

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:

Eriskay Partial Hospitalisation (Outpatient) Service

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

Brief description of the above: (Please include if this is part of a Board-wide service or is locally determined).

The Eriskay Partial Hospitalisation Service is a component of secondary service which provides diagnosis, management and treatment of patients with alcohol/ drug abuse issues. The services involves:
A 7 day service 9am to 5pm (including public holidays)
Access to a multidisciplinary team including medical, nursing staff with sessional input from occupational therapy, psychology, physiotherapy, dietician and pharmacy staff.
Thorough assessment of need and referral to most appropriate intervention/service
Detoxification from alcohol and/or drugs
Individual care planning which includes family and carers
Provision of a flexible range of clinical and psychosocial interventions
Structured groupwork programmes
Liaison to acute under 65yrs psychiatric admission wards
To achieve and maintain links with local community addiction teams and individual care managers

Referrals come from the Community Addiction Teams and the CAT care manager remains in contact with each individual and the partial hospitalisation staff throughout, thus ensuring continuity of care and seamless progression through the service as patient needs alter.

The service is delivered within the Stobhill Hospital setting in a stand alone building for Addictions. It is located on the second floor and covers the North and East of the city. Service is monitored through user surveys, complaints, questionnaires, involving people audits.

Who is the lead reviewer and where based?

Jennie McCormack – Senior Officer Glasgow Addiction Services

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):

Emily Moffat – Ward Manager
Imran Shariff – Equality and Diversity Team
Jennie McCormack – Addiction Services
Frances Rodger – Equality and Diversity Manager Glasgow Addiction Services

Service user evaluation information has also been utilised in the EQIA Process.

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
Gender	<p>Assessment paperwork from Mental Health Partnership captures information on Gender There are same sex keyworkers available There is a referral process in place for people experiencing Gender Based Violence. Staff can access external gender based services and encourage there use where need identified.</p> <p>Women can be referred on to a women's group led by OT based at Parkhead. Flexible appointment times can be made for patients.</p>	<p>How well information on gender is being collected and analysed should be reviewed. Staff ratio sometimes does not allow for client matching due to low numbers of male nurses. There is no separate gender based work within the service, for example men or women's group work. The need for this should be reviewed on an ongoing basis.</p>
Ethnicity	<p>Assessment paperwork from Mental Health Partnership captures information on Ethnicity. Staff are able to access interpreters and are aware of Black and Minority Ethnic (BME) Interpreting protocols. Issues are routinely discussed at team meetings and equality training covering ethnicity has been requested. Flexible appointment times can be made for</p>	<p>Service uptake is low from BME groups including asylum seekers and refugees despite being in catchment area. This is a Tier 4 service and the diversity of referrals is dependant on the referrals received across the wider service. There is currently no translated information about the service.</p>

	<p>patients Advocacy services for patients can be organised Issues re discrimination can be recorded via staff supervision, staff meetings, Incident Reporting 1 (IR1) patients notes and care plans</p>	
<p>Disability</p>	<p>Assessment paperwork from Mental Health Partnership captures information on Disability. There is a lift which enables access to level 2 where the service is based. The building is a new build and complies with the Disability Discrimination Act (DDA). There is an accessible toilet in the building There are no steps leading to entrance of the building/ no physical barriers. Service is aware of contacting British Sign Language (BSL) interpreters if required There is a proposed SMS message system to alert people of appointments. Advocacy services for patients can be organised Dependant on assessed need patients can sometimes use private taxis to access to</p>	<p>The different types of Disability that are being captured and the recording of this information should be reviewed . There is no loop system, the need for this should be reviewed. There is a lack of signage within the unit which would assist patients to orientate themselves within the building, There is no member of staff trained on BSL Access to the service is located off the main road and there are potential issues with access to the venue however staff would be able to assist people in and out the building if necessary.</p>

	venue. Taxis provided by GAS account. This would be in relation to physical or mental health.	
Sexual Orientation	Identified through nursing assessment. Patients can be referred on to specialist services for support if required.	At the time of assessment staff had not accessed specific equality training covering sexual orientation.
Religion and belief	Service is able to access spiritual care services	There are no facilities for ablution within the building, although chaplaincy services are available in the Stobhill complex. At the time of assessment staff had not accessed specific equality training covering religion and belief.
Age (Children/Young People/Older People)	Assessment paperwork from Mental Health Partnership captures information on Age There is no upper age limit on service. The service is open to all age groups. Flexible appointment times can be made for patients Advocacy services for patients can be organised	At the time of assessment staff had not accessed specific equality training covering Age. Access to the service is located off the main road and there are potential issues with access to the venue.

<p>Social Class/ Socio-Economic Status</p>	<p>Travel Expenses are reimbursed for patients who access the service. Flexible appointment times can be made for patients Advocacy services for patients can be organised</p>	<p>At the time of assessment staff had not accessed specific equality training covering social Class/ Socio economic status Access to the service is located off the main road and there are potential issues with access to the venue</p>
<p><i>Additional marginalisation</i></p>	<p>Flexible appointment times can be made for patients Advocacy services for patients can be organised</p>	<p>Additional specialist leaflets are required about the service for people who have poor literacy. This is a Tier 4 service and the diversity of referrals is dependant on the referrals received across the wider service. There hasn't been any specific training on equality issues for staff. The ward manger would be keen to access this for staff within the service. Sometimes the service doesn't receive baseline information about service users from Community Addiction Team (CAT), therefore service needs to undertake a mental health assessment as part of the referral process.</p>

Actions	Date for completion	Who is responsible?(initials)
<p>Cross Cutting Actions</p> <p>Need to clarify what diversity information is being recorded for service users so this can be linked to the future evaluation of the equality impact of the Tidal Model.</p> <p>A wider accessibility review needs to be conducted (buzzer access, transport, other accessibility issues)</p> <p>As part of a wider focus within Glasgow Addiction Services the access of this service by individuals from different equality groups should be reviewed.</p> <p>Actions should be taken to seek a wider range of referrals into the service if and where this is identified as currently under represented.</p>	2010	Ward manager/Equalities manager
<p>Specific Actions</p> <p>Equalities Training to be arranged for staff . Basic training to include appropriate language, understanding of the needs of asylum seekers and</p>	May 2010	Ward Manager/Equalities Manager

refugees. Issues of literacy/ disability/ lack of visual aids need to be taken into account for service users using the Tidal Model. Explore how these issues can be overcome. Need to undertake steps to support completion of equality and diversity baseline Mental Health Paperwork by Community Addiction Teams (CAT's) Investigate low uptake of service from minority ethnic groups		
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Ongoing 6 Monthly Review Please write your 6 monthly EQIA review date:

May 2010

Lead Reviewer: Name: Emily Moffat
Sign Off: Job Title Ward Manager
Signature
Date:04/04/09

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.