

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:

Greater Glasgow and Clyde Retinal Screening Service

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).

GG&C Retinal Screening Service provide yearly eye screening for all people with diabetes in Glasgow and Clyde area. Service users are aged from 12 years old upwards. The service is board wide and people requiring Diabetes eye screening, are identified by the General Practitioners. The service is delivered with fundus and digital cameras which are either at a fixed screening site or they are in a mobile van which is taken to suitable GP practices.

There was acute sector involvement in establishing the service and there continue to be links with the acute sector

As service has developed more peripheral screening sites have been used and use of interpreters has increased.

Who is the lead reviewer and where based?

David Sawers, Service Manager
Based in Retinal screening department,
ground floor, Queen Elizabeth Building
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):

Previous Service Manager – Clyde
Nurse Co-ordinator
Retinal screener x1 Clyde
Retinal screener x1 Glasgow
Optometrist from service
Ophthalmologist

Assistant Programme Manager – Screening Services

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
Gender	<ul style="list-style-type: none"> • Screening service is not gender specific. • Service invitation letters ask patient's to contact department if they have special requirements. • We try to accommodate the majority of requests depending on staff availability. 	<ul style="list-style-type: none"> • Remaining staff to attend equality and diversity training • Data of service users not routinely analysed by gender
Ethnicity	<ul style="list-style-type: none"> • All screening staff asked patients their ethnicity group at screening. Staff all had ethnicity awareness training on induction and some staff have attended diversity & equality training. • Local screening service leaflets are available in Urdu, Punjabi, Hindi, Bengali as well as English. • We use other language general information leaflets that are available from other organisations e.g. Diabetes UK, • Screening service has been actively involved in awareness/ service promotion events targeting specific ethnic groupings e.g. awareness days held at Seik Gurdua, Chinese day centre, Mosque, etc • Further checks are made as to the screening status of diabetics attending the Chinese day centre. 	<ul style="list-style-type: none"> • Get remaining staff places on equality & diversity training. • National screening service leaflet is only available in English language. • Data of service users not routinely analysed by ethnicity – some ad-hoc analysis has been undertaken.
Disability	<ul style="list-style-type: none"> • We use other language general information leaflets that are available from other organisations e.g. RNIB. • Glasgow staff have attended Disability awareness training • Glasgow staff have attended 2 day manual handling training • Clyde staff have attended ½ day manual 	<ul style="list-style-type: none"> • All staff need to have a basic level of Equality and diversity awareness.

	<p>handling training</p> <ul style="list-style-type: none"> • Screening service uses BSL interpreters • Ambulance transport can also be booked for patients with disability according to their needs. • Patients are asked to communicate special requirements which help us to assess the correct screening clinic. • Patients attending with special needs / learning disabilities can attend to familiarise themselves with staff and screening process prior to appointment and if prior knowledge of requirements, the appointment time can be extended. • Mobile van has a wheelchair lift and steps with handrails. There are usually 2 members of staff at the van to assist with mobility problems 	
Sexual Orientation	<ul style="list-style-type: none"> • GP would be required to inform the service specifically if there were any sexual orientation issues 	<ul style="list-style-type: none"> • No negative impact
Religion and belief	<ul style="list-style-type: none"> • Service has regular clinics at various sites and times, which means we can accommodate requests based on religion/beliefs as best as possible. This information isn't required to carry out service so isn't routinely requested. • However if we receive notification from GP or patient/ relative we note this and make any necessary arrangements. • Patients are asked to contact department with any special requirements and we would change appointments to the patient's convenience. 	<ul style="list-style-type: none"> • Remaining staff to attend equality and diversity training.
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • Retinal Screening Service is specifically for diabetic people from age of 12 years upwards. • Glasgow staff have been given training in child protection and we have a local policy. • Staff have been made aware to contact GP with any concerns for individuals attending service 	<ul style="list-style-type: none"> • No specific clinics for children/ younger people.

	<p>(young or old) for advice.</p> <ul style="list-style-type: none"> • Board coordinators looking at adapting / reviewing wording of retinal screening invitation letters. • Ambulance transport can be requested for older people with mobility problems by screening service. If known mobility problems we can book patient into appropriate clinic as we have some portable equipment that can be used at each site to carry out screening if patient is unable to sit at fundus camera. 	
Social Class/ Socio-Economic Status	<ul style="list-style-type: none"> • Patients can claim transportation costs for those on low income. • Mobile clinics are available to cover outlying areas e.g. Easterhouse, Castlemilk. • Patients are asked at screening clinic for their preferred screening location and they are able to change their appointment to a more suitable venue to them, if available. 	No negative impact identified – because if patient is added to the screening list we are able to identify them and we will call them for screening.
Additional marginalisation	<ul style="list-style-type: none"> • Mobile screening unit is used to target specific groups e.g. prison visits usually 2-3 times per year depending on need. • Asylum seekers are registered with specific GP practices and it is GP's responsibility to ensure that the patient is on the Diabetic Retinal Screening list. • Homeless people also have specific GP allocated who are responsible in ensuring patient is on screening list • If an illiterate patient attends the examination is modified by using sign charts. 	<ul style="list-style-type: none"> • No provision made for literacy when sending out appointment letters.

Actions

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

Specific Actions <ul style="list-style-type: none"> • Ensure that all staff receive training / update in equality diversity • Ensure that all staff receive training / update in disability awareness • Ensure that all staff receive training / update in child protection • Ensure that all staff receive training / update in manual handling • Investigate possibility of specific screening clinics for diabetic young people • Check if there are plans to translate some of the national leaflets 	Annually Annually Annually Annually End of Dec 2009 End of Dec 2009	DS DS DS DS DS DS
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Ongoing 6 Monthly Review Please write your 6 monthly EQIA review date:

14th Feb 2010

Lead Reviewer: Name: David Sawers
 Sign Off: Job Title Service 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.