

**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:

Physiotherapy Antenatal Services, Princess Royal Maternity, 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).

The Physiotherapy Antenatal services provide physiotherapy for any musculoskeletal aspects of care required for both before and after the birth. In addition, they provide antenatal classes in conjunction with midwives for mums' to be. Antenatal classes are provided in outpatient settings at Princess Royal Maternity and 5 other community settings in the east and north of Glasgow.

Who is the lead reviewer and where based?

Heather Cameron, Professional Lead for Adult Acute Physiotherapy Services, Lightburn Hospital.

**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):**

Health Education Facilitator; Physiotherapist (x2); Physiotherapy Team Lead (x2); Patient Representative (x2); Better Together Project Experience Lead; Quality Co-ordinator.

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
Gender	<ul style="list-style-type: none"> • The service is predominantly for women. Men are included in the last class of the series which is specific for mother to be and partner. There are also classes for couples or partners. • All permanent staff have been on Equality and Diversity Training. • Staff are aware of the Gender Based Violence Plan. • Staff are aware of the Domestic Abuse in Pregnancy Protocol. 	<ul style="list-style-type: none"> • No negative impact identified
Ethnicity	<ul style="list-style-type: none"> • Staff are aware of how to book interpreters. • Classes specific for non-English speaking mothers to be are currently being piloted. These classes may have several interpreters present, this being the best way to accommodate the needs of these patients and provide quality information. The same class material is used in all classes. • Patient information is available in Polish, French, Chinese, Arabic, Hindi and Punjabi. Patient information contains several diagrams to help the patient's understanding. Alternative formats are available on request. • Patients have a hand held patient record. This has sections that the patient completes e.g. ethnicity and other personal details. • Written referrals by midwives into the service has a 	<ul style="list-style-type: none"> • No negative impact identified.

	<p>section to identify any special needs e.g. having twins, doesn't speak English.</p>	
<p>Disability</p>	<ul style="list-style-type: none"> • Staff are aware of how to book communication support e.g. sign language interpreter. • Staff are also aware of, and have used the BT text direct service. • The Health Education Facilitator is involved in the 'Deaf' Working Group to develop more specific information for patients who are deaf. For example, planning is underway to develop a DVD about services and how to access them. • Staff have models available for people with visual impairments to feel, to assist their understanding of antenatal information. This would be customised at one to one sessions as opposed to a class setting. • Staff develop a care plan in pregnancy to ensure sufficient aids are available for patients coming into hospital. E.g. adjustable height cots, rails, shower seats. This care plan would also identify needs and where appropriate incorporate requesting help from Occupational Therapy, social work etc. • Each ward has a single room suitable for a disabled patient. • Patient information contains several diagrams to aid the patient's understanding. Alternative formats are available on request. • Patients have a hand held patient record. This has sections that the patient completes e.g. ethnicity and other personal details. 	<ul style="list-style-type: none"> • Although disabled car parking spaces are available in the specific car park these are not policed. • All chairs are a standard size and do not have arms to assist those with mobility issues. • There is no induction loop available in the class room or for individual appointments. • Access to lifts can be a problem. The ramp was removed from the Alexandra Parade entrance, therefore, more people are using the lifts as this is the only accessible route for patients accessing the Queen Elizabeth Building at Glasgow Royal Infirmary and the Princess Royal Maternity. Difficult to see lift buttons when lift is crowded. • Both staff and patients highlighted that signage to the Princess Royal Maternity is inadequate.

	<ul style="list-style-type: none"> • Written referrals by midwives into the service has a section to identify any special needs e.g. having twins, doesn't speak English. • There are disabled toilets located on each floor. • If patient has an advocate, then this would be recorded in the case notes. 	
Sexual Orientation	<ul style="list-style-type: none"> • Staff are aware of the Civil Partnership Act. • Staff use appropriate terminology e.g. partner rather than husband. • Due to patients choice of who can accompany them as a partner it would be rare for staff or other patients to be aware of the patient's sexual orientation. • No homophobic attitudes have been encountered. 	<ul style="list-style-type: none"> • No negative impact identified.
Religion and belief	<ul style="list-style-type: none"> • Staff have access to a multi-faith resource book. • Staff can accommodate requests for space to pray, by allocating an office, classroom, or directing to the Hospital Chapel on the 4th Floor if required. 	<ul style="list-style-type: none"> • No negative impact identified.
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • Age is restricted to child bearing years, but partners and mothers of the patient may use the service whilst providing support to the patient. • There are classes specific for teenage mums; those with children already and those expecting twins. • Although there is no crèche facilities staff get an assistant to help keep a watchful eye on any children present. 	<ul style="list-style-type: none"> • No negative impact identified.

Social Class/Socio-Economic Status	<ul style="list-style-type: none"> • Specific classes run in deprived areas of the East of the City. This includes multi-agency involvement as well as the multi-disciplinary team e.g. Money Matters being one of the agencies involved. • Staff can advise on where to claim travelling expenses. • Staff can refer to named midwife for Smoking Cessation services. 	<ul style="list-style-type: none"> • Office for expenses located in old GRI site which is a considerable distance for patients to walk.
Additional marginalisation	<ul style="list-style-type: none"> • Staff are aware that there can be patients whose partner is in prison. • The pictorial patient information and one to one discussion assist patients understanding who may have an undeclared literacy problem. • Have specialised maternity unit that deals with patients who have an addiction. Appointments are customised to meet their need and may provide more one to one support rather than classes. • Partners/carers accommodated at partners' sessions and patient feedback was that this was a beneficial session to allay and reassure any fears. 	<ul style="list-style-type: none"> • Patients who encounter problems following birth can self refer back in to the service. This may not identify all their needs until they reach the appointment stage as it is dependant on what information they have shared in the referral process.

Actions	Date for completion	Who is responsible?(initials)
Cross Cutting Actions		

Specific Actions Review and develop criteria for self referrals and allocating appointments. In conjunction with the Facilities Directorate, review the availability and usage of disabled car parking spaces Review in conjunction with the Facilities Directorate, signage to the Physiotherapy Department, Princess Royal Maternity. Consider review of where patients can claim their travelling expenses. As replacements are required, review type and style of chairs used for waiting areas. Explore the possibility of purchasing induction loops for classrooms and personal induction loops for one to one consultations.	30/06/2010	IC
	31/03/2010	JM
	30/04/2010	IC
	31/03/2010 ongoing	JM IC
	30/04/2010	JM

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

30/06/2010

Lead Reviewer: Name: Heather Cameron
Sign Off: Job Title: Physiotherapy Professional Lead
Signature:
Date: 14/01/2010

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.