

**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:

Diabetes Service, Gartnavel General Hospital, Emergency Care & Medical Services Directorate

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).

The Diabetes Service provides an inpatient and outpatient service to patients from the North West of Glasgow City. The inpatient ward is in Gartnavel General Hospital and the outpatient service is in a building of its own within the grounds of the hospital. The service will receive referrals from GP's or other health professionals. The service provides education and treatment for the management of diabetes whether it is gestational diabetes, Diabetes type 1 or Diabetes Type 2.

Who is the lead reviewer and where based?

Con Gillespie, Lead Nurse, Clinical Improvement & Development, Victoria Infirmary, Emergency Care & Medical Services Directorate

**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):**

Consultant x 2; Ward Manager; Dietician x 2; Diabetic Specialist Nurse x 3; Staff Nurse; Doctors x 2; Lead Nurse; Inequalities Facilitator; Quality Co-ordinator.

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
Gender	<ul style="list-style-type: none"> • Referrals received through the SCI gateway system records gender of patient. This is linked into the clinical patient information system used (SCI DC). • Very rarely have same sex staff requests been made. However these can be accommodated amongst the medical and nursing staff. • Staff were unaware of the gender based violence plan but due to the high frequency of appointments they get to know patients and would refer them to appropriate agencies if there was concern about violence issues. • The patients do not have to change into gowns. Privacy and dignity are respected for the inspection of injection sites. 	<ul style="list-style-type: none"> • Staff unaware of Gender Based Violence plan. • Gender data is not analysed.
Ethnicity	<ul style="list-style-type: none"> • Staff have had to deal with racial abuse and challenge racist issues of concern to the patients. These may be noted in the case notes. • Ethnicity data is recorded. • Referral information can vary and if interpreting has not been highlighted then staff will amend patient details to ensure future appointments include an interpreter. • Interpreting resources have been received by staff. Any interpreter present will be recorded in patient case notes (Agency not named but booking process could identify agency if required). Interpreters can also be booked for educational sessions. • Data has been reviewed by the Managed Clinical Network (MCN) for Diabetes. This has been part of the Quality Improvement Standards visits with specific interests in Black Minority Communities. • Translated information can be made available as required from Diabetes UK. 	<ul style="list-style-type: none"> • Ethnicity data is not analysed by staff on site. • Staff aware that nationally the auditing of data has proven that SCI DC is not fully accurate.

<p>Disability</p>	<ul style="list-style-type: none"> • At arrival, the initial assessment following referral, can identify some disabilities; e.g. visual impairment, learning disability. Any other information would be identified during the Clinical Assessment of patient. • Accessible toilet for the outpatients is in the adjacent department. • There is lift access to the ward and the lift has an audible floor level announcer. • Staff have processes in place to advise patients of procedures in the event of the fire alarm sounding. • A loop system is available at ward level. • The ward has an amplifier for the use with a telephone. • Staff allow assistance dogs into the department. • Staff have illustrative models available to assist teaching and understanding diabetes. • Staff have audible diabetic blood meters available that speaks the results of blood sugar levels for those who require them; e. g. visually impaired. • Staff also have DVDs for teaching and the understanding of diabetes. • Staff can seek help from the Learning Disability team if required. • Interpreting resources have been received and staff have a booking process for requesting an interpreter for an appointment. • Information leaflets about the outpatient facility advise where the ramp is to access the building (The outpatients department is on the first floor of the building but has no lift access). The ramp is at the first floor level via the adjacent department. • There is good colour contrast in all signage. • Waiting areas have a mixture of chairs with and without arms' rest. • Televisions in waiting areas have subtitle facilities 	<ul style="list-style-type: none"> • Disabilities not routinely recorded and can often be difficult to define. • The Ward's toilets cannot easily accommodate wheelchairs. • The recently vacated adjacent Department next to the Diabetes Outpatients still has a lot of equipment lying around. • The Outpatients department does not have an induction loop. However, staff were aware that some patients don't admit to having a hearing difficulty.
<p>Sexual Orientation</p>	<ul style="list-style-type: none"> • Staff are aware of the importance of how to address patients and any accompanying partners. 	<ul style="list-style-type: none"> • Sexual Orientation data is not recorded.

Religion and belief	<ul style="list-style-type: none"> • Flexible appointment times can be accommodated. This means appointments don't impact on Religious Festivals if required. • Diet information is a key to educational sessions and this includes specific advice being given to individual patients. • Halal, vegetarian and Kosher meals are available at ward level. • Patients can opt for what kind of insulin they wish to have. It is now rare for insulin with pork's derivatives to be used. • Facilities are available at ward level to accommodate requests for prayer. • The chaplaincy centre is available in the ground floor of the hospital. • Requests for a chaplain or other faith groups can be accommodated. 	<ul style="list-style-type: none"> • SCI DC may not record religion and belief data. Although there is a facility within the patient management system. • Staff lack confidence in asking religion and belief for fear of offending individuals. • No access to Religion & Cultures Manual.
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • Age is recorded. • Many patients are older and most clinics start at 9.30am to accommodate their needs. • There are links with Yorkhill Hospital and there is a transition service for the young people transferring to adult services. • Education on diabetes would include aspects of young people's lifestyle. Education sessions are tailored to the individual rather than being generic. • At outpatient clinic there is a play table for children accompanying patients. 	<ul style="list-style-type: none"> • Age data is not analysed by staff on site.
Social Class/ Socio-Economic Status	<ul style="list-style-type: none"> • GP will advise if patient requires transport for medical reasons. • Staff can refer patients who are eligible for claiming travelling expenses to the cash office. • Outpatient staff can refer patient back to GP for referral to Social Work. Inpatients can be referred directly to hospital Social Work. • If quality of life issues required letters of support then these can be accommodated; e.g. supporting letter for housing. • Staff can also advise on how to get expenses reimbursed for specific dietary products. • Staff are aware that there can be co-relation between socio-economic status and the prevalence of diabetes (determinants of lifestyle). 	<ul style="list-style-type: none"> • No negative issues identified

<p>Additional marginalisation</p>	<ul style="list-style-type: none"> • Staff can signpost patients to other support agencies as required; i.e. housing benefits and this may include writing support letters. • Staff are aware patients can have addictions. Additional support is available from the relevant addiction teams. The Pharmacy department would also be involved if an inpatient required methadone. • Staff can refer patients to smoking cessation services. 	<ul style="list-style-type: none"> • No negative issues identified
<p>All</p>	<ul style="list-style-type: none"> • Information racks with multi-language leaflets are available at the entrance to the outpatient centre. • On arrival, the clinic's reception point checks patient details at every visit. Any details that require updating would be dealt with and amended for future appointment. The new patient then would undergo an initial assessment. Any additional needs identified would be written in the case notes. • Staff are conscious that some patients may decline to have their injection sites inspected and respect this. Staff will conduct further questions to ascertain if there are any difficulties with injection sites. • If a carer accompanies the patient, staff will check with patient for permission to share information or be present at appointment. • Diabetic Patient Group – diabetic patients can self join this group. They advertise topics, meet monthly and co-opt members. • The staff have active involvement with the patients group; i.e. the Diabetes Consultant is the president of the group and other members of staff also interface with the group at workshops. • The patients group were empowered to have the specific outpatient centre built. • Members of the group will vocalise concerns via letters etc. to appropriate people e.g. Health Board or Managed Clinical Network. • Diabetic courses are delivered in the lounge of the outpatient centre. Patients are invited from the clinic to attend these to help them self manage their condition. • Patients mostly gain by interacting and sharing in the group. 	

Actions	Date for completion	Who is responsible?(initials)
Cross Cutting Actions:		
Specific Actions: <ul style="list-style-type: none"> • Seek copies of Gender Based Violence plan for sharing with staff. • Review equality and diversity recording of patient details and clarify who does the analysis of this data. This to include any data on SCI DC. • When refurbishment of ward is planned ensure toilets can accommodate wheelchairs. • Ensure adjacent department to outpatients is tidied of old equipment to ensure safety of patients that access the department via this route. • Invest in an induction loop for outpatients and education classes. • Ensure staff are trained how to sensitively ask about religion and belief etc. • Obtain the new Religion & Cultures Manual once approved and produced. 	May 2010 May 2010 May 2010 May 2010 May 2010 May 2010 May 2010	CG / BC CG BC (Liaise with M Newton) BC BC (Liaise with F Muir) BC BC (Liaise with F Muir)

Ongoing 6 Monthly Reviews

Please write your 6 monthly EQIA review date:

August 2010

Lead Reviewer: Name: Con Gillespie

Sign Off: Job Title: LN Clinical Improvement & Development, Emergency Care & Medical Services Directorate

Signature: 

Date: 17/ 03/10

Please email copy of the completed EQIA form to 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.