

HS 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:

Assisted Conception Service (ACS) at Glasgow Royal Infirmary

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).

Established in 1984 at Glasgow Royal Infirmary, the Assisted Conception Service (ACS) provides a comprehensive range of infertility treatments. This West of Scotland service treats people with known and/or unexplained infertility problems according to specific Treatment Acceptance Criteria. The Assisted Conception Service carries out a significant number of processes and procedures.

The service is run by two Consultant Gynaecologists with a Consultant Embryologist leading the laboratory.

Licensed by the Human Fertilisation & Embryology Authority and abiding by their guidelines, the Assisted Conception Service provides treatments for patients from all Health Boards in the West of Scotland. In addition, the Service provides treatments for self-funding patients through the Reproductive Medicine Unit of University of Glasgow.

Who is the lead reviewer and where based?

Susan McKechnie, Clinical Operations Manager, Gynaecology (based at SGH)

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):

Members of staff involved in the EQIA process are: Obstetrics & Gynaecology Consultant, Consultant Embryologist, Laboratories Manager for Embryology, Administration Manager, Lead Nurse, Quality Manager, Pre-implementation General Diagnosis Nurse, Equalities Programme Lead, Inequalities Facilitator

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
Gender	<ul style="list-style-type: none"> • Patients' requests for same-sex staff are usually met. • Any gender-based violence issue is reported to the GPs. • There are individual rooms to maintain privacy. • Gender identity is recognised and respected. 	<ul style="list-style-type: none"> • Staff not aware yet of NHGGC's Gender-based Violence Action Plan • Only one member of staff attended Equality & Diversity Training.
Ethnicity	<ul style="list-style-type: none"> • Requests for female interpreters are arranged (such requests are often noted by the patient's GP). • Staff are considering developing a Website for the Service to hold patient information about the service 	<ul style="list-style-type: none"> • No ethnicity data collated locally. • No information pack in different languages (English patient information is currently being reviewed for Plain English by the Quality Department). Once completed consideration will be given to what may require translating.
Disability	<ul style="list-style-type: none"> • There are designated parking spaces for people with disabilities. • There are toilet facilities adapted for people with disabilities. • Special toilets for people with disabilities are available. • A DVD explaining procedures is available for patients. • There is adequate access for Wheelchair users (ramps and lifts). • Text-phone is available and in use. • Fire Alarm System has flashing light. • There is particular awareness of, and attention to, patients with any impairment once engaged with the service. 	<ul style="list-style-type: none"> • Induction Loop System is not available. • Disability Data not locally collected (staff suggested adding entries of Equality/Diversity data into the service's existing local Database). • No Interpretation Protocol Poster is available. • Direction signage to service's facilities could be improved. • Chairs in waiting areas are of one size lacking varieties of heights or those with arms rests.
Sexual Orientation		<ul style="list-style-type: none"> • Irrespective of sexual orientation, patients are treated fairly according to current guidelines. However, national guidance is awaited regarding the provision of services to same sex couples. (The access policy to the service is under review by the Equalities Commission and any actions from this review will require to be

		<p>implemented)</p> <ul style="list-style-type: none"> Sexual Orientation Data not locally collected (staff suggested adding entries of Equality/Diversity data into the service's existing local Database).
Religion and belief	<ul style="list-style-type: none"> Special requests based on religious beliefs about the treatments procedures are respected and met. Patient's requests about discarding embryos are met Requests to adjust treatment cycle's dates based on religious customs/beliefs are met. Can provide private space for prayers if required. 	<ul style="list-style-type: none"> Religion and Belief data not locally collected (staff suggested adding entries of Equality/Diversity data into the service's existing local Database). There is no access to religious/cultural manuals/guides available within the Service. Only one member of staff attended Equality & Diversity Training.
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> The service deals with patients from the age of 18 upwards. Information is adapted to suit young (adolescent) patients who wish to store sperm or embryos before undergoing cancer treatment. The team work in collaboration with the Oncology Nurse (at the Beatson) for people who wish sperm or embryos frozen before undergoing cancer treatment. Special information adapted for people with literacy issues. 	<ul style="list-style-type: none"> No Negative Impact
Social Class/ Socio-Economic Status	<ul style="list-style-type: none"> Appointments' times are adjusted to suit patients travelling long distances. Qualified patients must ask for travel cost and then directed to where the cashier service is located. Staff are willing, if asked, to signpost patients for external support services relevant to their requirements or issues. 	<ul style="list-style-type: none"> No Negative Impact

Additional marginalisation	<ul style="list-style-type: none"> • Staff can sign-post / refer patients to appropriate help for literacy issues. • There is an established mechanism for assessing patients with drug dependency or related issues (especially in the suitability of treatment's assessment). 	<ul style="list-style-type: none"> • No Negative Impact
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Actions:

Actions:	Date for completion	Who is responsible? (initials)
Cross-Cutting Action: <ul style="list-style-type: none"> • Understand the barriers to capturing equality data and develop an implementation plan to tackle this for ongoing analysis • 	End Dec 09	MMcC
Specific Action: <ul style="list-style-type: none"> • Consider the purchase of a portable induction loop • Source an interpreting protocol poster • Renew signage to the service • Consider purchasing different types and styles of chairs when procurement/replacement happens • Source Religions and Cultures manual and or multi Faith Resource book. • Encourage more staff to attend Equality and Diversity training. 	End Dec 09 End Dec 09 End Dec 09 End Dec 09 End Dec 09 End Dec 09	MMcC MMcC MMcC MMcC MMcC MMcC

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

December 09

Lead Reviewer: Name:
 Sign Off: Job Title
 Signature
 Date:

Please email copy of the completed EQIA form to irene.mackenzie@ggc.scot.nhs.uk

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