

**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:

Rheumatology Day Unit, Glasgow Royal Infirmary, Emergency Care and Medical Services.

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 Rheumatology Day Unit provides a variety of services such as assessment, treatment infusions; physiotherapy; occupational therapy and support and advice.

The service treats a variety of conditions including: Rheumatoid Arthritis; Inflammatory Arthritis; Raynauds Phenomenon; Systemic Sclerosis etc.

Referrals for the Rheumatology Day Unit are made via Consultants; GP's and other Allied Health Professionals such as Physiotherapists; Occupational Therapists and Podiatrists. Patients can also self refer by telephoning the advice line.

This service is staffed by Nurse Specialists; Staff Nurses; Clinical Support Worker; Physiotherapists and administrative staff. The service is led by Specialist Nursing Staff and Physiotherapists with medical input as and when required.

Who is the lead reviewer and where based?

Moira McDonald, Lead Rheumatology Nurse Specialist, 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):**

Ward Clerk; Clinical Nurse Specialist x 2; Physiotherapist; Consultant; Lead Nurse; Patient Representative; Quality Co-ordinator; Equality and Diversity Assistant.

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
All	<ul style="list-style-type: none"> • Staff have accessed NHS Greater Glasgow and Clyde's on-line Equality and Diversity course. • All patients are assessed to check that they are suitable to attend the Rheumatology Day Unit (depends on their health status).. • There are screens available to maintain patient's privacy. • The windows all have curtains. • The ultrasound room has an engaged sign on the door. • Hospital gowns are available if patients need to change. • The department conducted a telephone audit regarding folic acid. However, this prompted other issues which led to the Early Bird Clinic being established. This is an early morning clinic for patients who work to avoid them having to take time off work. It is available 1-2 days per week and allows patients to have their bloods checked etc. 	<ul style="list-style-type: none"> • There can be a lack of privacy to ask personal questions. • The signage is out of date and there are no signs for the Rheumatology Day Unit at the Centre Block.
Gender	<ul style="list-style-type: none"> • The patient information system records gender data. • Staff will try to accommodate requests for same sex health professionals. • Chaperoning is also available. • Staff have an awareness of domestic violence issues. • For transgender patients, staff would ask how they wish to be addressed. 	<ul style="list-style-type: none"> • Gender data is not routinely analysed.

<p>Ethnicity</p>	<ul style="list-style-type: none"> • The referral letter indicates if the patient requires an interpreter. • There is a protocol in place for booking and cancelling interpreters. • When booking an interpreter, staff allow extra time for the appointment and delays. • Staff can access information in other languages through external organisations e.g. Arthritis Care. 	<ul style="list-style-type: none"> • Ethnicity data is not routinely collected.
<p>Disability</p>	<ul style="list-style-type: none"> • There is a drop off point outside the main entrance. • The department is based on the ground floor. • The department is wheelchair accessible i.e. doors are wide enough for a wheelchair. • An accessible toilet is available in the department. • The chairs in the department have raisers and are height adjustable. • The department can accommodate walking aids. • There is a protocol in place for booking Sign Language interpreters and other forms of communication support. • For patients receiving infusions, staff would ask which arm they would prefer to use. • There are flashing fire alarms to alert patients who are deaf or hard of hearing. • Staff are aware of the Text Relay Service for patients who are deaf or hard of hearing. • For patients with learning disabilities: staff are aware that there are various types of learning disabilities; staff will take the time to make sure that the patient understands the 	<ul style="list-style-type: none"> • There have been issues about the number of disabled car parking spaces. • The department does not have a loop system for patients who are hard of hearing or deaf. • Information is not available in other formats. • Issues were identified with the patient transport service. The hospital transport does not always arrive on time which can be frustrating for patients. If the hospital transport is over their quota, a patient's appointment may be cancelled. Staff have to ask patients if they are receiving Disability Living Allowance, as this means they are not entitled to patient transport. (Scottish Ambulance Service criteria).

	<p>condition and treatments; there can be more regular appointments to make sure that they are coping; where appropriate staff will liaise with the carers or guardians.</p> <ul style="list-style-type: none"> • The department are looking at incorporating pictures of the medication into the patient information leaflets to help aid patient's understanding. 	
Sexual Orientation	<ul style="list-style-type: none"> • Staff are aware of the Civil Partnership Act. • Staff are 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"> • Staff are aware of NHS Greater Glasgow and Clyde's Kirpan Policy. • Staff have an awareness of religious festivals, and if necessary appointments can be re-arranged to accommodate these. • If a patient had a query about the ingredients of a particular medication, staff could consult with the Pharmacy Department for advice. 	<ul style="list-style-type: none"> • The department does not have access to an up to date religions and cultures manual.
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • The patient information system records date of birth. • The service is for patients aged 16 and over. • For patients transferring from Yorkhill Hospital to adult services, an appointment can be arranged for the consultant to introduce themselves. 	<ul style="list-style-type: none"> • No negative impact identified.
Social Class/Socio-Economic	<ul style="list-style-type: none"> • Financial concerns can be a huge worry for 	<ul style="list-style-type: none"> • No negative impact identified.

Status	patients with long term conditions, which can affect their health. Therefore, staff can signpost patients to other agencies for advice, e.g. benefit agencies, social work departments etc.	
Additional marginalisation	<ul style="list-style-type: none"> • Staff are aware that some patients may have literacy issues, and that they have different coping strategies. In these circumstances, staff may read the information leaflet to the patients or verbally go through the information. • There were no issues identified with patients from travelling communities. A follow up appointment may be arranged before the patient moves on. • For patients with addictions, staff would only treat the rheumatology condition. • There is a protocol in place for dealing with people in the criminal justice system. 	<ul style="list-style-type: none"> • No negative impact identified.

Actions	Date for completion	Who is responsible?(initials)
Cross Cutting Actions <ul style="list-style-type: none"> • Investigate how to record equality and diversity data for analysis. • Review the signage to the Rheumatology Day Unit. 	April 2011 April 2011	CG MMcD, N McF
Specific Actions <ul style="list-style-type: none"> • Review area and process to ensure privacy to ask questions. 	April 2011	MMcD


<ul style="list-style-type: none"> • Consult with the Facilities Department regarding the number of disabled car parking spaces. • Investigate the possibility of accessing a loop system for patients who are hard of hearing or deaf. • Review patient information. • Review Issues with the Scottish Ambulance Service and consider displaying information about their criteria in patient areas. • Obtain copies of Faith and Belief Communities Manual. 	April 2011	MMcD, NMcF, WH
	April 2011	MMcD, CG
	April 2011	MMcD
	April 2011	MMcD, NMcF
	April 2011	MMcD, NMcl

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

29th April 2011

Lead Reviewer: Name: Con Gillespie

Sign Off: Job Title LN Clinical Improvement & Development

Signature 

Date: 05/11/10

Please email copy of the completed EQIA form to Jacqueline.Russell@ggc.scot.nhs.uk

Jacqueline Russell, Corporate Inequalities Team, NHS Greater Glasgow and Clyde, Gartnavel Royal Hospital, 1053 Great Western Road, Glasgow, G12 0YN. Tel: 0141 201 4560.