

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:

The West of Scotland Regional Epilepsy 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).

Epilepsy is a common neurological condition. There are approximately 100 epilepsy related deaths in Scotland per year. Overall epilepsy referrals account for more than 20% of all referrals received by neurology.

The West of Scotland Regional Epilepsy Service is based at the Southern General Hospital. A comprehensive service is provided including new diagnosis, ongoing review, second opinion outpatient and inpatient neurophysiology, neuropsychology and epilepsy surgery. Referrals are also made for diagnostic tests, e.g Magnetic Resonance Imaging.

A new diagnosis of epilepsy can occur at any age.

Who is the lead reviewer and where based?

Marie Edwards Lead Nurse, Regional Services, Southern General 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):

Consultant; Psychologist; Sister; Nurse Specialist; Patient Representative, Lead Nurse, Quality Co-ordinator, Equality & Diversity Assistant.

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
Gender	<p>Women with epilepsy have particular issues. They require information and advice in respect of contraception, pregnancy planning, pregnancy care, heredity issues, childcare and the menopause. Encouragement is given to the clinicians to refer all females to the epilepsy nurse service so that these issues can be addressed appropriately. Both verbal and written advice is given appropriate to their individual needs.</p> <p>There is specific patient information for women.</p> <p>Patients are usually called by their first and last names until asked what they prefer.</p> <p>The ward has single sex accommodation. Chaperoning at consultation is available where required.</p> <p>For transgender patients there can be issues regarding medical records but this can be easily rectified following discussion.</p>	<p>No negative impact identified</p>
Ethnicity	<p>GP's referral letter highlights the need for an interpreter, which Medical Records staff book.</p> <p>It is also acknowledged that some cultures view a diagnosis of epilepsy quite differently from western cultures. Staff members take longer appointment times to reassure patients about their condition. Double appointments can be booked to allow more time for discussion.</p> <p>The Epilepsy Service can liaise with the Multi-Cultural Worker from Epilepsy Connections when required.</p> <p>An epilepsy helpline is available in different languages.</p>	<p>Ethnicity details are not routinely collected.</p> <p>The use of interpreting service is not documented in the patient case notes.</p> <p>There can be issues around regional dialects. Some patients prefer that their husband interpret on their behalf.</p>

Disability	<p>Sign language interpreters can be booked when required.</p> <p>Patient Information can be downloaded from the Epilepsy Scotland website.</p> <p>A significant number of patients attending the epilepsy service have a learning disability which can vary from being mild to profound. Information is given in an appropriate manner and written information is available relevant to understanding. If required referral is made to community epilepsy service or learning disability nurses.</p> <p>The main doors into the building are electronic. There is a lift to upper floors where inpatient services are located.</p> <p>The outpatient department has disabled toilets. Within the outpatient department there are a mixture of chairs available (have to adhere to health and safety standards). All signage within the department has been reviewed. The department has a portable loop system. If required, the department can access a Speech and Language Therapist for patients with communication difficulties.</p> <p>Referrals can be made to the psychologist if required. All Epilepsy staff work well as a team to share patient concerns and identify ways of resolving these.</p>	<p>The doors into the clinic are manual and are difficult to open as they are heavy.</p> <p>There is no textphone facility. Car parking is a problem on site. Outer signage to the department is a problem. People with cognitive impairments can have difficulty in finding the department.</p>
Sexual Orientation	<p>An understanding exists that some people's sexual orientation exposes them to discrimination and prejudice. This can have a detrimental effect on their physical and psychological health. An open approach is adopted and if any such difficulties are expressed then referral to appropriate services is considered eg psychology.</p>	No negative impact identified

	The Service takes cognisance of the Civil Partnership Act.	
Religion and belief	<p>The Service has access to a Religions and Cultures Manual and the book Religion and Belief Matter: A resource for healthcare staff.</p> <p>The Chaplaincy Centre can be accessed for ablutions and prayers.</p> <p>Appointments can be re-arranged to take cognisance of religious festivals.</p> <p>There would be discussion with the patient regarding their religious beliefs and how this can affect their care. For example, Ramadan.</p> <p>Halal and Kosher meals are available for in-patients.</p>	The local Religions and Cultures Manual needs to be updated.
Age (Children/Young People/Older People)	<p>Elderly patients have different needs. There is a stigma attached to epilepsy for elderly patients. They are more vulnerable to falls; there can be contra-indications regarding medication; as well as co-morbidity issues.</p> <p>It is recognised that young adults with epilepsy have particular psychosocial pressures this is taken into account during consultation and the nurse led service offers tailored advice to this particular group. The epilepsy service works closely with colleagues at the Fraser of Allander Unit at the Yorkhill hospital. Young people being transferred to adult services are seen at a transition clinic which takes place at Yorkhill and gives the young person and their parents the opportunity to meet the adult neurologist and specialist nurse. They are also given contact telephone numbers. This ensures that there is point of contact while waiting to be seen in the adult services.</p> <p>The Service respects young people's right to confidentiality</p>	No negative impact identified

	<p>and encourages young people's independence to be developed regarding their condition.</p> <p>There is specific information for kids e.g. my mum has epilepsy.</p> <p>There are baby changing facilities</p>	
<p>Social Class/ Socio-Economic Status</p>	<p>People with epilepsy are entitled to a concession travel card. Nurse specialists can now in addition to consultants authorise the application form.</p> <p>Unemployment can be a feature for someone with epilepsy therefore it is important that benefit advice and relevant epilepsy advice is given eg free prescriptions, concession bus travel. These issues are addressed by the specialist nurses therefore referral to the nurse led service is encouraged. Referral is also made to benefits advisors and employment advice agencies such as Momentum. The benefits service has a regular presence at the Out-Patient Department.</p> <p>Travel expenses can be reimbursed. Outside office hours the lead nurse has a fund for travelling expenses.</p>	<p>No negative impact identified</p>
<p>Additional marginalisation</p>	<p>Where necessary the department links with the Glasgow Asylum Seekers Support Project and the Compass Team which is the Asylum Seeker and Refugee Mental Health Liaison Service.</p> <p>If patients in the criminal justice system are attending the clinics the staff try to see them as quickly as possible to avoid any embarrassment.</p>	<p>No negative impact identified</p>

Actions	Date for completion	Who is responsible?(initials)
<p>Cross Cutting Actions</p> <p>Heavy doors in the department to be reviewed when refurbishment is being planned. Outdoor signage to the department requires reviewing. Explore and develop plans to capture equality and diversity data for routine analysis in conjunction with appropriate directorate Explore carparking issues with facilities directorate</p>	<p>As appropriate Sept 09 Ongoing</p> <p>Ongoing</p>	<p>SW SH (Facilities) IM& T Directorate</p> <p>Facilities Directorate</p>
<p>Specific Actions</p> <p>Explore the need for a textphone for communicating with the deaf Make a note in the case notes about an interpreter being used. Highlight to the relevant department that the local Religions and Cultures Manual needs to be updated.</p>	<p>Jan 10 Nov 09 Nov 09</p>	<p>IH CR FM</p>

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

Lead Reviewer: Name: Mrs Marie Edwards
 Sign Off: Job Title Lead Nurse Neurosciences SGH
 Signature
 Date: 26/01/10

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.