

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:

Smoking Cessation Services, East Community Healthcare Partnership (ECHCP)

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).

ECHCP provides a reliable and flexible smoking cessation service which includes a four drop in services per week and four weekly groups running in different community venues. The service uses a number of different approaches including group work and one to one support targetting people aged 18 and over.

Who is the lead reviewer and where based?

Karen Gray, Senior Health Improvement Practitioner, Eastbank Health Improvement Centre

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):

Smoking Cessation Advisors *2, Health Improvement Lead

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
All	<ul style="list-style-type: none"> • A One to One service available for clients. • Smoking Cessation service information is available via the One stop. The Information Shop is being piloted in the area to improve access to ECHCP services. • Staff have attended NHSGG&C Inequality & Diversity Training. • Independent advocacy support is available for patients. 	
Gender	<ul style="list-style-type: none"> • Gender matching of staff can be accommodated by the service if requested by the client. • Gender is recorded • Smoke Free services have issued a survey to service users exploring issues such as crèche facilities. The service links to existing mother and toddler groups in area. • Quit rates are analysed based on location, and gender of practitioner. • Planning of services take into account school holidays, child care issues and alternative services are offered to accommodate clients. 	<ul style="list-style-type: none"> • The service does not ask smokers whether they would like to see a same gender practitioner i.e. it is not automatic. • No analysis of data in relation to gender • The uptake of Smoking Cessation group work services are low during events (such as football matches, concerts) etc.
Ethnicity	<ul style="list-style-type: none"> • Ethnicity is recorded • Clients who demonstrate communication issues and are a barrier to using the service will be offered support and implemented immediately. • Staff make additional time available for patients whose first language is not English outwith the 	<ul style="list-style-type: none"> • Ethnicity is not currently analysed at present • Often when interpreters are used this adds to additional staff and client time and client has to make additional arrangements, e.g. childcare. This may have an adverse impact on people accessing the service.

	<p>group setting.</p> <ul style="list-style-type: none"> Translated information available on request 	<ul style="list-style-type: none"> There is a lack of publicity material in alternative languages.
Disability	<ul style="list-style-type: none"> All venues have been risk assessed through DDA audit. Venues are wheelchair accessible We can access British Sign Language (BSL) interpreters. Additional time is allocated for client support. Loop system is available There is nearby car parking to the venues Guide dogs welcome Flexible appointment times can be given There is an accessible toilet Information available in large print/ different formats. 	<ul style="list-style-type: none"> Disability data not recorded or analysed Known gap around provision to clients who have a learning disability. Often there is lack of carer support for people who want to quit.
Sexual Orientation	<ul style="list-style-type: none"> One to One service offered with male/female practitioner. 	<ul style="list-style-type: none"> Sexual Orientation not collected or analysed
Religion and belief	<ul style="list-style-type: none"> There is good awareness of religious festivals and staff use these as an opportunity for further support to client groups. E.g. lent, Ramadan 	<ul style="list-style-type: none"> Religion/ Belief not recorded or analysed Staff need to be aware of diverse cultures within the area. Service needs to plan better around religious festivals/ holidays to support longer term abstinence programmes. Staff to explore marketing of service within religious venues e.g. churches, mosques.
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> Age is recorded and age referral pathway in place. Service is provided to patients who have come through secondary services. 	<ul style="list-style-type: none"> Low number of under 18's accessing service at present.

	<ul style="list-style-type: none"> • Maudsley model is used for age 12 years and upwards. • Service is available to patients 18 or over • Youth worker in post to look at gathering evidence for under 18's smoke free service by East CHCP. 	
Social Class/ Socio-Economic Status	<ul style="list-style-type: none"> • Resources for smoke free services based on deprivation in area. • Group work services and one to one services are all provided in areas of high deprivation. • Due to issues of social class, service uses community development approach to engage with clients and a large number of referrals come from word of mouth. • Service uses business cards to communicate information about services and locations of smoking cessation groups. • Staff attend community events in area to promote uptake of services. 	<ul style="list-style-type: none"> • HEAT (Health Efficiency Access Treatment) targets are inequitable. All areas need to reach HEAT target for 8% reduction despite known issues around access, addiction, prevalence of mental health and larger geographic area.
Additional marginalisation	<ul style="list-style-type: none"> • Currently looking at developing referral pathways to encourage clients from Addiction and Mental Health Services to engage with service. Research has shown these clients groups are less likely to engage with service. • Befriending Service available to support local cessation service. 	<ul style="list-style-type: none"> • Better engagement with other client groups e.g asylum seekers.

Actions	Date for completion	Who is responsible?(initials)
<p>Cross Cutting Actions</p> <ul style="list-style-type: none"> • Need to explore use of radio e.g. Radio Ramadan and other forms of marketing to engage with religious groups to support longer term abstinence. • Improve collection and analysis of diversity data information • Publicity information required in different languages and venues. 	March 2011	KG
<p>Specific Actions</p> <ul style="list-style-type: none"> • Information on local languages spoken in area to be sourced • Ensure clients that require interpreting/ language support are informed that there session may last longer. • Mental Health team to be contacted to help advise on Smoking Cessation and clients with a learning disability. • Web hit rates to be monitored on whether people visit local websites • Check accesibility arrangements around letters referral forms • Take into account local events when planning groups • Examine evidence arising from under 18 smoking cessation service and use to plan service. • Aquire more information on religious festivals in order to plan services as well as widening promotion activities • Explore equity around current HEAT target • Need to target specifc groups, e.g. Asylum Seekers to the service. 	March 2011	KG

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

- October 2010

Lead Reviewer: Name: Karen Gray
Sign Off: Job Title Health Improvement Senior
 Signature
 Date: 26 April 2010

Please email copy of the completed EQIA form to irene.mackenzie@ggc.scot.nhs.uk

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