

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:

Weight Management Service, Rehabilitation and Assessment Directorate

Deleted: Greater Glasgow and 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 Weight Management Service is for people who have a body mass index (BMI) of more than 30 with comorbidities or 35 without comorbidities (Body Mass Index (BMI) is the most common measure of overweight/obesity). A BMI of 30 or above is in the obese range and 40 or above is considered morbidly obese

Referrals are predominantly from NHSGGC GP's, however, there can be referrals from NHSGGC hospital doctors. There are approximately 6,000 new referrals each year. The service is located in Mansionhouse Unit, Glasgow and Abbey Mill Business Centre, Paisley, these two bases are for individuals who require a specialised environment. The service is also delivered in community based settings throughout Greater Glasgow and Clyde.

Access to the service depends on the person's BMI and presence or absence of co-morbid medical conditions (e.g. diabetes) or additional reasons for intervention (ARI).

People referred to the weight management service will be individually assessed to determine readiness for weight management and appropriate treatment options. Assessment will include dieting and weight history, review of risk factors, activity levels, emotional factors (e.g. depression) and motivation to change. The patient has to 'opt in' to the service as part of their commitment to losing weight.

Interventions are predominantly carried out in group settings. Individual interventions will be available if a group approach is considered unsuitable, only 3% of patients receive an individual programme. The programme's main components are dietary and physical activity advice supported by guidance on psychological approaches to achieving health behaviour change, the programme can last up to 18 months.

The service comprises of a team of Dietitians, Clinical Psychologists, Physiotherapists, Psychology assistants, technical instructors and administrators.

Who is the lead reviewer and where based?

Fiona Clark, Clinical Service Manager, Southern General Hospital; Lorna Forde, Service Lead, Mansionhouse Unit.

**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):**

Administrative Community Co-ordinator; Team Lead, advanced dietitian; PA/Administrator; Senior Physiotherapist; Consultant Clinical Psychologist; Patient Representative x2; Service Lead, Clinical Service Manager; Quality Co-ordinator; Equality and Diversity Assistant. Booking centre administrator,

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
All	<ul style="list-style-type: none"> • There are 1 to 1 consultation rooms available. • There are room plans so that staff can avoid disturbing patients. • Many aspects of the service have been modified to make sure the service is accessible and that it conforms to current national guidelines. Some aspects have also been modified due to patient feedback mechanisms • At the beginning of the group sessions, ground rules are set i.e. participants must respect each others views. • Appointments can be changed to accommodate carers (collecting children from school). • 60% of interventions take place in the community. • The Service routinely distributes evaluation forms to give patients the opportunity to feedback their views of the service. These are shared with the whole team of staff and key themes are published for other patients to see in the waiting area. 	<ul style="list-style-type: none"> • Not all staff have attended equality and diversity training.

<p>Gender</p>	<ul style="list-style-type: none"> • Gender data is recorded in the patient information database. • Gender data is analysed (75% of referrals are for women. This is comparable to the gender uptake of other health improvement services.) • The questionnaire which is sent with the appointment letter asks if patients would prefer a male or female member of staff. • To date the Service has not encountered any transgender patients. Staff do have an awareness of transgender issues. If a transgender patient did access the service, there would be discussion about whether they would prefer the group sessions or 1 to 1 sessions. • If a patient is experiencing domestic violence issues, staff can signpost to appropriate agencies such as the Social Work Department or Women's Aid. 	<ul style="list-style-type: none"> • Service evaluation has highlighted a gender difference
<p>Ethnicity</p>	<ul style="list-style-type: none"> • The referral form asks if the patient requires an interpreter and what language they require. • Staff are aware of how to access interpreters and document this in the patient's case notes. • Information is available in other languages. • The service has developed specific weight management groups for Asian women • There have been specific weight management groups for people who speak the same language e.g. Polish, French. (Due to the nature of the information provided and to reduce group language barriers). 	<ul style="list-style-type: none"> • Ethnicity data is not routinely collected.
<p>Disability</p>	<ul style="list-style-type: none"> • If a patient has a disability, this would be recorded in the case notes. • Information about the Weight Management Service is available in audio format. • Information is available in large print. • All correspondence includes an email address as an 	<ul style="list-style-type: none"> • Disability data is not routinely collected or analysed. • The Service does not have a bariatric wheelchair. • The Service does not have access to a portable loop system.

	<p>alternative way to contact the service.</p> <ul style="list-style-type: none"> • Staff are aware of how to access sign language interpreters and other forms of communication support. • There is a drop off point outside the entrance at Paisley and Mansion House both entrances are on ground level. • There is a ramp to access the building. • There are disabled parking spaces available. • Accessible toilets are available. • There are a variety of chairs available. • Signage to the Service is visually friendly. • There is colour contrast between the floor and walls. • The referral form asks if the patient requires transport, which can be organised if medically required (Scottish Ambulance Service Guidelines). • The referral form asks if the patient has a psychiatric illness. • There is sufficient space to accommodate wheelchair users and other mobility aids. • The Physiotherapists can design exercises to suit the patient's needs i.e. if they have any mobility issues. • There are visual aids to help aid communication and understanding. • There have been specific groups developed for people with sensory impairments e.g.,visual and hearing loss. • If appropriate there are 1 to 1 sessions available. • For patients with cognitive impairments delivery of the sessions would be slower paced. • The service has identified a gap in the provision of a weight management programme suitable for Learning Disability communities and has forged links with Glasgow University Psychiatry Department who have an interest in this area. A collaborative project is underway to adapt the Glasgow and Clyde Weight Management Services programme for this population 	<ul style="list-style-type: none"> • Staff were not sure how to contact the BT Text Relay service.
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	<p>group.</p> <ul style="list-style-type: none"> • The Service has links to Mental Health Services. • There is bariatric equipment available e.g. chairs; blood pressure cuffs; hoists; walking aids. 	
Sexual Orientation	<ul style="list-style-type: none"> • Staff are aware of the Civil Partnership Act. • Staff are aware of the importance of using appropriate terminology. 	<ul style="list-style-type: none"> • No negative impact identified.
Religion and belief	<ul style="list-style-type: none"> • Staff have an awareness of religious festivals and can change appointment times to take accommodate these. • Clinicians would include in their assessment religious beliefs where appropriate • A quiet room could be made available for prayer. • The Food Choices guidance that each patient receives includes items that are suitable for different cultures and religions. 	<ul style="list-style-type: none"> • No negative impact identified.
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • Age data is recorded and analysed. The average age is 45. • The Service has piloted a group session for younger people. • There was a gap in provision of weight management services for 16-17 year olds. The Weight Management Service is for people aged 18 years and over. Childhood services are from 5-15 years. However, to deal with this gap, the Service has agreed a process to accept 17 year olds on a case by case basis. ACES, the childhood obesity service has agreed to accept 16 year olds on the same basis 	No negative impact identified.
Social Class/Socio-Economic Status	<ul style="list-style-type: none"> • 60% of the Service interventions are provided in the local community thus avoiding excess travelling expenses. • Staff can advise patients how to reclaim their travelling 	<ul style="list-style-type: none"> • No negative impact identified.

	<p>expenses.</p> <ul style="list-style-type: none"> • Staff can signpost staff to Citizen's Advice if they have problems with debt. • There are discounts available for patients who wish to join the local authority sport centres. 	
Additional marginalisation	<ul style="list-style-type: none"> • Staff are aware that some patients may have literacy issues. Staff will offer to help the patients fill in the forms. • There are specific groups delivered in the Service for those with literacy issues • The referral form asks if the patient has any previous history of drug or alcohol abuse. (Patient's would only be referred to the service if they were stable). • Staff can signpost patients to the Addictions Team. • The service is aware that research has demonstrated that the success rates of reducing weight are better if carers/ partners are involved. A research project is underway within the service exploring methods of incorporating such support within the programme. • The initial GCWMS assessment screen for literacy issues, any patient identified to have literacy issues would be offered an adapted literacy weight management programme. 	<ul style="list-style-type: none"> • There can be issues for people travelling from the North of the city. However they are offered a choice of accessing services at the Mansionhouse Unit or Paisley or local community if they are under 120 kgs. • The service is not near a local bus stop.

Actions

	Date for completion	Who is responsible?(initials)
<p>Cross Cutting Actions</p> <ul style="list-style-type: none"> • Circulate information for staff about the equality and diversity courses that are available through the Learning and Education Department. 	OCT 2010	LF

Specific Actions <ul style="list-style-type: none"> • Consider alternative strategies to address differences in gender uptake • Investigate the possibility of recording ethnicity data and disability data. Request if can be added as mandatory field in SCI and on paper referral form • Investigate the possibility of purchasing a bariatric wheelchair. WRVS has been identified as a possible source of funding for this equipment. A request form has been completed. Funds will be allocated in October 2010 to successful bids • Investigate where the Service can access a portable loop system. • Circulate information about the BT Text Relay service. • Ensure that patients north of the city get appropriate travel information to help them decide the best location to attend. This needs to emphasise there is no bus stop close to the Mansionhouse Unit 	Oct 2011	LF
	Oct 2010	AB (Information Management Administrator)
	Oct 2010	KF (Lead Physio)
	Oct 2010 Oct 2010	LF LF
	October 2010	SA (Administrator)

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

TBA

Lead Reviewer: Name: Fiona Clark
Sign Off: Job Title: Clinical Service Manager / Professional Lead Dietetics

Signature: 

Date: 23rd September 2010

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.