

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:

Motor Neurone Disease (MND) Service, Southern General Hospital, Regional Services Directorate

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 Motor Neurone Disease service is a regional service covering the West of Scotland and is based at the Southern General Hospital. The outpatient service is located on the ground floor of the neurology building with the inpatient facility on the first floor accessed via a lift or stairs.
MND is a progressive neurodegenerative disease that affects the upper and lower motor neurones. Degeneration of the motor neurones leads to weakness and wasting of muscles, causing increasing loss of mobility in the limbs and difficulties with speech, swallowing and breathing.
There are currently 176 patients using the service and this varies due to additions and exits from the service.
MND Scotland provides and funds this service with Southern General Staff giving managerial support.

Who is the lead reviewer and where based?

Marie Edwards, Lead Nurse, Neurology Department, 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 Neurologist, MND Nurse Advisor (2), Patient Representative, Lead Nurse, Quality Coordinator, Patient Experience Project Lead.

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
All	<ul style="list-style-type: none"> ▪ All patients using the service are individually assessed for their needs and therefore any identified needs will be built into the patient’s care plan. Examples were given and these include communication issues; religious needs. 	<ul style="list-style-type: none"> ▪ The lack of availability of clinical trials in Scotland can affect their wellbeing and outlook of many patients. An increased availability of information about clinical trials (current and planned) would be welcomed by patients and carers.
Gender	<ul style="list-style-type: none"> ▪ Gender is recorded in nursing notes and in the hospital patient information management system. ▪ Same sex staff can be accommodated on request. ▪ The staff have no experience of accommodating transgender patients however do not envisage any difficulties. 	<ul style="list-style-type: none"> ▪ The service has not yet been included in the roll out of the gender based violence policy.
Ethnicity	<ul style="list-style-type: none"> ▪ Ethnicity is recorded in the nursing notes ▪ Written patient information is available and provided by MND Scotland. The information can be made available in different formats and languages using the MND Scotland service. ▪ The service accesses interpreters as and when required. If visiting the patient at home, a local interpreting service would be accessed via the patient’s health board. ▪ The attendance of an interpreter is recorded in the patient’s case notes. 	<ul style="list-style-type: none"> ▪ The extra time required for translating through an interpreter can mean that appointments run over time, although this is an occasional occurrence. MND appointments are longer than routine hospital appointments.
Disability	<ul style="list-style-type: none"> ▪ The individual assessment of the patient identifies a level of disability. Due to the nature of the disease this may increase through time and will be further assessed at each appointment. ▪ There is disabled parking and a drop off point outside the entrance. The drop off area has flat 	<ul style="list-style-type: none"> ▪ The doors to the clinic area are manual and would be difficult for wheelchair users to negotiate on their own. ▪ In preparing for different communication, language and mobility needs, the unit is dependent on being informed of individual’s needs at time of referral.

	<p>access to the building making it suitable for varying degrees of mobility.</p> <ul style="list-style-type: none"> ▪ There are other disabled parking bays located close by and these are a short walk from the clinic area. ▪ Out patients can access a disabled toilet on the ground floor and inpatient toilet facilities are also accessible. ▪ Areas are wheelchair accessible. There are suitable spaces to accommodate wheelchairs in the waiting area. ▪ The main doors to the building are automated. ▪ The service can access British Sign Language interpreters when required. ▪ Staff are aware of BT text direct for contacting deaf patients ▪ Way finding – there is colour co-ordinated signage according to the zones within the Southern General Hospital campus. ▪ For those with a visual impairment, staff talk through the process and offer support, as required. ▪ Staff try to accommodate those with learning disability by liaising with care homes and/or carer to ascertain appropriate ways to communicate. Usually a known carer comes with the patient and the service accommodates visits to home if necessary. ▪ The team have interacted with patients who have advocates and are aware of recording this in the case notes. ▪ There are dexterity issues that can affect all patients which impacts on the kind of clothing that can be easily worn. An example was given on 	<ul style="list-style-type: none"> ▪ The service does not have an induction loop or portable loop system for people who are deaf or hard of hearing. ▪ Transport can be arranged through the Ambulance Service for patients with mobility problems. Occasionally the Ambulance Service cancels agreement with patient directly and this can lead to DNAs (Do Not Attends). This means the patient does not get to their appointment and this has to be re-arranged. ▪ Develop 'patient's tips' information for other users to assist with dexterity issues.
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	how this can be resolved for those who are more fashion conscious	
Sexual Orientation	<ul style="list-style-type: none"> • Staff are aware of the Civil Partnership Act and the importance of using the correct terminology, e.g. is this your partner, who is with you today? 	<ul style="list-style-type: none"> ▪ No negative issues identified
Religion and belief	<ul style="list-style-type: none"> ▪ Religion & Belief is recorded in the nursing notes ▪ Staff are aware that patients and staff may have different religions and beliefs. They are also aware of different needs with regards to fasting and blood products ▪ In patients can receive Halal, Kosher or vegetarian options for meals as appropriate. ▪ Staff can access Chaplains and there is a chaplaincy centre in the Southern General Hospital site. There is a multi-faith room available in the Chaplaincy Centre. ▪ Due to the nature of Motor Neurone Disease the service refers patients to palliative care and they ensure appropriate spiritual support is available towards the end of life. 	<ul style="list-style-type: none"> ▪ Staff have no access to a Religions and Cultures manual.
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> ▪ Although the disease mainly affects adults there have been teenagers who have been diagnosed with MND. Staff will liaise and work with Yorkhill hospital staff for the transition of younger patients into the adult service. ▪ Service team build rapport with the patient and family over the course of disease management. ▪ Age is recorded in the nursing notes and in the hospital patient information management system 	<ul style="list-style-type: none"> ▪ No negative issues identified
	<ul style="list-style-type: none"> ▪ Staff try to explain the disease and management 	<ul style="list-style-type: none"> ▪ No negative issues identified

Social Class/ Socio-Economic Status	<p>approaches to the condition to patients and their families in easy to understand terminology. The information leaflets provided are in plain English.</p> <ul style="list-style-type: none"> ▪ Travel expenses can be reclaimed and the clinic can direct relatives to where to go. ▪ There is a benefits service attached to MND Scotland which can also help patient's access small grants for home modifications etc. ▪ The team ensure patients are aware that they are exempt from paying prescription charges. 	
Additional marginalisation	<ul style="list-style-type: none"> ▪ The team gave examples of having helped family members provide support to patients towards the end of life. 	<ul style="list-style-type: none"> ▪ Access to counselling or psychological support varies according to the patient's local health board arrangements although MND Scotland provides a service. ▪ The MND service does not have the same resources allocated to its service as other conditions. The nurses provide valuable support to all patients but they are funded by a charity and not the NHS. This would appear unfair in that a charity requires to find sufficient monies to provide this service.

Actions

Actions	Date for completion	Who is responsible?(initials)
<p>Cross Cutting Actions</p> <ul style="list-style-type: none"> - The team can only prepare effectively for individual patient's needs if they are informed of the requirements on referral, e.g. language, mobility, childcare, etc. Ensure that referrers are made aware of the importance of completing individual's needs on the booking form. - Commence recording and monitoring ethnicity in terms of access to the service. - Consider a resource stand within the clinic waiting area to house useful information for patients and their carers as well as details of clinical trials. Encourage patients and 	<p>1st July 2010</p> <p>1st June 2010</p> <p>1st September 2010</p>	<p>CF</p> <p>CF</p> <p>CF</p>

<p>relatives to develop the 'tips' card of how they can overcome dressing issues or other aspects of daily living.</p> <ul style="list-style-type: none"> - Strengthen links with psychology and counselling services for patients and their carers to be signposted to. 	1st June 2010	CF
<p>Specific Actions</p> <ul style="list-style-type: none"> - Religion & beliefs manual to be made available to service. - Liaise with estates/security to ensure entrance doors to clinic meet accessibility requirements. - Liaise with neurology department to ascertain availability of a portable loop system for patients who are deaf or hard of hearing. Ensure portable loop system available to clinic. - Review and monitor the number times clinics over-run. 	<p>To be advised</p> <p>1st September 2010</p> <p>1st July 2010</p> <p>1st July 2010</p>	<p>BR Chaplaincy</p> <p>CR outpatients</p> <p>CR outpatients</p> <p>Health Records</p>

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

1st September 2010

Lead Reviewer: Name: Marie Edwards
 Sign Off: Job Title Lead Nurse
 Signature
 Date: 09/03/10

Please email copy of the completed EQIA form to irene.mackenzie@ggc.scot.nhs.uk

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