

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:

Glasgow Addiction Services (GAS) – Draft Substitute Prescribing Guidelines and Practice Standards.

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).

Within GAS these guidelines and practice standards are being developed to inform all practitioners of the agreed and approved standards and practices in relation to substitute prescribing within the NHS GG&C area. These Guidelines and Practice Standards are developed to encompass local needs and issues within the specialist Addiction Services and the GP Shared Care Addiction Prescribing Services. The GAS Guidelines are in keeping with the UK Department of Health prescribing guidance “Drug Misuse and Dependence: UK Guidelines on Clinical Management” 2007.

Who is the lead reviewer and where based?

Frances Rodger- GAS Equality Manager -Claremont 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):

David Cairns – Strategic Programme Manager

Findings

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Potential Negative Impact
Gender	<ul style="list-style-type: none"> • Gender is not explicitly highlighted but would be recorded in the addiction assessment as part of the prescribing arrangements and process. • GBV issues are not explicitly mentioned but would form part of the addiction assessment process. • The treatment agreement clearly identifies service users as a partner in agreeing the prescribing contract. • There is a specific section on Pregnancy considering the needs of both women and children. • There are issues pertaining to children and families. 	<ol style="list-style-type: none"> 1. There is no indication that service users have been involved in the development of the draft guidelines. There would be benefit in being more explicit when possible in relation to gender in the following areas: 2. The document could emphasise the need to offer a choice of male or female worker if there are particular sensitivities e.g. abuse issues, religious or cultural issues. 3. When urine screening, consideration and guidance on privacy and dignity should be advised e.g. females/males may find supervised urine screening intrusive depending on the sex of the supervisor obtaining the urine specimen. 4. Both males/females who have experienced sexual abuse may have particular issues for supervised urine collection. In this instance it could be advised that alternative screening methods be used to obtain the sample e.g. saliva testing which is less intrusive. 5. For females or males who are the primary carer's for children consideration should be give to provide appointments which are flexible around childcare needs.

		<p>6. It may be assumed that in relation to childcare and protection that this is relevant only to mothers/women. It would be useful to emphasise that these considerations need to also apply to fathers/men.</p> <p>7. Clients who are experiencing violence and aggression e.g. women from ex partner or men from rival gang or group may need alternative arrangements in place re: appointment times, dispensing chemists etc. including guidance on these issues would add clarity and support those needing flexible arrangements.</p> <p>8. The gender of the client should be collated within the data collection systems to understand and inform future service delivery.</p>
<p>Ethnicity</p>	<p>Not identified in the document but would be considered and recorded in the addiction assessment referred to in part1 of the document.</p>	<p>1. Reference should be made to the use of the interpreting NHS protocol and policy for use of interpreters as black and minority ethnic (BME) clients may need an interpreter. The need for interpreting should be highlighted to improve communication and understanding of treatment and care issues.</p> <p>2. If necessary access to and appropriate use of the BME Addiction Team should be highlighted.</p> <p>3. Clients should be asked if they have any cultural issues that need to be considered in relation to treatment and care.</p> <p>4. The ethnicity of the client should be collated within the data collection systems to understand</p>

		and inform future service delivery.
Disability	<ul style="list-style-type: none"> Not identified explicitly in the document but would be considered and recorded as part of the addiction assessment process. 	<ol style="list-style-type: none"> 1. Clients may not be able to read or write to take be able to agree to the treatment agreement. Consideration to clients reading and writing skills should be taken into account and provision made to ensure that communications are appropriate and sensitive to the needs of clients. 2.The guidelines should incorporate a statement outlining that the needs of disabled clients should be considered in order to provide flexible provision and an equitable service. 3.The nature of the disability of the client should be collated within the data collection systems to understand and inform future service delivery. 4.The document itself should highlight that it can be provided in an alternative format such as large print, braille, audio, or interpreted into other languages, for people who are blind or partially sighted as well as those people whose first language is not English.
Sexual Orientation	<ul style="list-style-type: none"> Not identified in the document. 	<ol style="list-style-type: none"> 1. There is no anticipated negative impact re: sexual orientation. However sexual orientation potentially can be used to discriminate amongst gay, lesbian, bisexual and transgender people. Sexual orientation should be collated within the data collection systems to understand and inform future service delivery and identify any

		issues of potential discrimination.
Religion and belief	<ul style="list-style-type: none"> Not identified in the document but would be considered and recorded in the addiction assessment. 	1. Some religions e.g. Muslim have periods of fasting in relation to their faith. Guidance should be given in relation to fasting and consuming medication during Ramadan. Advice on following the prescribed treatment should be discussed in relation to any religious needs.
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> Childrens needs/risks are considered within Part 2 of the document. 	1. There is no identifiable negative impact on young people or older people within the document.
Social Class/ Socio-Economic Status	<ul style="list-style-type: none"> There is no explicit mention of social class/socio-economic issues, however there is consideration given to flexibility for clients who are in employment and training to support and encourage this as part of recovery from addiction. 	1. It could be explicit within the guidelines that local services should be used in the first instance to minimise any travel costs for the client given that most clients have low incomes. Care managers and clinic workers should consider providing basic travel costs for clients who have to travel distances for daily dispense when it is incurring extra financial burden on their limited incomes e.g. due to GBV issues and fleeing violence etc.
Additional marginalisation	The mechanism for managing and reviewing care and treatment is explicit in the document.	1. The document should detail the use of the Complaints procedure when they have issues they believe are not being resolved at both Shared Care and CAT clinic levels.

Actions	Date for completion	Who is responsible?(initials)
Cross Cutting Actions		

Specific Actions Meet with documents author to discuss the EQIA findings and agree amendments to the document. Revised finalised document to be circulated to Snr management team for approval.	Jan 2010	David Cairns – Strategic Programme Manager

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

1 st May 09

Lead Reviewer: Frances Rodger 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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