

NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool For Frontline Patient Services

It is essential to follow the EQIA Guidance in completing this form

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

Renfrewshire Integrated Alcohol Team and Renfrewshire Alcohol Problems Clinic.

Please tick box to indicate if this is a : Current Service Service Development Service Redesign

Brief description of the above: (Please include if this is part of a Board-wide service or is locally determined).

Renfrewshire Integrated Alcohol Team (IAT) was established in April 2010 to provide community alcohol services for motivational support, assessment, detoxification, relapse prevention, protective medication, health promotion education and harm reduction. This service works closely with the existing Alcohol Problems Clinic (APC) which provides partial hospitalisation offering alcohol detoxification, psychological treatments, pharmacological services and follow up support. The APC adopts an abstinence based approach while the newly established IAT promotes both abstinence and controlled drinking models.

The development of the IAT has meant that there is robust approach to the alcohol services in Renfrewshire offering more patient choice and a range of support options, working on an outreach basis across the community. Given the changes to services, the AIT and APC decided that an EQIA of the current provision would assist the services to augment and ensure that equality considerations are ingrained into operational delivery of the service. The Alcohol Services are based at Dykebar Hospital in Paisley and covers the whole of the Renfrewshire area serving a population of approximately 178,373 (Census 2001). Current waiting times for accessing the service is 7 days which is within the agreed Scottish Government targets, though if indicated attempts will be made by the service to see someone sooner where there is urgency.

The EQIA assessed access, referral systems, assessment, care planning, discharge, staff complement re gender mix, knowledge about equality issues and training. This information was gathered from the APC and AIT service specifications, 1-1 interviews with a random selection of staff, staff questionnaires, 1-1 interviews with service users and service user questionnaires.

Also analysis was carried out to determine who was being referred to the service but not attending. This involved data gathering from systems such as Sky Gateway, PIMs, Waiting Times logs also analysis of a selection of patient notes (20) identifying patients who had attended either mental health or addiction services at some point in their life but failed to attend recent addiction appointments offered. This analysis examined whether there was any obvious equality related issues which could have been a barrier to attending e.g. childcare, disability, language or cultural barriers etc. 196 referrals were made to the service over a period of 3 months (Aug –Nov 2010). Proportionately less women are referred (n=51) but more dna (57%), in comparison to men (n=145, 43%). From the notes that were examined there was no obvious historical equality issues which could explain non attendance. For those who did not attend on every occasion there were 2 or more attempts to make contact (using various methods such as letters, telephones, door step calling) to engage them into the service and there is a multidisciplinary discussion to agree appropriateness of case closure when a service user DNA's. The findings of this analysis has been used to inform the EQIA.

Who is the lead reviewer and where based?

Mandy Ferguson-Addiction Nurse Manager Dykebar Hospital

Please list the staff groupings of all those involved in carrying out this EQIA
(when non-NHS staff are involved please record their organisation or reason for inclusion):

Frances Rodger-Equality Manager, Lynn MacDonald -IAT Nurse Team Leader and Trish Curran APC Charge Nurse

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
Gender	<p>Data Collection :Gender status is collated within referral process(sky gateway & PIMs).</p> <p>Referral & access: There is a clear referral route into the</p>	<p>Referral & access: Proportionately less women are referred (n=51) but more dna (57%), in comparison to men (n=145) (43%) dna. A snapshot of referrals highlighted that from 196 patients offered an appointment 47% did not</p>

	<p>service for men & women.</p> <p>There is free text box in the electronic system (sky gateway mainly used by GP's) to input additional information where additional gender issues may be highlighted. Referrals from agencies like vol orgs, mental health services, social work services often provide more information on gender related issues than referrals from the electronic system. There is a multi agency information sharing protocol in place.</p> <p>Assessment, care plan and discharge: The assessment has prompt questions which would gather information relating to gender issues e.g. childcare, violence, domestic abuse, pregnancy which would then form part of a care plan. The 'Risk Assessment' prompts a question 'risk from others' which would identify abuse, exploitation issues.</p> <p>There is a clear pathway into and through the service for both men and women.</p> <p>When allocating patients consideration is given to allocate to a male or female staff member on selective cases e.g. when there appears to be particular male or female complex needs, discussion identifies pro-active follow up e.g. pregnancy, adult support and protection concerns etc.</p> <p>Consideration is given to offering appointment times for men/women that are in employment and for men/women who have care responsibilities (usually women). A discharge process takes into account complexity and</p>	<p>attend (dna). The electronic system (Sky Gateway) has limited space for recording and no prompts for gender related issues.</p> <p>Assessment & care plan: there is no prompt or specific question to identify women or men involved in prostitution or survivors of childhood sexual abuse. Patient choice of having a male or female worker is not routinely offered.</p> <p>Staff mix, knowledge & training: There is need to amongst staff to fully understand implications and implementation of the transgender policy.</p> <p>Group work programme: The group work times are fixed so attendance barriers may arise if a patient has care responsibilities e.g. child care or older relative etc. Care responsibilities are usually provided by females.</p> <p>Service User Input: some service users would have liked to have had a choice of male or female worker.</p> <p>Service Environment: A male dominated service user group could potentially be daunting for those who do not identify with male gender. There is no dedicated women only space in the APC.</p>
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need for men and women.

Group work programme The APC provide male & female specific group work programmes to support alcohol recovery. The IAT are developing local alcohol group work programme within the community. For those who have childcare issues, arrangements have been made with SW Children and Families Services to arrange childcare support while the carer attends the group work programme.

Staff mix, knowledge & training: There is a mixed sex staff group. Staff participating in the 1-1 interviews displayed genuine interest and understanding of gender related issues and a desire to improve the service from a gender perspective. The staff interviewed understand the different needs of male and female patients which are routinely addressed through care planning and group work. Staff have had training on domestic abuse. Staff could identify some policies relating to equality, e.g. equal pay, transgender policy, and work life balance.

Service User Input: All service users interviewed reported they were content and happy with their allocated worker. All service users have the opportunity to contribute to their individual care plan. There is a Service User Information 'Welcome Pack' available to all service users accessing the APC.

The welcome pack acknowledges the benefits of pro active service user involvement.

	<p>There is a specific women's service user group 'Route 66' which acts to promote the female service user voice.</p> <p>There has been service user consultations that have shaped service delivery e.g. in-patient facilities, changing group work times and reinstating the water cooler.</p> <p>There is a comments and suggestions box in a communal/discreet area.</p> <p>An annual Service User Satisfaction Survey to canvass service user's opinion and comments of the services.</p> <p>Service environment: there is separate space to carry out the male female group work programme.</p>	
Ethnicity	<p>Data Collection: Ethnicity status is collated within referral process.</p> <p>Referral & access: Black and Minority Ethnic service users use the existing referral process and pathways as per general population. It is expected that the referrer will highlight any additional relevant issues relating to ethnicity. Where identified interpreters would be pre arranged.</p> <p>Assessment, care plan & discharge: Assessment (carenap) has prompt questions which would gather information relating to ethnicity and communication needs</p>	<p>Data Collection: The service has few black and minority ethnic (BME) service users going through the service, though Renfrewshire BME population is relatively small (1.23% of the overall population Renfrewshire census Information 2001).</p> <p>Assessment & care plan the assessment does not have a specific prompt question relating to ethnic or cultural needs and would be reliant on the individual worker asking relevant questions to identify these issues e.g. choice of gender of worker, cultural attitudes to health and treatment</p>

	<p>(is interpreter required yes/no and preferred language recorded). The assessment would record any cultural issues relating to ethnicity in the 'relevant background and history section'. There is evidence that additional communication efforts are made to engage people when it is known that the person may be from a BME background. The discharge process would take into account any need and vulnerability regarding ethnicity.</p> <p>Group work programme The group work programme is open to all people from a diverse range of backgrounds. Interpreters would be booked for those whose require it.</p> <p>Staff mix, knowledge & training: Some staff members have a minority ethnic background. Staff participating in the 1-1 interviews displayed genuine interest to better understand BME related issues. Staff could identify the booking system for interpreters and were aware of the NHS Interpreting Policy and have had a resource letter translated into Polish to improve engagement and communication with a Polish service user.</p> <p>Service user input: The Addiction & BME needs research (South CAT) will be used to inform the staff of BME service user addiction needs. Service users have the opportunity to contribute to their individual care plan. Staff have gained experience of working with service users from the Polish community.</p> <p>Service environment: The staff have a welcoming attitude</p>	<p>interventions etc. There is limited resources in the area to support specific BME populations.</p> <p>Group work programme Staff have expressed challenges in 3 way communication when engaging people in the group work programme whose require an interpreter.</p> <p>Staff mix, knowledge & training: staff have highlighted their own training needs. This relates to how work effectively with an interpreter to maximise opportunities for more effective communication between patient, interpreter and staff member. Staff acknowledge that they can sometimes have limited understanding of other cultures. There is little opportunity to develop practice based learning for BME issues due to low BME representation coming through the service.</p> <p>Service user input: Due to low BME representation coming through the service, it can be difficult to ensure the BME service user voice is heard when planning and developing services.</p> <p>Service environment: The environment does not display any signage or visual imagery to reflect cultural diversity. A male dominated service user group could potentially be daunting for those service users who do not identify as white male.</p>
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	and are willing to adapt to service users ethnicity needs.	
Disability	<p>Data Collection: Disability status is recorded in individual written case notes.</p> <p>Referral & access: clients who have a disability are welcome into the service. There is a free text box on Sky Gateway which it is assumed a referrer e.g. GP, would highlight any disability needs. When disability is identified, IAT staff will carry out a home visits to assess disabled clients who cannot attend the APC or the IAT outreach clinics.</p> <p>Assessment, care plan and discharge: Assessment (care nap) has prompt questions in the health section which would help assess and identify people with disability needs. The assessment has a section on educational needs which can help to identify people who require support with reading and writing. This information would populate a care plan. The discharge process will take into account particular support needs of disabled clients prior to discharge. The IAT team have an Occupational Therapist who can assess disability needs.</p> <p>Group work programme The group work programme is open to all people with disabilities. Where indicated someone with a disability (learning, mental or physical) would be provided with additional support to attend the group work programme. BSL interpreters would be booked for those whose require it. The groups are predominately discussion focused which is less intimidating for any service</p>	<p>Data Collection: Disability status is not requested nor collated within the electronic systems.</p> <p>Referral & access: Disability needs are not specifically gaps/issues are recorded in this section under 'environment' below.</p> <p>Service User Input: Disabled clients views are not proactively or specifically sought; therefore service user input is likely to be generic and potentially overlooks the specific opinions and comments of disabled clients.</p> <p>Service environment /culture: Access to the APC has no bell/buzzer system to alert staff that someone may require access. The APC Unit is on a First Floor level and relies on walking up 2 flights of stairs. The staircase is narrow. Door access into and around the unit relies on staff/service users pulling open doors. This may be difficult for people who are not ambulant or those who have an unsteady gait. There is no loop system available for hearing impaired. It is difficult to observe service users in the waiting area to see when service users may need assistance. There is no disabled toilet facility in the building of the APC (though toilets doors have wide and access).Wheelchair users would not be able to use the APC service (for wheelchair users comparable services would be offered in the community or inpatient facility at Kershaw).</p>

	<p>user who is not confident with their reading & writing ability. For those who cannot attend the APC due to layout alternative arrangements are made to provide comparable group work programmes.</p> <p>Staff mix, knowledge & training: Staff recognises the impact that disability can have on the lives of service users. Staff identified a range of disabilities that could potentially impact on service users uptake to the service and the progress upon addiction recovery. Staff could identify the booking system for BSL interpreters and were aware of the NHS interpreting policy.</p> <p>Service User Input: Service Users are encouraged to contribute to their care plan. The Comments, Suggestions box is available for service users to use.</p> <p>Service environment /culture: Staff are helpful and willing to support service users who have additional needs to access and move around the unit. On access to the building the stair case has handrail support. Staff do not have any disabled resources within the APC but can access some equipment if and when necessary.</p>	
Sexual Orientation	<p>Data Collection: see gaps.</p> <p>Referral & access: lesbian, gay, bisexual, transgender (LGBT) service users are welcome into the service.</p> <p>Assessment, care plan and discharge: where sexual</p>	<p>Data Collection: Sexual orientation is not collected routinely in any systems.</p> <p>Referral & access: It is not possible to measure the uptake of LGBT populations as there is not data collection. This lack of information can potentially have negative</p>

	<p>orientation issues are relevant to care and treatment staff would record this in the notes and care plan. There is a place to record, Next of Kin or relationship status in CareNap recognising that relationships status can be individual and varied, i.e. same sex, mixed sex etc.</p> <p>Group work programme The group work programme is open to all people with different sexual orientations. Individuals bring their own lived experience to the group work programme. Some men have chosen previously to speak about the impact of homophobia and discrimination.</p> <p>Staff mix, knowledge & training: Staff recognises the impact that LGBT orientation can impact on the lives of service users and their recovery. While this can be positive and not an issue for some service users staff also recognised that LGBT people can have be affected by discrimination, religious conflicts, family dynamics and pressures etc. (Transgender policy see gender section).</p> <p>Service User Input: Service Users are encouraged to contribute to their care plan. The Comments, Suggestions box is available for service users to use.</p> <p>Service environment /culture: Staff are helpful and willing to support service users with LGBT issues.</p>	<p>consequences if the service has no LGBT uptake of the service.</p> <p>Group work programme: The group work programme does not include any LGBT content.</p> <p>Staff mix, knowledge & training: Few staff have training on LGBT issues.</p> <p>Service User Input: LGBT Service user's views are not proactively or specifically sought; therefore service user input is likely to be generic and potentially overlooks the specific opinions and comments of the LGBT community.</p> <p>Service Environment: A male dominated service user group could potentially be daunting for those service users who do not identify as white heterosexual male.</p>
<p>Religion and belief</p>	<p>Data Collection: religion and belief status is recorded in PIMs.</p>	<p>Referral & access: service users are welcome regardless of religious belief.</p>

	<p>Referral & access: All service users are welcome regardless of religious belief.</p> <p>Assessment, care plan and discharge: Dietary needs are recorded in the care plan and specific meals catered for. Spiritual needs can be recorded in the assessment in the section relevant background history. Appointments can be offered to suit religious requirements on request.</p> <p>The APC staff can access the chaplaincy service to offer spiritual guidance or links to other religious denominations for service users.</p> <p>Group work programme The group work programme is open to all people from different belief systems. There is always the potential for sectarianism to be raised within discussions or during formal group work or informal conversations (particularly football related). Service Users are discouraged from wearing football tops. Staff manage any discriminatory behaviour on an individual basis and have outlined within the 'Welcome Pack' that inappropriate behaviour would not be tolerated and may result in legal action.</p> <p>Staff mix, knowledge & training: Staff recognise that there are many different religious beliefs and will support individuals when necessary to follow their religion and beliefs.</p>	<p>Assessment, care plan and discharge: flexible appointments rely upon the service user requests. Some service users may not have the confidence to request or negotiate these.</p> <p>Group work programme there is no formal interpreters would be booked for those whose require it. The groups are predominately discussion focused which is less intimidating for any service user who is not confident with their reading & writing ability.</p> <p>Staff mix, knowledge & training: Most staff would require guidance to understand the range and diversity of religious beliefs and the connections to how this may affect care, treatment and considerations for service delivery. Staff should develop a local policy on how to manage treatment and care when there are religion considerations e.g. fasting practices.</p> <p>Service User Input: The welcome pack does not include any information on faith and spiritual support needs.</p> <p>Service environment /culture: The Chaplaincy Service may be perceived to be solely for people of Christian belief. There is no positive imagery or signage promoting anti discrimination or anti sectarianism.</p>
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	<p>Service User Input: Service Users are encouraged to contribute to their care plan. The Comments, Suggestions box is available for service users to use.</p> <p>Service environment /culture: There are no particular religious symbols or memorabilia within the staff working areas and within the service user areas.</p>	
<p>Age (Children/ Young People/Older People)</p>	<p>Data Collection: Age is recorded in all the data systems.</p> <p>Referral & access: The services are aimed at adults over the age of 18. There are specific young people’s workers for under 16yrs of age.</p> <p>Assessment, care plan and discharge: See information in the Gender section. The risk assessment identifies particular issues which may be more applicable older people e.g. risk of physical impairment, wandering, falls, memory and impairment. This information would contribute to an age appropriate care plan.</p> <p>Group work programme The group work programme is open to all adults over 18yrs.</p> <p>Staff mix, knowledge & training: All staff have had experience of working with adults with a range of ages.</p> <p>Service User Input: Service Users are encouraged to contribute to their care plan. The Comments, Suggestions</p>	<p>Service User Input: Service user comment from the 1-1 interviews highlighted some difficulties for an older woman (65+) mixing with a predominately younger male client group. A male dominated service user group could potentially be intimidating for those service users who do not identify as white male.</p> <p>Service environment /culture: Service processes do not explicitly consider the needs of older service user needs e.g. allocation, treatment options, discharge additional support, peer support etc.</p>

	<p>box is available for service users to use.</p> <p>Service environment /culture: The environment is age appropriate.</p>	
<p>Social Class/ Socio- Economic Status</p>	<p>Data Collection: Post code is recorded and can indicate areas of affluence or deprivation.</p> <p>Referral & access: The service is accessible the general population, 'free at the point of delivery' to anyone living in the area who requires it.</p> <p>Assessment, care plan and discharge: Financial and employment status is recorded and considered. There is strong links with the Local Money Advice Services to provide support for those who have more complex financial needs. Employment and training aspirations are recorded in assessment and care planning.</p> <p>Group work programme The group work programme is open to all. There is financial recompense for those who have travel expenses to attend the APC. There is a clear notice visible within the unit advertising travel expenses and money advice services. There is input to the group work programme form the local money advice services.</p> <p>Staff mix, knowledge & training: All staff recognises the implications of poverty and the barriers to attend the service if a service user is in full time employment. Staffs recognise the benefits of employment and training in the stages of</p>	<p>Staff mix, knowledge & training: Staffs individual knowledge of money advice is variable.</p>

	<p>recovery.</p> <p>Service User Input: Service Users are encouraged to contribute to their care plan. The Comments, Suggestions box is available for service users to use.</p> <p>Service environment /culture. Service users who require ongoing support and who cannot attend the APC programme due to work commitments can have a choice to be referred to the Local Renfrewshire Council on Alcohol Service for ongoing evening support.</p>	
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<p>Additional marginalisation And other issues</p>	<p>Integrated Working- The APC and the IAT have formal working arrangements with social work services. They joint consent to share information protocols and joint working practices for child protection and adult support and protection. Both services have links to local Women’s Aid Services.</p> <p>Housing – the service has good working relationships with local housing agencies and can refer service users to support housing needs. The IAT are well placed to link in with homeless service users given their outreach team model.</p> <p>Mental health- links to adult mental health services are strong. There is a two way referral process and a risk assessment to inform care planning and appropriate interventions.</p> <p>Resources- There are lists of local additional support services available for service users detailed in the ‘welcome pack’. Used for both service user and staff.</p> <p>Comments and suggestions box- is in a visible and neutral space for service users to provide written feedback.</p> <p>Waiting areas- Is spacious and warm.</p> <p>Service Process- there is a clear process for referral, allocation, planning and discharge.</p>	<p>Resources- where there are gaps in local provision information should be provided on services which have a west of Scotland or national remit e.g. Coalition of Race and Human Rights. LGBT Helpline etc. There is only a limited range of leaflets/information available to service users which address a wide range of issues.</p> <p>Waiting areas- Service users reported that the APC waiting area is a bit run down and it can be boring waiting about. Some service users commented that it can be daunting and anxiety provoking sitting in the waiting area.</p>
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<p>e.g. interpreters, resources in other languages when necessary etc. The service could liaise with local BME and LGBT.</p> <p>The IAT should ensure that service delivery in the community is fully accessible and where possible develop local clinics which are gender specific.</p> <p>The APC should have a bell/buzzer system installed to alert staff that someone may require access. For those service users mobility needs should be clearly identified before attending the APC and if necessary alternative options offered if they cannot manage stairs. Staff should proactively provide appropriate assistance as part of a care plan. Regular observation and offers to help and assist should be made by staff regularly.</p> <p>Currently alternative arrangements should be sought to provide the same level of service from another venue which has appropriate access for service users who cannot manage the stairs into APC unit for alcohol detox. This may be provided by IAT for home detox when possible and clinically safe to do so or as an inpatient at the Kershaw unit.</p> <p>Estates should carry out a survey on the building cost to make adjustments and changes to the building that for accessibility purposes. If possible funding should be made available to alter the building or relocate to a more appropriate site. The Environmental Audit should be amended to consider a disability perspective.</p> <p>Assessment, care plan and discharge: Assessment and care planning should prompt specific questions to identify women or men involved in prostitution or survivors of childhood sexual abuse. Service users should have a choice of having a male or female worker. Ethnic or cultural needs should be asked at assessment and needs addressed within the care plan. Service users should be asked if they have any barriers to attending the service and appointments and care planning arranged to minimise these.</p>	<p>1.9.11</p> <p>1.9.11</p>	<p>MF</p> <p>TC/ L McD</p>
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<p>Assessment and allocation should ask whether the service user has any special or additional requirements particularly when a service user does not typically fit with the regular service user profile e.g. older women, BME clients etc.</p>		
<p>Group work programme: Group work programmes should be offered from sites which are fully accessible to all. The group work programme should include topics which promote understanding of equality issues e.g. LGBT content, anti discrimination etc.</p>	1.9.11	TC/L McD
<p>Service User Input: Service user input and feedback should continue to be formally sought and reach a variety of service users from all diverse backgrounds e.g. BME groups, disabled groups women's groups etc.</p>	1.9.11	TC/ L McD
<p>The services should promote and demonstrate how service users feedback has been used to adapt or change service provision. Service users should be encouraged to use the comments and suggestion box.</p>		
<p>The welcome pack should include any information on faith and spiritual support needs.</p>		
<p>Staff mix, knowledge & training: Staff should participate in training to improve skills and understanding of using interpreters and how better to incorporate inequalities sensitive practice e.g. cultural diversity, LGBT issues, money advice and benefits etc. Staff should develop a local policy on how to manage treatment and care when there are religion considerations e.g. fasting practices for Ramadan etc.</p>	1.9.11	MF/L McD/TC/FR
<p>Service Environment: The APC should consider how the service can better balance the male dominated environment. This could be addressed through women only space, images, pictures & art work, positive statements, range of appropriate activities which are gender neutral to reduce boredom. Adaptations to improve levels of observation and a staff member in the waiting area more frequently.</p>		

<p>The IAT service should take the opportunity were possible to deliver their services in areas and locations that can better reach marginalised populations i.e. women services, disabled services etc.</p> <p>Resources: An equality resource pack should be developed for the APC and AIT to support staff in their day to day work. A wider range of services information leaflets should be made available to service users.</p>	19.11	L McD/TC
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Ongoing 6 Monthly Review Please write your 6 monthly EQIA review date:

01/09/11

Lead Reviewer: Name: Mandy Ferguson
 Sign Off: Job Title: Addiction Nurse Manager
 Signature
 Date: 15.3.11

Please email copy of the completed EQIA form to
 Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Hospital 1055 Great Western Road,
 Glasgow. G12 0XH