

**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 Greater Glasgow and Clyde, Heart Failure Service, Emergency Care & Medical 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 NHS Greater Glasgow & Clyde Heart Failure Service is provided by a team of Heart Failure Clinical Nurse specialists from eight major hospitals. The service works in conjunction with GP's, Cardiologists and other Health Professionals to assist and support patients to manage their Chronic heart failure condition following discharge from hospital. Heart failure is a structural or functional impairment that limits the heart to work effectively and provide blood flow to the body and organs. This service provides clinic appointments, home visits to the patient, telephone calls with the patient, monitoring medication and other aspects of health aiming to enhance the patient's quality of life.

Who is the lead reviewer and where based?

Con Gillespie, LN Clinical Improvement & Development, Emergency Care & Medical Services Directorate, Victoria Infirmary

**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):**

Heart Failure Clinical Nurse Specialist x 6, Heart Failure Secretary, Heart Failure Liaison Nurse for the Community, Lead Clinical Nurse Specialist, Lead Nurse, Inequalities Facilitator, Quality Co-ordinator

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
Gender	<ul style="list-style-type: none"> • Gender is record in database. Analysis is undertaken every 3 months and an annual report includes mean/median of age. • Requests for same sex staff will be accomodated where possible by accessing other colleagues. If difficulties are encountered then staff involve the GP and/or District Nurse e.g. to check bloods. 	<ul style="list-style-type: none"> • No other demographics are used in standard reporting template but this can be updated. • Transgender not recorded in database. • The database is dependent on linkage to other database systems e.g. SCI gateway, patient Management System. • Staff would not be confident to ask about Gender Based Violence. However, observations could be confusing as anti-platelet drugs can make bruising happen more easily. It would be equally difficult to identify with the elderly housebound.
Ethnicity	<ul style="list-style-type: none"> • Ethnicity of patients recorded. • Interpreting resources have been received and guide staff on who to contact for interpreting. • Additional appointment times are allocated for patients with communication support; e. g. patients whose first language in not English • Staff can access translated information from the British Heart Foundation. 	<ul style="list-style-type: none"> • Ethnicity data is not analysed. • Not all staff using interpreters when patients' first language is not English.
Disability	<ul style="list-style-type: none"> • Interpreting resources available and been beneficial regarding the number of agencies available for communication support. • Clinics that are located upstairs all have lift access with audible floor announcer. • Accessible toilets are available in clinic areas. • Additional appointment times are allocated for patients with a learning disability. 	<ul style="list-style-type: none"> • Disability data is not recorded or analysed for service's planning and delivery. • Staff unaware of any loop systems

	<ul style="list-style-type: none"> • Staff can request available mobile services such as opticians for example opticians to attend patients home regarding eyesight difficulties. • Staff can access large print versions of information from the British Heart Foundation. 	<p>to aid communication.</p> <ul style="list-style-type: none"> • Some patient clinics do not have a mixture of chairs in heights or with or without arms. • Staff unsure if there was any audio versions of information available from British Heart Foundation.
Sexual Orientation	<ul style="list-style-type: none"> • Staff aware of the importance of the use of appropriate terminology i.e. partner and not husband or wife. • Staff can signpost patients on to other agencies for advice as appropriate. • Staff aware that the Bullying and Harassment policy encompasses dealing with Homophobic attitudes which has encouraged staff to challenge patients' situations that are not acceptable. 	<ul style="list-style-type: none"> • Sexual Orientation data is not recorded.
Religion and belief	<ul style="list-style-type: none"> • Staff can provide alternative appointments for those who do not wish to attend on a religious festival. • Religion and Belief data is recorded. • Staff are aware of how to refer to chaplaincy services if required and where the nearest chaplaincies centre within the hospital. • Staff have received helpful information regarding fasting and Ramadan. • Staff also aware of the importance of Religion and Belief for those patients who are nearing the end of their life. They also respect that the extended family may also be involved at this time. 	<ul style="list-style-type: none"> • Staff have no access to Religious support material e.g. Faith and Belief Communities Manual. Religion and Belief data is not analysed at present.
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • Age is recorded. • Heart failure can affect all ages although the service is dominated by the older population 	<ul style="list-style-type: none"> • Age data is not analysed in 3 monthly reports or annual report,
Social Class/ Socio-Economic Status	<ul style="list-style-type: none"> • Staff can refer patients to the cash office to claim their travelling expenses. • Staff can be involved in writing supporting letters; e. g. for home adaptations for patients. 	<ul style="list-style-type: none"> • No negative issues identified

	<ul style="list-style-type: none"> • Staff are aware of their own catchment areas and how this may impact on Social class/Socio-Economic status. Communication skills are important and require being appropriate. • Staff can signpost and refer patients to other Services; e.g. Smoking Cessation. 	
Additional marginalisation	<ul style="list-style-type: none"> • The individual assessment and management planned for a patient would identify and include dealing with any identified addictions. • Staff have not encountered any difficulties with patients from the travelling communities. 	<ul style="list-style-type: none"> • No negative issues identified
All	<ul style="list-style-type: none"> • All patients are individually assessed and any specific needs will be logged on the patient's care plan. Also any relevant information not gained at referral stage would be identified at this assessment. • Communication is paramount for this complex condition therefore staff speak to the level of the patients understanding. Staff always initially ask the patients what they have been told and what do they know about their condition. The timing of information is also very important. • Complaints from patients have often been misunderstandings; these are chatted through until resolved. Staff would record the complaints in their own database and can record to GP if required. • Models of hearts, pacemakers etc are available to assist patient understanding. • Staff can signpost Carers to others for advice on benefits. • Every patient gets a 'My Heart' booklet. This includes websites for more information. • A pilot is underway of 'Telehealth;' which is an alternative means of communication. • The Education programmes give opportunities for patients and carers to give feedback i.e. what was liked or disliked. • Feedback is then discussed at team meetings. Patient feedback is also in the form of thank you cards. These are photocopied and sent to Lead Clinical Nurse. • Patient and Carer Forums are being set up. This will include a magazine for patients and information specific to Scotland. 	

	Not all staff have been trained in Palliative Care's Advanced Communication Course. A phased approach is underway to ensure all staff get this training for dealing with end of life sensitivities.	
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Actions	Date for completion	Who is responsible?(initials)
Cross Cutting Actions:		
• Review recording of equality and diversity data to ensure analysing and monitoring of such data can happen.	May 2010	CG
• Review electronic referral systems to ensure more accurate information is available from SCI gateway.	May 2010	JC
Specific Actions:		
• Share Gender Based Violence plan with staff and ascertain any needs	May 2010	CG / JC
• Ensure all staff access interpreting services when a patient's first language is not English and key medical information is being shared	May 2010	JC
• Purchase portable loop systems that can be used in the clinics or patient's own home	May 2010	JC (Liaise with FM)
• Raising with outpatients' managers the need for a variety of chairs (different heights with and without arm and head rests).	May 2010	JC
• Check if audio versions of information are available from the British Heart Foundation	May 2010	JC
• Ensure staff have access to the Faith and Belief Communities manual or other appropriate resources	May 2010	JC (Liaise with NMcl)
• Check if MCN is reviewing their 'My Heart' booklet for the contact information that is out of date.	May 2010	JC

Ongoing 6 Monthly Reviews

Please write your 6 monthly EQIA review date:

August 2010

Lead Reviewer: **Name:** Con Gillespie
Sign Off: **Job Title:** LN Clinical Improvement & Development, Emergency Care & Medical Services Directorate

Signature: 
Date: 17/03/10

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