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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:

Electrocardiogram (ECG) Services, NHS Greater Glasgow & Clyde

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 Electrocardiograph (ECG) services are for any person who might encounter a heart-related problem and are referred for relevant tests. ECG services provide a wide range of diagnostic tests that measure the electrical activities and or record the cardiac cycle of the heart.

ECG services can also be used to assess the success of drug treatment, coronary interventions and bypass surgeries. The ECG service is provided at nine hospitals across NHS Greater Glasgow & Clyde.

Who is the lead reviewer and where based?

Fiona McCluskey, Lead Nurse/Manager- Cardiac Rehabilitation Citywide - Management Building - Western Infirmary Glasgow

**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 Manager - Cardiac Rehab Citywide; Equality Lead Acute Division; Inequalities Facilitator – Cardiology Services; Cardiac Physiologist (6), ECG Receptionist; Chief Cardiac Physiologist (2) ; Cardiology Secretary; Senior Cardiac Physiologist (2); Auxiliary Nurse; Cardiac Physiology Educational Trainer; Lead Nurse – Cardiology Citywide

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
<p>Gender:</p>	<ul style="list-style-type: none"> • There are few requests from patients for a same-sex member of staff to carry out the tests. Staff try to accommodate if required. • To date, no problems with gender issues have arisen. • Some pre-test procedures require shaving areas of the body and this can be upsetting/concerning for some male patients. Staff can discuss alternatives with the patient. 	<ul style="list-style-type: none"> • There is lack of awareness that a transgender patient's CHI details may not have been updated to include their current gender. • No specific awareness about the relevance of other transgender issues and their possible impact on the tests, e.g. undisclosed use of hormone medications by the patient.
<p>Ethnicity:</p>	<ul style="list-style-type: none"> • Staff are aware and recognise that ethnic minority patients may require interpreting services. Research of interpreting statistics demonstrated that more than 20 languages were used in 2006/7. • Information leaflets are largely available in South-Asian languages. There is a working group within the services reviewing all information provided including the availability of other formats • Female patients from ethnic minorities can sometimes stay in their own traditional clothing rather than change into a gown for an imaging test. Staff respect these customs and lifestyle issues. • Patients from Travelling communities provide a mobile phone number as part of their contact details. 	<ul style="list-style-type: none"> • There are difficulties in getting an interpreter for patients referred from the Rapid Access Chest Pain Clinics due to short notice. • The availability of translated information needs to be revised to encompass newer communities such as Polish that are in many parts of the city. • Some staff are not aware of interpreting policies and procedures and the risks associated with using the patient's relatives or friends. • Not all hospital gowns protect the patients' dignity due to the size of the gowns.
<p>Disability:</p>	<ul style="list-style-type: none"> • Many users of the service are older people and some may have physical or mental disabilities. • For people with mental health problems and learning difficulties, additional time is given to communicate effectively with the patients to create better understanding of what the tests involve, e.g. relaxing 	<ul style="list-style-type: none"> • Some hospitals feel they have problems with parking as there are a very limited number of disabled parking spaces. In some locations the allocated disabled-parking spaces are not close enough to the point of service delivery. Some patients are forced to reschedule their appointments

	<p>the patient and explain the nature/procedure of the test (s).</p> <ul style="list-style-type: none"> • The location to disabled toilets in most sites is an issue of concern as they may not be near to the ECG department (this, however) may improve in the new hospitals). 	<p>due to lack of parking (Some of these issues, however, may improve with completion of new hospitals).</p> <ul style="list-style-type: none"> • Some waiting areas have limited space to accommodate patients who are waiting, but staff respond by trying to minimise waiting time (Some of these issues, however, may improve with completion of new hospitals). • Chairs in waiting areas are all standard sizes. There is lack of a variety of heights of chairs' and these with or without arm-rests. • There are no special provisions for people with hearing impairment such as induction loops. • Some staff are aware of the BT Text Phone service. • Staff are unaware of British Sign Language (BSL) interpreting policies and procedures and the risks associated with using patients' relatives. • There are difficulties in getting an interpreter (BSL) for patients referred from the Rapid Access Chest Pain Clinics due to short notice
Sexual Orientation	<ul style="list-style-type: none"> • People with sexual orientation issues are treated equally as other people needing the tests without discrimination. 	<ul style="list-style-type: none"> • No negative impact identified
Religion and belief	<ul style="list-style-type: none"> • Some staff have researched outwith working hours about religious practices, customs, symbols and articles of faith to enable them to have a better understanding of faith. • If a request is made to pray, members of staff can provide places for such requests (if there is no chaplaincy nearby). 	<ul style="list-style-type: none"> • There is limited staff awareness of existing NHSGG&C religions and cultures manuals or NES multi-faith resource. • Some staff are unaware of how to react if a patient has religious articles of faith e.g. the Five Ks of Sikhism.

Age: (Children/Young People/Older People)	<ul style="list-style-type: none"> • A higher percentage of service users are older people. There is good practical knowledge and experience on how to deal with older people. • Young patients are reassured and procedures explained to them. • Many users of the services are older people and some may have physical or mental disabilities 	<ul style="list-style-type: none"> • There are no baby-changing facilities for patients with young children. There are no specific facilities for adolescent patients (these facilities may improve in the new hospitals).
Social Class/ Socio-Economic Status	<ul style="list-style-type: none"> • Some sites have posters regarding financial assistance (such as where travel expenses can be claimed. • If a patient raises certain/specific issues (such as homelessness) staff can signpost them to relevant support services e.g. Homeless Health Service. 	<ul style="list-style-type: none"> • In some hospitals, relevant leaflets are often outdated but remain placed in waiting areas. • Some departments have out of date information leaflets regarding benefits.
Additional marginalisation	<ul style="list-style-type: none"> • Patients who are in custody are always seen as quickly as possible (often providing separate waiting space if waiting is unavoidable to prevent embarrassment and discomfort of other patients). • People with alcohol dependency or drug addiction are treated equally and relevant to their condition at the time of the test. 	<ul style="list-style-type: none"> • No negative impact identified

Actions:	Date for completion	Who is responsible? (initials)
Cross Cutting Actions: <ol style="list-style-type: none"> 1. Circulating the new Interpretation Protocol and Poster (including BSL) and encourage using Text-phone. 2. Dealing with issue of the standardised size of patients' gowns (especially for those above the average mass). 3. New Cultural and Religious manuals/guides to be circulated. 4. More varieties of seating in waiting areas (need of chairs with arm-rest) 5. Looking at best ways of getting an interpreter at short notice for patients referred from the Rapid Access Chest Pain clinics. 	<p>October 2009</p> <p>Ongoing</p> <p>March 2010</p> <p>Ongoing</p> <p>Ongoing</p>	<p>SH</p> <p>Laundry Service</p> <p>SH & Chaplaincy Facilities Directorate</p> <p>Directorate</p>

Specific Actions:		
1. Following, supporting and monitoring the progress of installing and using induction loops in all sites.	Dec 2009	SH
2. Fresh round of Training in Equality & Diversity relevant to the services' procedures.	Feb 2010	SH
3. Obtain information specific to ECG's tests & procedures in different languages especially in Polish.	March 2010	SH/MG
4. Encourage staff to use relevant services such as the BT Text phone service to communicate with the deaf.	Ongoing	SH
5. There is a need for Equality & Diversity Training (localised workshops) relevant to the service especially their impacts on the service; e.g. how to deal with issues religious articles of faith (such as the "Five Ks" of Sikhism).	Ongoing 2010	SH & (LM, Education & Learning Service).
6. Specific training/workshops emphasising the clinical relevance of transgender issues when dealing with patients from this group (e.g. disclosure of hormone treatment; gender transition/re-assignment and change of names).	Ongoing 2010	SH & (LM, Education & Learning Service; HoDs)
7. Insure information/signposting leaflets for external support services (i.e. Benefits Agency etc) displayed in patients' waiting areas are periodically updated.	October 2009	SH & HoDs
8. Review the availability of disabled parking spaces and the number of rescheduled appointments	Ongoing	SH
9. Review waiting areas after new hospitals open	2010	
10. Review facilities following the opening of the new hospitals for baby changing and adolescent patients	Ongoing 2010	SH

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

Lead Reviewer: Name: Fiona McCluskey (in secondment) but Signed Off by Lynne Scot
Sign Off: Job Title: Manager – Cardiac Rehabilitation Service
Signature: Lynne Scott
Date: 30/10/09

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

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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.