

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:

Simulator & Pre-treatment Areas Beatson Oncology

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 simulator and pre treatment areas are part of the patient journey before the delivery of radiotherapy treatment.

This involves the planning and positioning of the patient to ensure that the optimum position is achieved for the radiotherapy treatment, and includes detailed checking of all programme parameters which must be in place and authorised before radiotherapy treatment can commence. This is a regional service based within the Beatson West of Scotland Cancer Centre.

Who is the lead reviewer and where based?

Rosemary Twohig, Clinical Services Manager, Beatson West of Scotland Cancer Centre

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):

Clinical Services Manager, MacMillan Patient Information Manager & Counsellor, Senior Radiographer, Lead Nurse, Lead Therapy Radiographer, Admin Bed Manager, Planning Dosimetrist Radiotherapy assistant, Radiotherapy Manager, Superintendent Radiographer, Band 6 Radiographer, Quality Coordinator, Equality Programme Lead (Acute), Patient Experience Lead.

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
Gender	<ul style="list-style-type: none"> <li>▪ Same sex staff can be accommodated on request.</li> <li>▪ All patients using the service are individually</li> </ul>	<ul style="list-style-type: none"> <li>▪ No negative issues identified</li> </ul>

	<p>assessed for their needs. The staff have experience of accommodating transgender patients and not encountered any difficulties.</p> <ul style="list-style-type: none"> <li>Some patients object to the tattoos, used to mark the spot of treatment, as they are seen as a constant reminder of their cancer treatment. As there are no other methods available, staff have 1-1 conversations with patient to explain the safety aspect of this part of the treatment and can refer to counselling if needed.</li> </ul>	
Ethnicity	<ul style="list-style-type: none"> <li>The service accesses interpreters as and when required. Most interpreters used have become familiar with the Beatson systems.</li> <li>The attendance of an interpreter is recorded in the patients case notes</li> <li>Translated information can be available if requested as staff have access to a variety of cancer web resources.</li> <li>All patient information is written in Plain English.</li> <li>Ethnicity is recorded. This can be pulled off as necessary. Until new patient management system is operational other fields cannot be captured.</li> </ul>	<ul style="list-style-type: none"> <li>Occasionally the service is unprepared due to lack of information on booking/referral form, e.g interpreting needs. This can therefore sometimes create difficulty in coordinating interpreter and transport booking times to match appointment.</li> <li>Area not received copies of the interpreting resources recently circulated.</li> </ul>
Disability	<ul style="list-style-type: none"> <li>Disabled parking and drop off point outside the entrance.</li> <li>There are designated car parking spaces available for volunteer drivers</li> <li>Areas are wheelchair accessible. There are suitable spaces to accommodate wheelchairs in the waiting area.</li> <li>All patient information is written in Plain English</li> <li>There are audio and Braille within the lifts.</li> <li>The service can access British Sign Language</li> </ul>	<ul style="list-style-type: none"> <li>All chairs in waiting areas have arms. There are no chairs available of different heights.</li> <li>The main doors are occasionally out of order and side-doors used instead. It can be difficult to wheelchair over the small lip on the floor at the side entrance.</li> <li>It can be difficult to find a wheelchair at the main entrance as they tend to be left in the main Gartnavel building.</li> <li>Occasionally able-bodied people feel they</li> </ul>

	<p>interpreters when required.</p> <ul style="list-style-type: none"> <li>▪ Staff are aware of BT text direct for contacting deaf patients</li> <li>▪ On vacating the building in an emergency, staff are responsible for ensuring each area is empty and safe. Service is currently considering pagers to alert the deaf.</li> <li>▪ Loop systems available at reception desk. Personal loop systems are accessible when required although rarely requested for consulting rooms.</li> <li>▪ Way finding – there is colour co-ordinated signage.</li> <li>▪ The simulator service is used to flag up potential patient issues such as claustrophobia etc., and improve understanding of the radiotherapy treatment regime.</li> <li>▪ Staff continually reassure and repeat information to ensure patient understands.</li> <li>▪ For those with a visual impairment, staff talk through the process and patient is able to feel the equipment etc.</li> <li>▪ All toilets in the unit are suitable for disabled access.</li> <li>▪ The website is visually friendly and has information about the service.</li> <li>▪ Staff try to accommodate those with learning disability by liaising with care homes and/or carer to ascertain appropriate ways to communicate. Have attended case conferences in the past to explore most suitable way to support individuals. In general, carers tend to accompany patients.</li> </ul>	<p>can't use the toilets in the unit as they are labelled for disabled people.</p> <ul style="list-style-type: none"> <li>▪ In preparing for different communication, language and mobility needs, the unit is dependent on being informed via booking form of individual's needs. Occasionally this does not happen and can cause delay in appointment etc.</li> </ul>
Sexual Orientation	<ul style="list-style-type: none"> <li>▪ Staff respond sensitively to the needs of all patients and any needs identified at assessment</li> </ul>	<ul style="list-style-type: none"> <li>▪ No negative issues identified</li> </ul>

	<p>will be addressed.</p> <ul style="list-style-type: none"> <li>▪ Staff are aware of the correct terminology in relation to sexual orientation.</li> </ul>	
Religion and belief	<ul style="list-style-type: none"> <li>▪ Variety of patients and staff with different religions and beliefs. Staff are aware of different needs with regards to blood transfusion and fasting and are accommodated as long as not detrimental to individual's health.</li> <li>▪ All patients are individually assessed and therefore any identified needs will be built into the patients care plan. Examples were given of how articles of faith were accommodated for treatment stage.</li> <li>▪ Staff can access Chaplains using pager system. There is a multi-faith room available in the Sanctuary.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of resources available to staff to generate awareness of different religious/belief needs, e.g Multifaith resource, Religions &amp; Cultures Manual.</li> </ul>
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> <li>▪ All ages treated.</li> <li>▪ Young people and children tend to come from Yorkhill and there is a paediatric zone, e.g. play area, specific for recovery and information. The young people tend to bring familiar members of their own clinical team and play specialist with them from Yorkhill. There are baby-changing facilities in the main foyer.</li> <li>▪ The staff have treated people with dementia and this can cause problems in treatment compliance as these patients tend to move about quite a bit which then requires staff to re-enter treatment room and adjust patient's position etc.</li> </ul>	<ul style="list-style-type: none"> <li>▪ No negative issues identified</li> </ul>
Social Class/ Socio-Economic Status	<ul style="list-style-type: none"> <li>▪ Travel expenses are reclaimed in Gartnavel. There is an internal link corridor to cash office.</li> <li>▪ Normally people on benefits qualify for travel expenses reimbursement. Those not on benefits can apply to MacMillan for a grant via referral to</li> </ul>	<ul style="list-style-type: none"> <li>▪ No negative issues identified</li> </ul>

	Macmillan benefits team.	
Additional marginalisation	<ul style="list-style-type: none"> <li>▪ Where staff suspect there is a possible literacy problem they will verbally reiterate instructions and continually check that the patient understands, e.g. consent etc.</li> <li>▪ Prisoners do occasionally come in for treatment but are accompanied by security from prison service.</li> <li>▪ Staff have experience of treating asylum seekers and are aware of the ways in which they can accommodate their needs.</li> <li>▪ Staff can refer patients to smoking cessation if required</li> </ul>	<ul style="list-style-type: none"> <li>▪ No negative issues identified</li> </ul>

#### Actions

	Date for completion	Who is responsible?(initials)
<b>Cross Cutting Actions</b>  - The team can only prepare effectively for individual patient's needs if they are informed of the requirements on the booking form, e.g. communication and language, mobility, childcare, etc. Ensure that those completing the booking form are made aware of the importance of completing individual's needs on the booking form.	An updated booking form makes the input of this data mandatory	RT/KM
<b>Specific Actions</b>  - Interpreting resources to be made available to service.  - Religion & beliefs manual to be made available to service.   - Consider variety of chairs, e.g. with and without arms for waiting area when next purchasing.	Complete – Information is now available  Awaiting hard copy information from Inequalities team  Variable height chairs available on request. Further purchase will	KM  KM  RT

<ul style="list-style-type: none"> <li>- Liaise with estates/security to ensure main doors are functional</li> <li>- Liaise with facilities to ensure wheelchairs are available to the unit.</li> <li>- Ensure people within the unit are made aware that the disabled toilets are for anyone using the unit.</li> </ul>	<p>be made as part of equipment replacement programme</p> <p>Complete – Doors replaced</p> <p>Complete</p> <p>Complete -clinical and clerical staff made aware</p>	<p>RT</p> <p>RT</p> <p>RT</p>
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Ongoing 6 Monthly Review Please write your 6 monthly EQIA review date:

30<sup>th</sup> June 2010

Lead Reviewer: Name: Rosemary Twohig  
 Sign Off: Job Title Clinical Service Manager  
 Signature  
 Date: 19<sup>th</sup> February 2010

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.