

**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:

Renal Dialysis Unit, New Victoria Hospital Regional Services Directorate Acute Services Division

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).

Renal Dialysis is the cleaning of patients' blood of toxins and to remove excess fluid. Patients have dialysis 3 times per week. These being Monday, Wednesday, Friday or Tuesday, Thursday, Saturday on either a morning, afternoon or nightshift. Most patients have a regular shift, e.g. workers may do Tuesday, Thursday, Saturday nightshift. A shift equates to 4-5 hours within the unit. The majority of patients stay dressed in their own clothes for dialysis, however, some on nightshift may change in to their pyjamas. The New Victoria Hospital unit has 150 patients per week. The unit was previously at Gartnavel General Hospital until November 2009. It is one of three units within the city and there are two smaller units in the Clyde area of the organisation. Patients will be on dialysis for life or until a transplant is available depending on their medical history. The new unit also can cater for dialysis patients from the Brownlee Unit at Gartnavel who may have hepatitis or other blood borne illness. This is an adult service with the youngest patients recently being from 17-20 years.

Who is the lead reviewer and where based?

Carol McLean , Senior Charge Nurse, Renal Dialysis Unit, New Victoria 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):**

Clerical Officer, Renal Technician, Staff Nurse, Senior Charge Nurse, Haemo-dialysis Support Worker, Equalities Programme Lead, Quality Co-ordinator.
Patient Representatives unable to attend due to transport issues. Staff consulted patients to ascertain if they agreed with the findings of this assessment.

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
<p>Gender</p>	<ul style="list-style-type: none"> • All patients are asked “What do you want us to call you?”, e.g. title and surname, first name, etc • Nursing notes record age, gender, disability and religion. • Privacy for patients is greatly improved in the new unit as all dialysis stations have bed screens. The unit also has 6 single rooms. • Staff to date have not encountered a transgender patient receiving dialysis. However, they could easily be accommodated in a single room if their assessment identified this as their preference. 	<ul style="list-style-type: none"> • There is no analysis undertaken of gender data. It is estimated that half the patients are male and the other half female
<p>Ethnicity</p>	<ul style="list-style-type: none"> • Staff have received the new interpreting resources and found these helpful for arranging an interpreter and identifying the spoken language. • Staff are aware that some patients may be asylum seekers and at various different stages of their asylum claim. • Each television has ‘Freeview’ which means radio stations in a variety of languages are available. 	<ul style="list-style-type: none"> • There is no translated patient information available. • Ethnicity is not recorded. • Discussion of how to best cater for some elderly patients whose first language is not English revealed a need to improve access to interpreting services. This may include the need for a telephone interpreting service for emergency situations e.g. phraseology may not translate easily into another language without a trained interpreter.
<p>Disability</p>	<ul style="list-style-type: none"> • Nursing notes record age, gender, disability and religion. • Staff have received the new interpreting resources and found this helpful for arranging an interpreter. • There are dedicated disabled parking spaces at the rear of the hospital, which is the entrance used by Renal patients as it is less distance from the 	<ul style="list-style-type: none"> • There is no analysis of disability data undertaken • There are no chairs in waiting area of different heights. • Staff were unaware if there was an induction loop system available. • There is no patient information available in

	<p>doorway to the lifts. (These spaces are regularly policed by the car park attendants).</p> <ul style="list-style-type: none"> • Each disabled parking bay has clear signage regarding the display of disabled badge. • There is lift access to the 2nd level where the unit is located. Each lift has an audible level announcer system, a folding seat beside the control panel and tactile lit buttons. • Chairs in the waiting area are a mixture of those with and without arms. • A member of staff, in conjunction with a patient, is developing web-based information. • Staff escort visually impaired patients to their transport. • Although the unit does not have any deaf patients who use British Sign Language, they were aware that during dialysis limited conversation could take place as one arm would be occupied with the dialysis process and therefore limit signing capabilities. Staff would not leave a deaf patient unattended, e.g. provide prompt advice if the fire bell rang . • All televisions have a subtitle facility. • Each floor level is colour coded and this is reflected in the signage. 	<p>alternative formats.</p> <ul style="list-style-type: none"> • There is no text phone facility.
<p>Sexual Orientation</p>	<ul style="list-style-type: none"> • Staff are aware of the Civil Partnership Act. • All patients are asked “What do you want us to call you?” This means patients are then always addressed in the way they want. 	<ul style="list-style-type: none"> • Sexual orientation is not recorded
<p>Religion and belief</p>	<ul style="list-style-type: none"> • Staff have encountered patients who have a ‘Living Will’ that states what treatment they will or will not accept, e.g. Jehovah Witness In such cases staff regularly check the patients haemoglobin levels closely to ensure the patient doesn’t lose any blood and require a transfusion. • Staff are aware that each patient is an individual 	<ul style="list-style-type: none"> • There is no analysis of data undertaken.

	<p>and some may be more observant of their religious practices, e.g. some older patients may not fast at Ramadan but younger ones may. Also some patients may ask for a change of day within their 3 day cycle of dialysis if one of their days falls on a holy festival day. Staff can accommodate this.</p> <ul style="list-style-type: none"> • All biscuits are vegetarian. Although not been asked for special Halal or Kosher food it can be provided. Many patients don't eat during dialysis as it can affect their blood pressure. 	
<p>Age (Children/Young People/Older People)</p>	<ul style="list-style-type: none"> • Nursing notes record age, gender, disability and religion. • Older patients may require more assistance as their mobility may not be as good. • All patients are assessed for their individual need and therefore if assistance is required then it will be provided. • Within the unit wi-fi is available and final arrangements are being put in place to advise patients of this. This will mean students and others will be able to continue studies, stay abreast of work situations etc. • There are wireless phones in each room within the unit. This means patients can phone in and out if required. 	<ul style="list-style-type: none"> • There is no analysis of age data undertaken
<p>Social Class/Socio-Economic Status</p>	<ul style="list-style-type: none"> • Patients on income support/benefits can claim their travelling expenses. • Staff are aware that some patients are on low income and would offer advice and support as required. This may include a referral to Social Work as necessary e.g. for a Community Care Assessment. 	<ul style="list-style-type: none"> • Travelling expenses pay out point is in the Victoria Infirmary. • Since only two months in new location staff are not yet familiar with the location of all the appropriate Social Work offices.

<p>Additional marginalisation</p>	<ul style="list-style-type: none"> • Staff have encountered patients in the criminal justice system. This can create embarrassing moments for the patient or other patients. Within the new unit it will be easier to accommodate prisoners as one of the single rooms could be used. • Staff are unaware of any homeless patients using the service but also aware that patients may have some poor home circumstances. • Staff manage addictions as they occur. Again because all patients are individually assessed needs can be identified and then met, due to the regular routine attendance of patients on dialysis. Staff link with patients GP if required. 	
<p>All</p>	<ul style="list-style-type: none"> • All new patients are assessed individually for their needs. Any needs identified are then built into their individual care plan The new unit has appreciated the variety of sandwiches and snacks provided for their patients. • Patients who park and have no disabled badge get a specific parking permit from the unit to prevent receiving parking fines as treatment takes 4-5 hours. • Family or friends may drop patient off and come back for them. However, staff can liaise with them regarding additional information or concerns if required. • The new unit has different food options in comparison to their previous location. • All patients have individual headsets to keep noise to a minimum. This means they can watch whatever they want on TV. They were not able to do this in the previous unit. • Very few patients will attend the unit with friends 	

	<p>or family members because dialysis takes 4-5 hours. Exceptions may be patients who have a stroke, phobia or learning disability to aid with communication issues.</p> <ul style="list-style-type: none"> • Staff provide informal counselling to patients should they hear of one of their 'shift' dying. 		
Patient Comments	<p>Some patients have found the move to the new unit hard as it was a new location and new staff.</p> <p>Other patients have appreciated that they have had less transport problems getting to the unit e.g. closer to their home.</p> <p>Patients are still adjusting to the new atmosphere of the unit.</p> <p>Patients appreciate that they now have their own TV to watch as opposed to watching what the majority opted for in the previous setting.</p> <p>Patients and staff also aware that the layout of the unit and personal ear pads means the unit is much quieter.</p>		

Actions

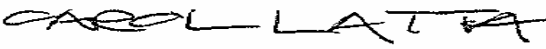
	Date for completion	Who is responsible?(initials)
<p>Cross Cutting Actions</p> <ul style="list-style-type: none"> • Review the recording of equality and diversity data to ensure regular analysis can be undertaken 	September 2010	CMcL

<p>Specific Actions</p> <ul style="list-style-type: none"> • Explore the best way to have translated patient information available and in alternative formats • Explore the best way to improve communication fro those patients whose first language is not English, e.g. consider telephone interpreting for emergency situations • Explore the possibility of procuring different height chairs for the waiting area • Investigate the availability of an induction loop • Investigate the availability of a text-phone or other method of communicating with deaf patients • Obtain religious support material, e.g. Religions and Cultures manual or multi-faith resource • Check if travelling expenses can be claimed in the new hospital • Develop a list of social work offices for the Victoria catchment area 	<p>September 2010</p> <p>September 2010</p> <p>September 2010</p> <p>September 2010</p> <p>September 2010</p> <p>September 2010</p>	<p>CMcL</p> <p>CMcL</p> <p>CMcL</p> <p>CMcL</p> <p>CMcL</p> <p>CMcL</p>

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

September 2010

Lead Reviewer: Name:
Sign Off: Job Title Senior Charge Nurse

Signature 
Date: 1st May 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.