



NHS Greater Glasgow and Clyde Equality Impact Assessment For Frontline Patient Services



NHS Greater Glasgow and Clyde Equality Impact Assessment Tool for Frontline Patient Services

Equality Impact Assessment is a legal requirement and may be used as evidence for referred cases regarding legislative compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014817.

Name of Current Service/Service Development/Service Redesign:

H4U Youth Health

Please tick box to indicate if this is a : Current Service Service Development Service Redesign X

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally determined). What does the service do?

H4U is a health service for young people living, educated or working in North East Glasgow. It ran as a clinical service for 10 years and due to a service redesign, it will now be a health improvement, facilitative service. Starting in the autumn, H4U will be working with existing youth organisations in NE Glasgow to develop a health improvement focus. This involves undertaking a Health Needs Assessment, Training Needs Analysis, creating health topic guidelines, delivering staff training as well as groupwork creation for young people. Each organisation will have an action plan and ongoing support will be built in for youth organisation staff through the process.

Why was this service selected for EQIA? Where does it link to Development Plan priorities? (if no link, please provide evidence of proportionality, relevance, potential legal risk

etc.) Due to a major shift in service focus.

Who is the lead reviewer and where are they based? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Jennifer Johnstone, Health Improvement Senior, H4U Youth Health, Easterhouse Health Centre

Please list the staff involved in carrying out this EQIA

(where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Jennifer Johnstone, Health Improvement Senior, John Marshall, Health Improvement Lead

	Lead Reviewer Questions	Example of Evidence Required	Service Evidence Provided (please use additional sheet where required)	Additional Requirements
1.	What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?	Age, Sex, Race, Sexual Orientation, Disability, Gender Reassignment, Faith, Socio-economic status data collected on service users to. Can be used to analyse DNAs, access issues etc.	H4U will be working with youth organisations who monitor age, gender, socio-economic status of the young people who attend the organisations. Some may monitor other equalities information.	
2.	Can you provide evidence of how the equalities information you collect is used and give details of any changes that have taken place as a result?	A Smoke Free service reviewed service user data and realised that there was limited participation of men. Further engagement was undertaken and a gender-focused promotion designed.	The redesigned service will be working more directly with organisations and do not intend to collect service user data except in exceptional circumstances eg child protection/DATIX. There will be an ongoing review of service user data and changes will be made as a result.	
3.	Have you applied any learning from research about the experience of equality groups with regard to removing potential barriers? This may be work previously carried out in the service.	Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.	Individual organisations will be selected in relation to SIMD and geographic placement. There will be an ongoing review to identify and seek to overcome, potential barriers.	
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	Patient satisfaction surveys have been used to make changes to service provision.	A consultation was done with young people. Ongoing monitoring will be done to ensure that the staff and young people's needs are being met.	Via Health Needs Assessment & Training Needs Analysis
5.	If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?	A service for teenage mothers includes referral options to smoking cessation clinics. The clinics are able to provide crèche facilities and advice on employability or income maximisation.	Service has specific health improvement role. Service will offer flexible working times to suit needs of staff of voluntary organisations.	

6.	Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?	An outpatient clinic has installed loop systems and trained staff on their use. In addition, a review of signage has been undertaken with clearer directional information now provided.	This is the responsibility of youth organisations to ensure that their venues are physically accessible. If access is not suitable, organisations will be informed.	
7.	How does the service ensure the way it communicates with service users removes any potential barriers?	A podiatry service has reviewed all written information and included prompts for receiving information in other languages or formats. The service has reviewed its process for booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.	H4U will work directly with the youth organisation's staff and young people to identify the best way that health messages can be delivered, having various options e.g. pictorial methods in case of literacy issues, other media eg websites, texting.	
8.	Equality groups may experience barriers when trying to access services. The Equality Act 2010 places a legal duty on Public bodies to evidence how these barriers are removed. What specifically has happened to ensure the needs of equality groups have been taken into consideration in relation to:			
(a)	Sex	A sexual health hub reviewed sex disaggregated data and realised that very few young men were attending clinics. They have launched a local promotion targeting young men and will be testing sex-specific sessions.	H4U will ensure that equal numbers of males and females attend. If there is a lower number of one gender, H4U will encourage the youth organisation to have a promotion intended to increase numbers. Young men or young women who have more expressed needs would not be overlooked to maintain a gender balance.	
(b)	Gender Reassignment	An inpatient receiving ward has held briefing sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal protection and appropriate approaches to delivering inpatient care including use of language and technical aspects of recording patient information.	The H4U will not discriminate against an individual based on their gender/gender reassignment and would ensure that the youth organisations had the same stance.	

(c)	Age	A urology clinic analysed their sex specific data and realised that young men represented a significant number of DNAs. Text message reminders were used to prompt attendance and appointment letters highlighted potential clinical complications of non-attendance.	H4U covers the 10-19 age-group and will ensure that as far as possible that similar numbers for each age were targeted within each organisation. Materials and training would also be age-appropriate.	
(d)	Ethnicity	An outpatient clinic reviewed its ethnicity data capture and realised that it was not providing information in other languages. It provided a prompt on all information for patients to request copies in other languages. The clinic also realised that it was dependant on friends and family interpreting and reviewed use of interpreting services to ensure this was provided for all appropriate appointments.	The H4U will not discriminate against an individual based on their ethnicity and would ensure that the youth organisations had the same stance. If e.g. language was a barrier, H4U would consider the interpreting service,	
(e)	Sexual Orientation	A community service reviewed its information forms and realised that it asked whether someone was single or 'married'. This was amended to take civil partnerships into account. Staff were briefed on appropriate language and the risk of making assumptions about sexual orientation in service provision. Training was also provided on dealing with homophobic incidents.	The H4U will not discriminate against an individual based on their sexual orientation and would ensure that the youth organisations had the same stance.	

(f)	Disability	A receptionist reported he wasn't confident when dealing with deaf people coming into the service. A review was undertaken and a loop system put in place. At the same time a review of interpreting arrangements was made using NHSGGC's Interpreting Protocol to ensure staff understood how to book BSL interpreters.	The H4U will not discriminate against an individual based on their disability and would ensure that the youth organisations had the same stance. H4U would work closely with the youth organisation to ensure that any young person would receive the adequate support e.g. communication.	
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(g)	Faith	An inpatient ward was briefed on NHSGGC's Spiritual Care Manual and was able to provide more sensitive care for patients with regard to storage of faith-based items (Qurans etc.) and provision for bathing. A quiet room was made available for prayer.	H4U will not discriminate against an individual based on their faith and belief and would ensure that the youth organisations had the same stance.	
(h)	Socio – Economic Status	A staff development day identified negative stereotyping of working class patients by some practitioners characterising them as taking up too much time. Training was organised for all staff on social class discrimination and understanding how the impact this can have on health.	The H4U will not discriminate against an individual based on their social economic status and would ensure that the youth organisations had the same stance. There are no costs attached to the service H4U provides.	
(i)	Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers	A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.	The H4U will not discriminate against marginalised groups and would ensure that the youth organisations had the same stance. We would work with young people from all backgrounds	
9.	Has the service had to make any cost savings or are any planned? What steps have you taken to ensure this doesn't impact disproportionately on equalities groups?	Proposed budget savings were analysed using the Equality and Human Rights Budget Fairness Tool. The analysis was recorded and kept on file and potential risk areas raised with senior managers for action.	The H4U redesign intends to be more cost effective as well as providing a more equal and equitable service. By working with existing youth providers, it is intended that more young people will receive input from H4U, across a wider area (NE Glasgow) than before.	

10.	What does your workforce look like in terms of representation from equality groups e.g. do you have a workforce that reflects the characteristics of those who will use your service?	Analysis of recruitment shows a drop off between shortlisting, interview and recruitment for equality groups. Training was provided for managers in the service on equality and diversity in recruitment.	The H4U staff are of varying ages. The majority of staff are female, however few males have applied in the past. The staff are Health Workers (nurses) so this may explain the low male staff force.	
11.	What investment has been made for staff to help prevent discrimination and unfair treatment?	A review of staff KSFs and PDPs showed a small take up of E- learning modules. Staff were given dedicated time to complete on line learning.	Staff will receive training on equality.	

If you believe your service is doing something that 'stands out' as an example of good practice – for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.

	Date for completion	Who is responsible?(initials)
<p>Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials</p> <p>Use of plain English in written materials including ensuring that all health messages are age-appropriate, ongoing monitoring of equality data e.g. number of males/females involved with work undertaken by H4U Youth Health,</p>	Ongoing	JJ
<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</p> <p>Training for staff on Equality Issues</p>	March 2012	JJ

Ongoing 6 Monthly Review

Please write your 6 monthly EQIA review date: 18 MAY 2012

Lead Reviewer:

Name JENNIFER JOHNSTONE
Job Title Health Improvement Senior
Date 18 November 2011

EQIA Sign Off:

Signature
Date

Quality Assurance Sign Off:

Name Job
Title
Signature
Date

Please email a copy of the completed EQIA form to CITAdminTeam@ggc.scot.nhs.uk, Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4560. The completed EQIA will be subject to a Quality Assurance process and the results returned to the Lead Reviewer within 3 weeks of receipt.

