

NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool For Strategy, Policy and Plans

It is essential to follow the EQIA Guidance in completing this form

Name of Strategy, Policy or Plan:

A Journey Through Stroke: Strategic Framework for Stroke 2008-2013

Please tick box to indicate if this is a : Current Strategy, Policy or Plan New Strategy, Policy or Plan

Brief description of the above: (Please include if this is part of a Board wide service or is locally determined.

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This strategic framework has been developed by the Greater Glasgow Stroke Managed Clinical Network (MCN) in recognition of the need to provide a clear direction for stroke service development over the next 5 years that encompasses stroke prevention, management of stroke and Transient Ischaemic Attack (TIA), support for people in the longer term, and research, training and development approaches to inform future practice

Who is the lead reviewer and where based?

Planning Manager for Rehabilitation and Assessment Directorate, 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):

Lead Clinician, Greater Glasgow and Clyde Stroke Managed Clinical Network; Stroke MCN Co-ordinator; Health improvement Senior PFFPI; Planning Manager; Quality Co-ordinator; Equality and Diversity Assistant.

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
Gender	<ul style="list-style-type: none"> • The strategy takes cognisance of NHS Greater Glasgow & Clyde's Equality Scheme. • The strategy takes cognisance of the number of males and females surviving stroke having improved over the past ten years. • The strategy has reviewed the stroke audit of 2004 - 2006 that suggested there was a gender bias in the use of drug therapy after stroke and further investigations will be undertaken. 	No negative impact identified
Ethnicity	<ul style="list-style-type: none"> • Strategy takes cognisance of NHS Greater Glasgow & Clyde's Equality Scheme. • An easy read version of the strategy is available. • The strategy is available in other formats upon request. • The strategy recognises that people from Black and South Asian communities are at a higher risk of stroke. • Stroke specific training for Black and Minority Ethnic community workers has been developed. • With regards to raising awareness and preventing strokes, the strategy states that "Different population groups will require different approaches....recognition must be given to the impact of deprivations, social and cultural issues on people's lifestyle, priorities and expectations of health, and as such it is important to ensure resources are targeted at those most at risk including people who have previously had a stroke, and those 'hard to reach' groups". (Page 22) • The strategy recognises that Information for stroke patients should be available in a range for formats suited to their different needs. 	<p>There is no reference for the source of Black Minority Ethnic statistics.</p> <p>There is no reference to the importance of providing communication support.</p> <p>There are no examples of when to give patient information.</p> <p>The working groups listed do not mention if they are from a variety of backgrounds.</p>
Disability	<ul style="list-style-type: none"> • Strategy takes cognisance of NHS Greater Glasgow & Clyde's Equality Scheme. • Strategy takes cognisance of cognition, hearing and vision problems as well as language disorders associated with stroke. • An easy read version of the strategy is available. • The strategy is available in other formats upon request. 	<p>There is no reference to the importance of providing communication support.</p> <p>There are no examples of when to give patient information.</p>

	<ul style="list-style-type: none"> • The strategy recognises that Information for stroke patients should be available in a range for formats suited to different needs. • With regards to raising awareness and preventing strokes, the strategy states that “Different population groups will require different approaches....recognition must be given to the impact of deprivations, social and cultural issues on people’s lifestyle, priorities and expectations of health, and as such it is important to ensure resources are targeted at those most at risk including people who have previously had a stroke, and those ‘hard to reach’ groups”. (Page 22) 	<p>The working groups listed do not mention if they are from a variety of backgrounds.</p>
<p>Sexual Orientation</p>	<ul style="list-style-type: none"> • Strategy takes cognisance of NHS Greater Glasgow & Clyde’s Equality Scheme • With regards to raising awareness and preventing strokes, the strategy states that “Different population groups will require different approaches....recognition must be given to the impact of deprivations, social and cultural issues on people’s lifestyle, priorities and expectations of health, and as such it is important to ensure resources are targeted at those most at risk including people who have previously had a stroke, and those ‘hard to reach’ groups”. (Page 22) 	<p>There is no reference to the importance of providing communication support.</p> <p>There are no examples of when to give patient information.</p> <p>The working groups listed do not mention if they are from a variety of backgrounds.</p>
<p>Religion and belief</p>	<ul style="list-style-type: none"> • Strategy takes cognisance of NHS Greater Glasgow & Clyde’s Equality Scheme. • With regards to raising awareness and preventing strokes, the strategy states that “Different population groups will require different approaches....recognition must be given to the impact of deprivations, social and cultural issues on people’s lifestyle, priorities and expectations of health, and as such it is important to ensure resources are targeted at those most at risk including people who have previously had a stroke, and those ‘hard to reach’ groups”. (Page 22) 	<p>There is no reference to the importance of providing communication support.</p> <p>There are no examples of when to give patient information.</p> <p>There is no reference to ensuring a patient’s religion and belief are respected.</p> <p>The working groups listed do not mention if they are from a variety of</p>

		backgrounds.
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • Strategy takes cognisance of NHS Greater Glasgow & Clyde's Equality Scheme. • The strategy recognises that younger people can have strokes and that stroke care should be 'needs led rather than age led'. • The strategy recognises that younger stroke patients, will require support to return to a working environment. • With regards to raising awareness and preventing strokes, the strategy states that "Different population groups will require different approaches....recognition must be given to the impact of deprivations, social and cultural issues on people's lifestyle, priorities and expectations of health, and as such it is important to ensure resources are targeted at those most at risk including people who have previously had a stroke, and those 'hard to reach' groups". (Page 22) • The strategy recognises that Information for stroke patients should be available in a range for formats suited to different needs. 	<p>There is no reference to the importance of providing communication support.</p> <p>There are no examples of when to give patient information.</p> <p>The working groups listed do not mention if they are from a variety of backgrounds.</p>
Social Class/ Socio-Economic Status	<ul style="list-style-type: none"> • The strategy recognises that high levels of deprivation in Greater Glasgow with a high prevalence of unhealthy lifestyles presents a challenge. • With regards to raising awareness and preventing strokes, the strategy states that "Different population groups will require different approaches....recognition must be given to the impact of deprivations, social and cultural issues on people's lifestyle, priorities and expectations of health, and as such it is important to ensure resources are targeted at those most at risk including people who have previously had a stroke, and those 'hard to reach' groups". (Page 22) 	No negative impact identified
Additional marginalisation	<ul style="list-style-type: none"> • An easy read version of the strategy is available for people who may have literacy problems. • The strategy recognises that Information for stroke patients should be available in a range for formats suited to different needs. 	No negative impact identified

Actions	Date for completion	Who is responsible?(initials)
Cross Cutting Actions		
<p>Specific Actions</p> <p>Page 9 – Include an example from NHS Greater Glasgow and Clyde’s Equality Scheme.</p> <p>Page 10 – Include statement that representatives from the working groups are from a variety of backgrounds.</p> <p>Page 13 – Include reference regarding statistics for Black and Minority Ethnic</p> <p>Page 22 – 6th bullet – suggest including an example of when to give patient information.</p> <p>Include general comment about providing communication support.</p> <p>Include comment about respecting patient’s religion and belief.</p>	<p>Feb 09</p> <p>Feb 09</p> <p>Feb 09</p> <p>Feb 09</p> <p>Feb 09</p> <p>Feb 09</p>	<p>PR</p> <p>PR</p> <p>CY</p> <p>PR</p> <p>PR</p> <p>PR</p>

Ongoing 6 Monthly Review Please write when the policy and EQIA will be reviewed:

Lead Reviewer: Name: Pamela Ralphs
 Sign Off: Job Title: Planning Manager
 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.