

**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:

Sedation Services, Glasgow Dental Hospital

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).

Sedation Services is for patients who require dental treatment but experience fear or anxiety when visiting the dentist. Patients are referred from other dental practices or other clinics within the Glasgow Dental Hospital. The first appointment is a pre-assessment which includes a medical history, consent and a dental examination. The second appointment is for the dental treatment. Dental treatment can include crowns, bridges, restorative treatment. The treatment usually takes 1 – 1½ hours and this includes time spent in the recovery room after sedation. As the patient is having sedation, they must bring a responsible adult with them to take them home.

The service is available Monday to Friday.

Who is the lead reviewer and where based?

Rosemary Waters, Dental Nurse Manager, Glasgow Dental 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):**

Dental Nurse Manager; Consultant; Associate Specialist; Sedation Nurse (x2), Equality & Diversity Assistant, Quality Co-ordinator.

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
<p>Gender</p>	<ul style="list-style-type: none"> • Gender is recorded in patient information system. • The sedation suite is on the 7th floor and has no privacy issues as all windows have blinds and only staff can pass the door to each surgery room. • The potential side effects of sedation drugs means that chaperoning of patients must happen at all times. • Staff have experienced transgender patients attending the service. No patient issues were identified. However, staff were aware that some transgender patients may be at different stages of their re-assignment process, e.g. records not been amended to reflect the change. Staff are aware that this situation would need to be handled sensitively. 	<ul style="list-style-type: none"> • Although gender is recorded it is not analysed on a regular basis. • Not all staff have accessed equality and diversity training.
<p>Ethnicity</p>	<ul style="list-style-type: none"> • Staff know how to book interpreters as required. Staff acknowledged that the recently circulated interpreting resources were easy to follow. If an interpreter is used this is always documented in the case notes. • The nature of appointments are such that all patients must have a responsible adult with them to take them home. If a patient's communication is not good due to the sedation then the escort may help with communication and this will be documented in the case notes. • Surgical post-operative information is available in different languages. (i.e. What to do and what not to do after sedation). These are available upon request. 	<ul style="list-style-type: none"> • Ethnicity data is not recorded. • Pre-operative patient information is not available in different languages

<p>Disability</p>	<ul style="list-style-type: none"> • Staff know how to book sign language interpreters. • In some cases the patient prefers to use a family member to interpret. However, this is always documented in the case notes. • The nature of appointments are such that all patients must have a responsible adult with them to take them home. If a patient's communication is not good then the escort will help with communication and this will be documented in the case notes. • Disability car parking needs to be booked in advance and guidance on this is written in pre-operative patient information. • Lifts are available. • An accessible toilet is available. • Staff have not encountered any issues with wheelchairs users. Patients are transferred from the wheelchair to dentists chair for treatment. Hoists are available to move the patient from the wheelchair to the dental chair. If there were difficulties transferring then these would be identified at the pre-assessment stage and the patient would then be treated at a more suitable clinic setting, e.g. inpatient. • Although staff have not encountered an advocate attending with a patient they intimated that this would also be documented in the case notes. • This specialised sedation service treats patients who have some kind of phobia about dentistry. Therefore, they are sensitive to the patient's individual needs. Patients with Learning Disabilities would be treated on an individual basis. Staff would use appropriate language to aid their understanding. If difficulties arise regarding the patient's understanding to gain 	<ul style="list-style-type: none"> • Disabilities are not recorded. • There are no induction loops available in the surgeries. • Patient Information is not available in other formats. • Staff are not aware of BT text direct facility. Although staff have accessed the internet to find out textphone numbers e.g. Contact details for NHS24.
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	<p>consent, then the consultant would write to the General Medical Practitioners (GMP) for advice.</p> <ul style="list-style-type: none"> • Experience had suggested that Blind patients may leave their guide dogs at home as they know that they must attend the appointment with a responsible adult to take them home. • Staff have experienced a 'hearing dog' in attendance with the patient and this was kept by the escort in the waiting area while the patient was treated. • Staff verbally go through the consent form to make sure that the patients understand the process and treatment. 	
Sexual Orientation	<ul style="list-style-type: none"> • No homophobic attitudes have been experienced within the service. • Staff are aware of the Civil partnership Act and the need for appropriate terminology being used. All patients are asked 'who is with you?' No assumptions are made about the patient's relationship with the escort. 	<ul style="list-style-type: none"> • No negative issue identified
Religion and belief	<ul style="list-style-type: none"> • Patient's needs are incorporated when arranging the treatment appointment, e.g. Jewish wanting to be home before dusk on the Sabbath, Muslims not wanting treatment on a specific festival day. • Prayer facilities are available at lunchtime in a seminar room. Other requests can be accommodated. • Treatment can be re-arranged if the appointment time doesn't suit the patient. • Staff have a general awareness of religious festivals. 	<ul style="list-style-type: none"> • Religion and belief is not recorded • Not all staff aware of Multi-faith resource
Age (Children/Young	<ul style="list-style-type: none"> • Baby changing facilities are available. 	<ul style="list-style-type: none"> • No negative issue identified

People/Older People)	<ul style="list-style-type: none"> • Children attending the service are very similar to anxious adults that attend the service. Therefore staff use behavioural skills to make a connection with the patient. • Children are not allowed to attend with escorts. This would compromise the safety of the patient that the escort is there to care for. 	
Social Class/Socio-Economic Status	<ul style="list-style-type: none"> • If patients are in receipt of benefits they can claim their travel expenses and that of their escort as the patient must bring a responsible adult to take them home. 	<ul style="list-style-type: none"> • No negative issue identified
Additional marginalisation	<ul style="list-style-type: none"> • The service has experience of treating prisoners and has an internal policy in place. • All patients are individually assessed, for patients with addictions there are in-depth discussions to make sure their addiction does not impact on treatments. If there are concerns then the patient may be advised to postpone their treatment or be referred to another clinic for treatment. • Staff verbally go through the consent form to make sure that the patients understand the process and treatment. 	<ul style="list-style-type: none"> • No negative issue identified

Actions


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

<p>Specific Actions</p> <ul style="list-style-type: none"> • Circulate the Learning and Education calendar to ensure that staff are aware of the available Equality and Diversity Courses. • Explore the possibility of capturing equality and diversity data in the medical history form. • Review the availability of pre-operative information in other formats. • Investigate the possibility of purchasing a portable loop system. • Circulate information about BT text direct to staff. • Ensure staff are aware of how to access the Multi-faith Resource. 	<p>Achieved Nov 2009. To be repeated at regular intervals.</p> <p>July 2010</p> <p>June 2010</p> <p>June 2010</p> <p>May 2010 August 2010</p>	<p>R Waters</p> <p>R Waters</p> <p>F Queen (DN Team Leader) R Waters</p> <p>F Queen F Queen</p>
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Ongoing 6 Monthly Review **Please write your 6 monthly EQIA review date:**

September 2010

Lead Reviewer: Name: Rosemary Waters

DIRECTOR OF ORAL HEALTH

 3/5/10

**Sign Off: Job Title
Signature
Date:**

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.