

**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:

Meticillen Resistant Staphylococcus Aureus (MRSA) Screening Project

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).

In 2008, a recommendation was made to the Scottish Government Health Directorate (SGHD) by Health Protection Scotland (HPS) that all patients being admitted in acute areas within the National Health Service (NHS) were screened for Meticillen Resistant Staphylococcus Aureus (MRSA). As part of these recommendations NHS Greater Glasgow and Clyde has established a Steering Group and MRSA Screening Project Team. All patients who are having surgery will have to be swabbed for MRSA. This is carried out at Pre-Assessment appointments and involves a nasal swab. The results are know within 48 hours and if it is positive, patients are called back for treatment (known as decolonisation). This can include Clinisan Body Wash and Bactroban Nasal Cream.

There is a phased approach to MRSA Screening Project:

- Royal Alexander Hospital - September 2009
- Gartnavel General Hospital, Western Infirmary and Vale of Leven – October 2009
- Stobhill Hospital and Glasgow Royal Infirmary - November 09.
- Victoria Infirmary, Southern General Hospital and Inverclyde Royal Hospital - December 09.

Who is the lead reviewer and where based?

Shona Meldrum, Clinical Implementation Lead, MRSA Screening Project, Western 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):

Lead Nurse for Preoperative Assessment Service, Stobhill Hospital; Sister, General Out-patient Department, Southern General Hospital; Sister, Preoperative Assessment Service, Glasgow Royal Infirmary; Infection Control Nurse, Glasgow Royal Infirmary; Clinical Implementation Support; MRSA Screening Project, Western Infirmary; Clinical Implementation Lead, MRSA Screening Project, Western Infirmary; Quality Co-ordinator; Equality and Diversity Assistant. Patient Representative. (Public Partner, Argyll and Bute)

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
Gender	<ul style="list-style-type: none"> • Gender data is recorded. • Staff would try to accommodate patient requests for same sex health professionals. • For transgender patients, staff would ask how they wish to be addressed. • The majority of patients are swabbed through the nose. This takes place in private rooms. There are also screens to help maintain privacy. 	<ul style="list-style-type: none"> • Although gender is recorded it is not routinely analysed. (Project only started in September 2009). • Staff were unaware of NHS Greater Glasgow and Clyde's Gender Based Violence Plan, although staff do have an awareness of domestic violence issues.
Ethnicity	<ul style="list-style-type: none"> • Staff were aware of how to book interpreters for patients whose first language isn't English. If an interpreter is used this is documented in the case notes. This is also documented in the electronic Pre-Operative Assessment Form. • If an interpreter is required, at the time of the MRSA swab, staff would make arrangements in the presence of the interpreter about how to contact the patient if the result is positive. (Usually it's a telephone call but staff can make alternative arrangements with the patient when the interpreter is present). • Information about MRSA is available in 9 different languages from the Health Protection Scotland website. 	<ul style="list-style-type: none"> • Ethnicity data is not always captured. This depends on the information given as part of the referral process which can be a letter, phone call or email.
Disability	<ul style="list-style-type: none"> • Information about MRSA is available in an audio format. • Information about MRSA is available in a video (windows media format which is available on the Staffnet site and from Health Protection Scotland website). This video also has a version with subtitles. • Information about MRSA is also available in Braille upon request. 	<ul style="list-style-type: none"> • Disability data is not always captured. This depends on the information given as part of the referral process which can be a letter, phone call or email. • Although information is available in other formats, patients cannot access this through NHS Greater Glasgow and Clyde's website. (It is accessible through

	<ul style="list-style-type: none"> • An easy read version 'About MRSA Screening' is also available for patients who have learning disabilities. • Each site has disabled parking spaces available. • Each site has a drop off point facility. • There are disabled toilets available. • There is sufficient space to accommodate wheelchairs and people with walking frames. • Staff are aware of how to book a sign language interpreter. • Some sites have access to text phones for patients who are deaf. This would be documented in the case notes. • If an interpreter is required, at the time of the MRSA swab, staff would make arrangements about how to contact the patient if the result is positive. (Usually it's a telephone call but staff can make alternative arrangements with the patient when the interpreter is present). • All sites could accommodate patients with guide dogs. • If patient has a companion with them, staff would ask the patients if they have any objections to that person being present. • If an advocate was present with the patient this would be documented in the case notes. • If patients had difficulty in understanding the MRSA swab process, staff would be willing to give practical demonstrations. 	<p>Health Protection Scotland's website. This website is included in the patient information leaflet.)</p> <ul style="list-style-type: none"> • Staff were unsure if the patient information leaflets regarding treatment (decolonisation) were visually friendly. • Staff were unsure if the web based information was visually friendly. • Not all sites have access to textphones and staff were unaware of BT text direct.
Sexual Orientation	<ul style="list-style-type: none"> • Staff were aware of the importance of using appropriate terminology. 	<ul style="list-style-type: none"> • No negative impact identified.
Religion and belief	<ul style="list-style-type: none"> • All staff had access to either Religions and Cultures Manual or the Multi-Faith Resource for Staff. • Staff were aware of the importance of the 5k's to Sikh 	<ul style="list-style-type: none"> • No negative impact identified.

	<p>patients.</p> <ul style="list-style-type: none"> • Staff were aware of the courses provided by the Chaplaincy Department on Spiritual Care. • Staff would try to offer flexible appointments to accommodate religious festivals. • If any patients had any concerns about what the treatment contains then staff could obtain a composition list from Pharmacy. 	
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • The patient's date of birth is recorded. • Patients tend to be older. • If a patient brought a child with them to the appointment, staff would try to accommodate this. 	<ul style="list-style-type: none"> • Although age data is recorded it is not routinely collated. (Project only started in September 2009).
Social Class/Socio-Economic Status	<ul style="list-style-type: none"> • If patients are entitled to reclaim their travelling expenses, staff can advise them how to do so. • Staff would be able to signpost patients to Social Work Services if required. 	<ul style="list-style-type: none"> • For patients travelling from other health boards, who require a ferry, the distance of the ferry is not included in the expenses.

<p>Additional marginalisation</p>	<ul style="list-style-type: none"> • Staff could signpost patients to appropriate Departments. For example, Smoking Cessation; Weight Management; Addiction teams. • For patients with drug addictions, staff would liaise with their drug worker if necessary. • For patients in the criminal justice system, staff would arrange for them to be seen immediately to avoid sitting in the waiting area. • For patients living in other health boards, the MRSA Project Team are exploring the possibility of GP practices undertaking MRSA swabs. 	<ul style="list-style-type: none"> • For patients living in other health board areas, who need to come to Glasgow and Clyde for treatment, they need to travel to Glasgow for the screening. If they don't, when the patient is admitted they are treated as having a positive result and are therefore would be put in a single room.
<p>All</p>	<ul style="list-style-type: none"> • Some staff have access equality and diversity training as part of their Professional Development Plan (PDP). This has also included the on-line courses • For patients who test positive, and are unable to come back to the hospital for treatment, staff can arrange to send the treatment through the post with clear instructions. 	<ul style="list-style-type: none"> • No negative impact identified.

Actions	Date for completion	Who is responsible? (initials)
Cross Cutting Actions		
<p>Specific Actions</p> <ul style="list-style-type: none"> • Investigate how to capture equality and diversity data. • Circulate NHS Greater Glasgow and Clyde's Gender Based Violence Plan to staff for information. • Investigate the possibility of having the patient information leaflets on NHS Greater Glasgow and Clyde's website rather than just on the intranet. 	<p>June 2010</p> <p>Completed March 2010</p> <p>Ongoing June 2010</p>	<p>S.M.</p> <p>SM</p> <p>SM</p>

<ul style="list-style-type: none"> • Clarify if the treatment leaflets (decolonisation) and website information are visually friendly. 	Ongoing June 2010	SM
<ul style="list-style-type: none"> • Obtain copies of the Draft NHS Greater Glasgow and Clyde Accessible Information Guidelines. 	Draft Obtained March 2010	SM
<ul style="list-style-type: none"> • Circulate information about BT text direct to staff for information. 	Completed March 2010	SM
<ul style="list-style-type: none"> • Clarify if patients from other Health Boards are entitled to claim the ferry distance. 	Ongoing June 2010	SM
<ul style="list-style-type: none"> • Investigate with other Health Boards the possibility of patients being swabbed within their own area. 	Ongoing June 2010	SM

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

JUNE 2010

Lead Reviewer: Name: Shona Meldrum
Sign Off: Job Title clinical lead implementation nurse
Signature Shona Meldrum
Date:25.3.10

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.