

**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:**

NHS Greater Glasgow and Clyde's Anticoagulation Service

**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).**

NHS Greater Glasgow and Clyde's Anti-Coagulation Service is provided in a number of locations throughout Glasgow and Clyde. This can include hospitals; GP Surgeries; Chemists; nursing homes and home visits. The service provides safe anti-coagulant management of patients' bloods to prevent patients who are at high risk of developing strokes or Deep Vein Thrombosis (DVT). Patients who have already had strokes or Deep Vein Thrombosis (DVT's) will also be referred to the service to manage their bloods.

The service's provision has increased over the years and is now across the whole organisation, with Clyde recently being incorporated.

**Who is the lead reviewer and where based?**

Anne Marie Etherington, Nurse Consultant, Glasgow & Clyde Anticoagulation Service (GCAS), Stobhill 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):**

Lead Nurse; Biomedical Scientist (BMS1); Clerical Officer; Sister; Business Administrator; Anti-Coagulation Nurse (x2); Consultant Haematologist; Quality Co-ordinator and Equality and Diversity Assistant.

**Impact Assessment – Equality Categories**

Equality Category	Existing Good Practice	Remaining Negative Impact
<b>Gender</b>	<ul style="list-style-type: none"> <li>• All treatment rooms have been risk assessed. All windows have blinds.</li> <li>• All treatment rooms are private. (Patients do not have to undress as blood is only taken from a finger rather than an arm).</li> <li>• Staff will try to accommodate a patient's request for a same sex member of staff.</li> <li>• Gender data is recorded.</li> <li>• All patients are asked at initial assessment how they wished to be addressed and therefore transgender patients will not wrongly addressed.</li> <li>• The service can offer appointments in a choice of locations such as health centres or hospitals. Patients can attend any location that suits their lifestyle or routine e.g. a patient can arrange to attend a location near their place of work.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff were unaware of NHS Greater Glasgow and Clyde's Gender Based Violence Plan.</li> <li>• Staff have not accessed equality and diversity training as there have not been enough sessions available.</li> </ul>
<b>Ethnicity</b>	<ul style="list-style-type: none"> <li>• Staff are aware of how to organise interpreters.</li> <li>• The Anti-Coagulant Patient Booklet is available from the National Patient Safety Agency in other languages.</li> </ul>	<ul style="list-style-type: none"> <li>• Ethnicity data is not routinely collected. (The service have only started using a new patient information system in June 2009).</li> <li>• The referral system does not always identify if the patient requires an interpreter.</li> <li>• The Service has not received the new interpreting resources yet.</li> <li>• Staff have encountered an interpreter who found it difficult to translate the key 5 questions required at each consultation.</li> </ul>
<b>Disability</b>	<ul style="list-style-type: none"> <li>• Most sites have disabled car parking spaces (some of the outreach clinics such as chemist don't have dedicated spaces).</li> <li>• There are drop off points available.</li> <li>• Most sites have access to disabled toilets (some of the outreach clinics such as chemists may not</li> </ul>	<ul style="list-style-type: none"> <li>• Staff were unsure of how to access induction loops for patients who are hard of hearing or deaf.</li> <li>• Patient information is not available in other formats. Although medication dosage changes are often written in large print to</li> </ul>

	<p>have a disabled toilet).</p> <ul style="list-style-type: none"> <li>• The service can accommodate wheelchair users and mobility aids.</li> <li>• Staff are aware of BT Text Direct and have used it to communicate with patients who are deaf.</li> <li>• The service can offer appointments in a choice of locations e.g. health centres; hospitals etc.</li> <li>• If there is a medical need combines with particular mobility issues, some patients may be offered home appointments.</li> <li>• Staff complete the Anti-Coagulation Booklet and can increase the size of the text for patients with visual impairments. (Staff ask the patient to read what has been written so that they know the patient understands).</li> <li>• If staff are aware that a patient has learning difficulties they can develop a suitable care plan. (Staff may use the colour of the tablet to explain how many the patient needs to take). The Social Work Department have a 'Prompt Service' to encourage patients to take their medication, (although they are not allowed to distribute the medication or insist that the patient takes it).</li> <li>• Whilst, staff have not had to access a sign language interpreter, they are aware of the process.</li> </ul>	<p>assist those who have visual impairments.</p>
<p><b>Sexual Orientation</b></p>	<ul style="list-style-type: none"> <li>• Staff are aware of the importance of using appropriate terminology (i.e. partner rather than husband or wife).</li> </ul>	<ul style="list-style-type: none"> <li>• No negative impact identified.</li> </ul>
<p><b>Religion and belief</b></p>	<ul style="list-style-type: none"> <li>• Staff were aware of the importance of religious festivals and how this can impact on the patient's health (e.g. blood tests during Ramadan).</li> <li>• Staff had not identified any issues with the medication's ingredients</li> </ul>	<ul style="list-style-type: none"> <li>• No negative impact identified.</li> </ul>

<b>Age (Children/Young People/Older People)</b>	<ul style="list-style-type: none"> <li>• The patient information database records age.</li> <li>• The majority of patients tend to be elderly, but other age groups are easily accommodated.</li> <li>• Staff can also offer flexible appointment times.</li> <li>• The service can offer appointments in a choice of locations such as a health centre or hospital. Patients can attend any one that suits their lifestyle or routine e.g. a patient can arrange to attend a location near their place of work.</li> <li>• A room can be made available for breast feeding.</li> </ul>	<ul style="list-style-type: none"> <li>• No negative impact identified.</li> </ul>
<b>Social Class/Socio-Economic Status</b>	<ul style="list-style-type: none"> <li>• If patients are entitled to reclaim their travelling expenses, staff can advise them how to do so.</li> <li>• As private healthcare does not provide Anti-Coagulation Services these patients access this service. Staff take cognisance of these patient's needs (e.g. these patients may be more likely to query their medication dosage).</li> </ul>	<ul style="list-style-type: none"> <li>• No negative impact identified.</li> </ul>
<b>Additional marginalisation</b>	<ul style="list-style-type: none"> <li>• If staff have concerns about a patient's medication dosage they will highlight this to the medical staff.</li> <li>• <i>Staff provide supprt to patients who have addiction problems. Prior to this service being implemented patients who were known to be drug addicts were not offered oral anticoagulants.</i></li> </ul>	<ul style="list-style-type: none"> <li>• For patients with addictions there can be issues, as they may not take the correct medication dosage or take it on an irregular basis.</li> <li>• .</li> </ul>

<b>Actions</b>	<b>Date for completion</b>	<b>Who is responsible?(initials)</b>
<b>Cross Cutting Actions</b>		
<b>Specific Actions</b>		

<ul style="list-style-type: none"> <li>• Obtain a copy of NHS Greater Glasgow and Clyde's Gender Based Violence Plan.</li> <li>• Investigate if the patient information database can record ethnicity data.</li> <li>• Circulate information regarding on-line equality and diversity courses.</li> <li>• Obtain copies of the new interpreting resources.</li> <li>• Investigate the possibility of producing prompt cards in other languages which will cover the 5 key questions required at every consultation.</li> <li>• Clarify how staff can access loop systems for patients.</li> <li>• Review the possibility of producing patient information in other formats e.g. large print.</li> </ul>	<p>November 2009</p> <p>Underway and staff are accessing online courses.</p> <p>Completed.</p>	<p>AME</p> <p>AME</p> <p>AME</p> <p>AME</p> <p>AME</p> <p>AME</p>
---	--	---

**Ongoing 6 Monthly Review      Please write your 6 monthly EQIA review date: 21/04/2010**

**Lead Reviewer:      Name: A M Etherington**  
**Sign Off:            Job Title Nurse Consultant**  
**Signature**  
**Date: 12/11/09**

**Please email copy of the completed EQIA form to [irene.mackenzie@ggc.scot.nhs.uk](mailto:irene.mackenzie@ggc.scot.nhs.uk)**

**Irene Mackenzie, Corporate Information and Development Manager, Corporate Inequalities Team, NHS Greater Glasgow and Clyde, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ. Tel: 0141-201-4970.**