parents/carers who are ex prisoners, homeless children/families and all other marginalised groups,including travellers will be reliant on local intelligence and existing information sharing protocols. There are examples of good practice across NHSGGC and scope to share learning to inform service improvement.

			families in Glasgow City are supported by the Asylum Health Bridging Team to register with local GP Practices.	
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?**	***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.***	The redesign of the pre-school immunisation service is not linked to a cost savings planning.	N/A
10.	**What investment has been made for staff to help prevent discrimination and unfair treatment?**	***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.***	As part of staffs' PDP and mandatory training, staff are given time to complete the Equality, Diversity and Human Rights learnPro module. EMIS has been an investment to improve data collection and audit service delivery to inform service improvements.	All HSCP staff to complete mandatory training and have regular support from line manager.

11. In addition to understanding and responding to our legal responsibilities under the Equality Act (2010), services have a duty to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care (including dementia care) may be considered higher risk in terms of potential human rights breach due to removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

Please give evidence of how you support each article, explaining relevance and any mitigating evidence if there's a perceived risk of breach. If articles are not relevant please return as not applicable and give a brief explanation why this is the case.

Right to Life

Parents/carers of pre-school aged children are provided with information regarding immunisations which is discussed with parents/carers by Health Visitors, as well as the Staff Nurses administering the immunisations to ensure that consent is fully informed. The immunisations service premises should be barrier free and accessible to all parents/carers/children. Staff should have an awareness of any additional needs and time required by parents/carers/children with learning diability

Everyone has the right to be free from torture, inhumane or degrading treatment or punishment

If a child was to become extremely distressed there is the opportunity for a further appointment(s) to be rescheduled with appropriate individualised strategies beforehand prior to appointment.

Prohibition of slavery and forced labour

N/A

Everyone has the right to liberty and security

N/A

Right to a fair trial

N/A

Right to respect for private and family life, home and correspondence

Consent is sought at first visit (10-14 days) for child's data to be added to database that generates subsequent appointments.

Right to respect for freedom of thought, conscience and religion

Parents/carers have the right to withhold consent for their child to be immunised. Staff ensure parents/carers are provided with the necessary information in order to make an informed choice.

Non-discrimination

Pre-school immunisation planning and delivery has been designed to avoid any discrimination on any ground in relation to the protected characteristics. Effective HSCP delivery for other marginalised groups, including travellers and homeless families will be reliant on local intelligence and existing information sharing protocols. Staff should undertake training where needed.

12. 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.

There are examples of good practice across NHSGGC and scope to share learning to inform service improvement e.g. management of DNAs.