

**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:

Scottish National Sacral Nerve Stimulation, Surgical and Anaesthetics 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).

In agreement with the National Services Division, the Sacral Nerve Stimulation (SNS) Service for Urinary Dysfunction became a National Service for Scotland on the first of April 2010. The objective of the service is to provide a comprehensive SNS service for urinary dysfunction for the population of Scotland. The service is currently based in The New Victoria Hospital.

The SNS team consists of: 2 Consultant Urologists, Principal Physicist, Clinical Nurse Specialist and Secretary

The service involves, reviewing, assessing and treating urinary dysfunction and current funding is for 45 test stimulations and 16 implants per year

Sacral Nerve Stimulation (SNS) is a technique using mild electrical stimulation of the sacral nerves via an implantable system to modulate the control of bladder filling and emptying. This is a service for patients who have failed to respond to other therapies.

The procedure is conducted in two separate phases; test stimulation and permanent implantation. Patients who are referred to the service will undergo an initial assessment and investigation, following which a decision will be made whether or not the patient is suitable for a percutaneous test stimulation procedure. This is a minimally invasive procedure as opposed to major surgery.

Referrals come from Consultant Urologists and Urogynaecologists throughout Scotland.

Who is the lead reviewer and where based?

Lisa McQueen, Urology Nurse Specialist, Southern General 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):**

Urology Nurse Specialist; Consultant; Clinical Scientist, Urology; 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"> • All consultation rooms have curtains to maintain patient’s privacy. • Patients do not usually have to undress; if they do gowns can be provided. • Staff would ask patients how they wish to be addressed. • Staff can signpost patients to support organisations such as the Bladder and Bowel Foundation. 	<ul style="list-style-type: none"> • Not all staff have attended equality and diversity training. • There can be issues with patients from other health boards having to attend a pre-assessment clinic.
Gender	<ul style="list-style-type: none"> • Gender data is recorded in the patient information database. (To date 28 women and 3 men – urinary dysfunction tends to affect women more than men) • Where possible, staff will try to accommodate requests for same sex health professionals and chaperone if necessary. • Staff have an awareness of domestic violence issues. 	<ul style="list-style-type: none"> • Staff were unaware of NHS Greater Glasgow and Clyde’s Transgender policy.
Ethnicity	<ul style="list-style-type: none"> • Staff are aware of how to access interpreters. • Staff are aware that there can be cultural issues. (Some cultures are reluctant to discuss urinary dysfunction). • Information could be provided in other languages upon request. (To date no requests have been made). 	<ul style="list-style-type: none"> • Ethnicity data is not recorded.
Disability	<ul style="list-style-type: none"> • If a patient has a disability, this would be captured as part of the assessment process. • Staff are aware of how to access communication support e.g. sign language interpreters. • Patients can be given longer appointments to make sure that they understand how to operate the stimulator. 	<ul style="list-style-type: none"> • Disability data is not recorded. • Staff were unsure if the clinic had access to a loop system for patients who are hard of hearing or deaf. • Staff were unaware of the text relay service.

	<ul style="list-style-type: none"> • The clinics have a drop off zone in front of the buildings. • There are disabled car parking spaces. • There is a lift available with tactile lift controls. (New Victoria Hospital) • The clinics have accessible toilets. • Staff can use pictures and models to show patients what the stimulator looks like. • Patient information leaflets have a font size of arial 12 to comply with NHS Greater Glasgow and Clyde's Accessible Information Policy. • Patient information leaflets include different ways to contact the staff e.g. by email or by telephone. • For patients with learning disabilities, longer appointment times can be offered to make sure the patient knows how to operate the stimulator. 	
Sexual Orientation	<ul style="list-style-type: none"> • Staff are aware of the importance of using appropriate terminology. • No other issues were identified. 	<ul style="list-style-type: none"> • No negative impact identified.
Religion and belief	<ul style="list-style-type: none"> • Staff can access the Faith and Communities Manual for additional information as 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 recorded in the patient information database. • The service is for adult patients. 	<ul style="list-style-type: none"> • No negative impact identified.
Social Class/Socio-Economic Status	<ul style="list-style-type: none"> • Staff can advise patients how to reclaim their travelling expenses. 	<ul style="list-style-type: none"> • No negative impact identified.

Additional marginalisation	<ul style="list-style-type: none"> • Staff can signpost patients to Smoking Cessation Services. • Staff are aware that patients may have an undeclared literacy issue. As part of the testing process a 'voiding diary' needs to be completed. If this is incomplete this may be an indicator of literacy issues. • As this is a national service, patients are monitored by their health board. 	<ul style="list-style-type: none"> • No negative impact identified.
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Actions	Date for completion	Who is responsible?(initials)
Cross Cutting Actions <ul style="list-style-type: none"> • Review and improve the recording of equality and diversity data. • Ensure all staff undertake equality and diversity training. • Review referral processes for pre-assessment clinics to reduce the number of hospital appointments. 	January 2012	LMCQ
Specific Actions <ul style="list-style-type: none"> • Check if the clinic has access to a loop system. • Circulate information about Text Relay Service. 	January 2012	LMCQ

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

August 2011

Lead Reviewer: Name: Lisa McQueen
Sign Off: Job Title Clinical nurse specialist in urology
Signature Lisa McQueen
Date: 21/03/11

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.