

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:

NHS GG&C Podiatry Service Redesign

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 Podiatry Redesign Sub group was established from the AHP Waiting Times Group. This short life podiatry sub-group was set up and tasked with building & improving current service by identifying, sharing & expanding areas of good practice across NHS GG&C. The group consists of:-

- CHP Director
- Head of Health & Community Care
- Podiatry managers
- Practice Development Podiatrist
- Staff-side representative
- Head of Finance
- Head of HR
- Head of Planning
- Organisational Development

Podiatry focuses on supporting patients to remain independently mobile and pain free while promoting self care wherever possible. Our aim is to provide podiatry care and foot health education to those who need it most, by a team of skilled professionals who are constantly learning and developing.

Who is the lead reviewer and where based?

Lead H of HCC for the Podiatry Sub group – Sylvia Morrison, Head of Health & Community Care, Renfrewshire CHP

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):

The EQIA sub group was composed of:-

Gail Beaton, Podiatry Manager, North Glasgow CHCP
Margaret Lamont, Podiatry Manager, South East CHCP
Sharon Lafferty, Podiatry Manager, Inverclyde CHP
Imran Shariff, Equality & Diversity Manager

The sub group submitted in draft the EQIA to the NHS GG&C Podiatry Managers Group & Podiatry Redesign Sub-group.

Local Information used to complete EQIA

These included:

- Workforce plan 2010-2015
- Access to Service
- Questionnaires to service users about Podiatry services
- AHP Waiting times policy/Podiatry Waiting Times guidance
- Communications Policy

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
Gender	<ul style="list-style-type: none"> • Gender is not recorded within the patient case notes across all services but a title is recorded e.g. Mr. /Mrs. /Miss/ Master • Some podiatry services have conducted individual analysis of gender using case note analysis • NHSGGC currently offers gender matching of health professionals/ patients if requested. • All services offer private treatment rooms for individual patient treatment/ consultations. 	<ul style="list-style-type: none"> • At present the service does not collate and analyse information on gender of patients due to the lack of IM and T system. • Fewer male than female patients access the service.
Ethnicity	<ul style="list-style-type: none"> • All staff are aware of the BME Interpreting protocols and interpreters can be arranged on request. • Staff offer cultural sensitivity when dealing with patients. • Some podiatry services provide an outreach clinic, some of which are provided in black and minority ethnic organisations. • Ethnicity is not collected routinely across all services. 	<ul style="list-style-type: none"> • Staff could be better informed of how healthcare needs can be affected by different cultures. • At present the service does not collate information on ethnicity of patients • Currently there is a limited amount of translated information about podiatric conditions. • Interpreting posters have not been universally received by all podiatry centres.
Disability -	<ul style="list-style-type: none"> • The service does record on individual disability as part of case notes. • All podiatry venues have wheelchair access. • Within the majority of treatment areas, the design and layout has taken Disability into account e.g. different types of chairs. • The service is able to access British Sign 	<ul style="list-style-type: none"> • Currently no loop system available at all venues. • Disability is not collated/ analysed due to a lack of an IM&T system. • No Braille signage or Braille health education material. • All services may have different styles of

	<p>Language Interpreters (BSL)</p> <ul style="list-style-type: none"> • There is nearby car parking in all clinical locations. • Guide Dogs are welcome. • Some staff have attended visual awareness training and Deaf awareness training and helped to design local services as a result. • There is an accessible toilet at all the venues. • Part of podiatry assessment includes mobility of patient and ability to self care. 	<p>treatment couches and this may impact on individuals who have a Disability.</p>
Sexual Orientation	<ul style="list-style-type: none"> • No good practice identified 	<ul style="list-style-type: none"> • The service does not collect information on sexual orientation of patients. • The service operates a policy of zero tolerance in terms of homophobic behaviour. • Staff do not make assumptions about sexual orientation & use sensitive language where the sexual orientation of the patient is unknown.
Religion and belief	<ul style="list-style-type: none"> • No good practice identified 	<ul style="list-style-type: none"> • The service does not collect information on religion/belief of patients. • Learning & Education is required for staff to understand spiritual needs e.g. Diet issues for diabetes/chaperone for women to satisfy religious beliefs.
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • Date of Birth is collected on the referral form • Majority of service users are older people • Adult & Child protection training is available to staff locally. 	<ul style="list-style-type: none"> • The review has highlighted that the working population has difficulty accessing the service during office hours • The review has also highlighted that the number of younger patients accessing the

		<p>service has increased due to the implementation of a new assessment tool/self referral.</p> <ul style="list-style-type: none"> • Collectively the service does not currently working to Child services Non-attendance policy.
Social Class/ Socio-Economical Status	<ul style="list-style-type: none"> • Health Improvement team can give support re-socio-economic deprivation/poverty. • Staff aware of impact on health & uptake of services due to socio-economic deprivation/poverty. 	<ul style="list-style-type: none"> • People from areas of deprivation are less likely to attend podiatry appointments despite having have a higher podiatric/medical need • Changing patient's appointments at short notice is difficult due to people not having a telephone number. • There have been requests for out of hours appointments from people who work 9-5pm and require treatment or could bring less able dependants to an out of hours service or an after 6pm/ weekend service.

Additional marginalisation	<ul style="list-style-type: none"> • There is also a call centre which patients can call to book appointments. The service operates 5 days a week 	<ul style="list-style-type: none"> • No way of identifying groups who do not/ cannot access the service due to equality and diversity issues, a particular issue for people with sensory impairment. • Currently there are no bilingual or other forms of communication support with the call centre.
All	<ul style="list-style-type: none"> • Clinical locations have a carer's notice board displaying posters and information leaflets in waiting areas. • Flexible appointment times can be given to all patients accessing the service. This is determined locally. • Podiatry staff have access to Equality and Diversity information through a variety of ways including training/ information or via the intranet. • An anti discriminatory approach is promoted across all services which is highlighted in both NHSGGC approach to Equality and the Health Professions Council. • Each year the service plans a Protected Learning Time Event (PLT) for podiatry staff and this includes issues around equality and diversity. • There is vulnerable adult's awareness training for all services. Uptake of this training is recorded through local Learning and Education Advisers. 	<ul style="list-style-type: none"> • Clinical pressures can make deployment of staff on equality and diversity training difficult and can put pressure on services. • There is a lack of information on podiatry services across each CHCP on the intranet. • Accurate uptake figures disaggregated by Diversity strands cannot be provided due to the lack of a system wide IM&T system. • Communication varies across each service but it is generally agreed that communication is not sufficiently targeted to meet the needs of different groups.

Actions	Date for completion	Who is responsible?(initials)
<p>Cross Cutting Actions</p> <ul style="list-style-type: none"> • Ensure that IMT system for booking appointments, data collection includes and allows analysis of uptake of service by Diversity Strand to help identify gaps in service. • Check availability of loop systems/ treatment couches access across different venues. 	<p>Unknown June 2011</p>	<p>Keith Redpath, AHP Redesign group. Podiatry Managers</p>
<p>Specific Actions</p> <ul style="list-style-type: none"> • Training needs analysis of Podiatry staff needs to be collated from local advisors to support planning of PLT events. • Explore gap around communication and identify ways of sourcing health education leaflets in different languages and formats particularly around podiatric conditions. • Explore the option of introducing an out of hours service • Link with discharge protocol to explore DNA rates and patterns, with a view to improve patient access and support attendance. • Revise existing podiatry service information leaflets in line with the Accessible Information Policy in order to reach all groups. • Explore ways of providing more information about the service on the intranet. • Explore the potential for conducting an EQIA of the call centre approach. • Ensure podiatry staff are aware of specific policies i.e. Gender Based Violence Policy & Transgender Policy. 	<p>June 2011 September 2011 September 2011 September 2011 September 2011 September 2011 September 2011 September 2011</p>	<p>J.A, Podiatry Managers J.A Podiatry Managers Podiatry Managers J.A B.McG P.H Podiatry Managers</p>

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

EQIA review date October 2011

Lead Reviewer: Name: Sylvia Morrison (Individual pod managers will have responsibility in their own area)
Sign Off: Job Title: Head of Health & Community Care, Renfrewshire CHP.
Signature
Date: 1 March 2011

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.