

**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:

Orthotic Service, Gartnavel General Hospital, Rehabilitation and Assessment 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).

Orthotics is the design and fitting of devices which are worn on the body to reduce or prevent deformity; provide support, relieve pain and facilitate movement.

The devices (orthoses) which are fitted by the orthotist cover a wide range of products including collars to support the neck, spinal supports, splints, belts, corsets, leg callipers and splints and special footwear.

Referrals are made from GP's; Consultant's; Allied Health Professionals (e.g. Physiotherapist; Occupational Therapist) and self referral.

Who is the lead reviewer and where based?

Chris Rowley, Orthotics Clinical Lead, Glasgow Royal 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):**

Orthotics Clinical Lead; Administrative Lead; Administration Supervisor; Administrator; Technician; Orthotist x 2; Lead Technician; Orthotist Deputy Manager; Quality Co-ordinator; Equality and Diversity Assistant.

Two patient representatives were, at short notice, not able to attend the EQIA but were asked several questions at another meeting

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
<p>All</p>	<ul style="list-style-type: none"> • There are curtains around the examination couches for privacy. (Some patients may have to undress). • All patients are individually assessed and a care plan developed. This will include recording any specific needs e.g. a more flexible appointment time, communication needs, carer required to be involved. • The specialised scanner has a stair lift for all patients to use. • Patient views are that staff always describe actions/treatment in away the patient can understand • Patient views are that the staff give sufficient time at appointments for patients to ask questions and that they are good listeners • Patients commented that staff take on board any comments about the service 	<ul style="list-style-type: none"> • All staff have not attended equality and diversity training. • The service is a long way from the main hospital entrance. Many patients are elderly and or have mobility problems. Patient’s comments reiterated the long distance and especially when mobility is difficult. They would like’ to see the service near the front door’. • The service is located on the lower ground floor. In winter the patient’s waiting areas is particularly cold. • The patient waiting area can extend into part of the corridor. • The consultation room accommodates 4 examination couches but does not offer any auditory privacy for discussion between the patient and staff as other patients may occupy the other examination couches. • Staff have had complaints from patients about the poor lighting in the corridor. This issue has been raised with the Facilities Department. • Patient’s views on the consultation room were ‘that things are a bit cramped/squeezed in’. • There is no departmental signage. • There are no patient’s gowns readily available for those patients who have to undress. • A specialised scanner requires relocation. • Patients commented that there is only one telephone number that they can call and this

		can sometimes be engaged. The phone line offers two options Option 1 to confirm your appointment, Option 2 to speak to a member of staff.
Gender	<ul style="list-style-type: none"> • Gender data is recorded in the patient information database. • Staff would try to accommodate requests for same sex health professionals and chaperoning is available. • For any issues regarding domestic violence, staff would liaise with their line manager for advice. • For transgender patients, staff are aware of the importance of having the correct name of the patient in the patient information database. 	<ul style="list-style-type: none"> • No negative impact identified.
Ethnicity	<ul style="list-style-type: none"> • Staff are aware of how to organise interpreters for patient appointments. If an interpreter is used this is documented in the patient information database (SID). 	<ul style="list-style-type: none"> • At present, ethnicity data is not recorded in the patient information database. • Patient information is not available in other languages (to date there have been no requests for this). • Staff do not have copies of NHS Greater Glasgow and Clyde's interpreting policy and procedures or the booking system for interpreters
Disability	<ul style="list-style-type: none"> • There is a drop off point outside the main entrance of the hospital. • There are wheelchairs available at the main entrance. • A disabled toilet is located next to the consultation rooms. • Staff are aware of how to book sign language interpreters and this is documented in the patient information database (SID). • The scanner has a stair lift for people with mobility 	<ul style="list-style-type: none"> • The service is located on the lower ground floor of Gartnavel General Hospital which is only accessible by using the lift or stairs. (Not suitable for people with mobility issues). • There are disabled car parking spaces available but staff felt these are abused with cars parked which do not display badges. Patient indicated that they have been 'as early as 8am' to try and get a disabled

	<p>issues.</p> <ul style="list-style-type: none"> • Staff aware of the Text Relay Service and how to access it. • Staff have attended training for Adults with Incapacity. • Information can be provided in larger print upon request. • Staff can accommodate the patient and their carers, and where appropriate will liaise with the carers. • Staff can give demonstrations to help aid understanding. • Patients with learning disabilities are accommodated via the individual assessment and care plan. • Patients feel staff accommodate patient emergencies well, e.g. pin of calliper breaking 	<p>space and these are all occupied 'possibly by nightshift due to their vacation some time after this'.</p> <ul style="list-style-type: none"> • The disabled toilet is not always accessible. • It is difficult to accommodate wheelchair users in the waiting area. They have to wait in another part of the corridor or be located in the consultation room that has the 4 examination couches. • Staff have been unable to access sensory impairment classes as these were fully booked. • The service does not have access to a portable loop system for patients who are hard of hearing or deaf. • Although patient transport can be arranged there have been issues such as the Scottish Ambulance Service cancelling at short notice; having to wait one month for a 2 man ambulance – this is recorded and documented in the service's report. • Patient information is not available in other formats • A patient identified that their clinical assessment had not recognised all their individual need for their lifestyle. • One patients experience highlighted that some repairs were not adequate and these should be checked for accuracy before being uplifted by the patient.
<p>Sexual Orientation</p>	<ul style="list-style-type: none"> • Staff are aware of the Civil Partnership Act and the importance of using appropriate terminology. 	<ul style="list-style-type: none"> • No negative impact identified.
<p>Religion and belief</p>	<ul style="list-style-type: none"> • Staff can signpost patients who wish to pray to the Multi-Faith room on the ground floor. 	<ul style="list-style-type: none"> • No negative impact identified.

	<ul style="list-style-type: none"> • Staff can offer flexible appointments to accommodate religious festivals. • If staff have any questions about a particular religion or belief they can access support via the intranet. 	
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • Age is recorded in the patient information database. • All staff have attended Child Protection Training. • Patients who attend Yorkhill Hospital are transferred to adult services when they are 16. However, there can be younger patients accessing the service. For example, if they are 14 when first referred to the service. • A one stop clinic is available for people who have problems attending due to work commitments. 	<ul style="list-style-type: none"> • No negative impact identified.
Social Class/Socio-Economic Status	<ul style="list-style-type: none"> • Travelling expenses can be reimbursed. • Staff can provide evidence of the patient's disability to help them claim benefits. • Staff can signpost patients to other agencies for advice and support. 	<ul style="list-style-type: none"> • No negative impact identified.
Additional marginalisation	<ul style="list-style-type: none"> • For people with literacy issues, staff will provide information in a verbal format. • There is a protocol in place for dealing with patients in the criminal justice system. • No issues have been encountered with patients from travelling communities. • There have been no issues encountered with patients who may have addictions. 	<ul style="list-style-type: none"> • No negative impact identified.

Actions	Date for completion	Who is responsible?(initials)
<p>Cross Cutting Actions</p> <ul style="list-style-type: none"> Review the location of this patient service, this may require re-location of the clinical and scanning areas. The review needs to include signage, lighting, waiting area and its general accessibility. It also needs to address confidentiality issues. Develop the existing patient information database to ensure all strands of diversity can be recorded and analysed regularly for the planning of services. Discuss with Laundry Services the possibility of having blankets or sheets for patients to use when undressed Provide Paper gowns to patients as required Review clinical assessment process to ensure patient needs are accommodated Review process to ensure repairs are checked Review the telephone lines available for patients to call Investigate the reason why the disabled toilet is inaccessible 	<p>August 2011</p> <p>October 2010</p> <p>December 2010</p> <p>September 2010</p> <p>September 2010</p> <p>October 2010 September 2010 November 2010 September</p>	<p>JA*</p> <p>CPR</p> <p>CPR</p> <p>CPR</p> <p>IM**</p> <p>CPR CPR IM LL***</p>
<p>Specific Actions</p> <ul style="list-style-type: none"> Circulate information about equality and diversity courses to staff for information. Ensure equality and diversity training is undertaken by staff and included in their eksf pdps Ensure patient information is available in other formats upon request. Circulate copies of NHS Greater Glasgow and Clyde's Interpreting Policy and booking system poster. Discuss car parking issues with the Facilities Department. Investigate the possibility of purchasing a portable loop system. Continue to monitor patient transport issues and ensure these are escalated to the Scottish Ambulance Service on a monthly basis... 	<p>September 10 July 2011</p> <p>March 2011</p> <p>September 2010</p> <p>September 2010 April 2011 October 2010</p>	<p>IM CPR</p> <p>IM</p> <p>FM</p> <p>CPR CPR IM</p>

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

April 2010

Lead Reviewer: Name: Chris Rowley
Sign Off: Job Title: Orthotics Clinical Lead/Manager
Signature:
Date: 13th September 2010

** IM Irene Martin Orthotic Admin Team Lead * JA Jean Alexander Clinical Service Manager *** Liz Larkin

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

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