

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:

Speech and Language Therapy

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).

Acute Services Speech and Language Therapy Services  
(SLT)

Who is the lead reviewer and where based?

Clinical Services Manager, Speech & Language Therapy ,Therapy Centre SGH

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):

Clinical Services Manager, Speech & Language Therapy, Consultant Speech & Language Therapist, Scottish Centre of Technical for the Communication Impaired (SCTCI), patient representative and carer, ( Stroke group)Speech & Language Therapist stroke ; SLT Voice team ; Patient representative (Laryngectomy Group), Quality Co-ordinator, Equalities Programme Lead

## Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
Gender	<ul style="list-style-type: none"> <li>• If same sex support was requested this would be respected and if possible accommodated. This would primarily depend in the therapy required and availability of staff. Staff would work with the patient to provide the appropriate support.</li> <li>• A Speech Language Therapist is available to work directly with transgender patients.</li> </ul>	<ul style="list-style-type: none"> <li>• No identified negative impact</li> </ul>
Ethnicity	<ul style="list-style-type: none"> <li>• Where interpreting has been identified staff access the interpreting services the most commonly requested languages used have been polish, Urdu, Punjabi and Somali.</li> <li>• This is also recorded on patient notes. Staff also accesses the Religions and Cultures Manual in the South of Glasgow. Assistants have also been on Equality and Diversity Training.</li> <li>• Due the nature of the communication disorders SLT staff are patient centred so would work with the patients to meet their requirements.</li> <li>• Catering needs are met as far as possible for patients with swallowing difficulties who require texture modified ethnic diets and generally the catering department to work with ward staff/patient regarding any cultural food difficulties.</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• There are issues regarding the continuity of care if the same interpreter is not available for all appointments.</li> <li>• Interpreting policy and guidelines may not be well understood or used consistently across the service</li> <li>• Patient information is not available in other formats</li> <li>• Ethnic Monitoring sheet is not routinely used Ethnicity may be recorded where to old NHSGG case record is still used.</li> <li>• SCTCI Assessment service does have a referral form however language is not asked.</li> </ul>

<p>Disability</p>	<ul style="list-style-type: none"> <li>• British Sign Language interpreters are used where required. Information is also produced in Aphasia friendly versions whenever possible/required(Pictorial)</li> <li>• There is an indication on Stroke discharge documentation for Communication Partners to be available for stroke patients who have communication needs and who are followed up by Chronic disease management programme in primary care.</li> <li>• A new joint post with CHSS has been put in place to identify and support this need at an earlier stage. The service has been supported by medical staff and patients.</li> <li>• Written notes are provided in easy read versions according to the patients needs.</li> <li>• A pre-referral triage is in operation to ensure that if there is any referral information missing SLTs can seek further information in order to provide the right support.</li> <li>• Work was undertaken with Dieticians to produce a diabetic information leaflet in pictorial form. The Aphasics reference group (PFPI group supported by SLT Stroke team)have also asked if they can be involved in producing an aphasia friendly menu card for wards</li> </ul>	<ul style="list-style-type: none"> <li>• It may be difficult for patient to respond to phone calls for appointments etc due to their speech issues. When this is known staff make every effort to use the most appropriate modality to engage with patients.</li> <li>• Pictorial information may be preferred by some patients and will be offered once the patients needs are known</li> <li>• This service is not used effectively. This may be due to a lack of knowledge by the GP practice nurses</li> <li>• There is no standardised SLT referral form in use .First language information may or may not be provided by referrers.</li> <li>• This is not routinely available across the services as yet. This is part of the service review.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Personal advice book has been developed for people with aphasia and their carers to use. The aim is for this to be made available to all appropriate patients as part of routine SLT care. Cards are also available from Chest, Heart and Stroke Scotland and provided to patients identifying that the card holder has a communication need.</li> <li>• SLT support staff who take point of contact calls from patients are given awareness training and are well experienced in dealing with callers who have communication difficulties.</li> <li>• Review of patient information forms part of the team /service planning arising from the service Review/redesign.</li> <li>• The SLT Service review included a patient consultation from all care groups about the service redesign.</li> <li>• Parking in the Southern General and Gartnavel is good for access to SLT and has disabled Parking</li> <li>• At the New Victoria the parking will be close to the building.</li> </ul>	<ul style="list-style-type: none"> <li>• Parking for patients at the Royal is costly and only a few spaces are close to the SLTservice. The Royal Infirmary service is not easily accessible by using public transport/</li> <li>• Parking at Stobhill Hospital is regularly full from early morning.</li> <li>• The Southern General building for SLT does not have automated doors for access.</li> <li>• The current SLT department at the Victoria is on top of a hill so access is not</li> </ul>
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	<ul style="list-style-type: none"> <li>• First point of contact SLT staff have training and experience in dealing with patients with specific communication needs. NHSGGC is looking at a protocol for those with communication difficulty in line with the Ethnic and Deaf protocols under the Glasgow Language plan . Acute SLT is fully engaged in The expert reference group.</li> <li>• The new buildings will require to have the appropriate equipment and furniture.</li> <li>• Easy coms have been available routinely in many medicine of the Elderly wards to promote communication generally for hard of hearing patients who may not have aided hearing on admission. SLT advised Rehabilitation and Assessment Directorate recently about suitable and similar alternatives for replacing these obsolete items.</li> <li>• SLTs have a professional obligation to act as advocates on behalf of services users. It is an explicit t part of professional practice and contained in our Professional guidelines (CQ3).</li> </ul>	<p>easy.</p> <ul style="list-style-type: none"> <li>• Communication to change appointments can be difficult as patients can have problems in identifying numbers and letters as part of their condition.</li> <li>• There are no induction loops in place in any of the SLT departments .However there is a low demand from patients with significant hearing loss. An SLT resource of equipment such as amplification aids kept on each site may be a more realistic and cost effective alternative.</li> <li>• Signage will also be a challenge for people accessing the service as they may be unable to identify signs.</li> <li>• Access to services can depend who the patient attends with supporting them in accessing the right services/location.</li> <li>• Funding is not routinely in place for hi tech communication aids for patients it can take considerable time and effort to find the funding for such equipment.</li> </ul>
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	<ul style="list-style-type: none"> <li>• All voice clinics from Southern General Hospital and Victoria Hospital have moved to the Victoria site in anticipation of the Victoria Hospital opening.</li> <li>• Patient's feedback and consultations are required in each SLT specialist team action plans annually.</li> <li>• When required in the past the advice of the RNIB has been sought when individual patients needs arise.</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing specific in place for the visually impaired</li> </ul>
Sexual Orientation	<ul style="list-style-type: none"> <li>• SLT upholds a Patient centred focus on care delivery therefore any specific issues would be discussed with the patient according to the individual's level of understanding.</li> </ul>	<ul style="list-style-type: none"> <li>• No identified negative impact</li> </ul>
Religion and belief	<ul style="list-style-type: none"> <li>• Some staff members have attended the Equality and Diversity Training and where appropriate the Religion and Cultures manual is referred to.</li> <li>• Patient centred focus allows discussion with the patient to identify any specific needs or any dates not suitable for appointment.</li> </ul>	<ul style="list-style-type: none"> <li>• Religion and cultures manual not used city wide.</li> </ul>
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> <li>• Adolescents who have left school may be channelled into the Acute service because as yet no other part of the SLT community has responsibility for their ongoing care. This is usually because they require the continued availability of a communication aid. The Acute</li> </ul>	<ul style="list-style-type: none"> <li>• The service does not take people below the age of 16 they are referred to Yorkhill Hospital/Community Health and Care Partnerships (CHCPs). Acute Services SLT do not have expertise or remit to work with children below the age of 16</li> </ul>

	<p>service is challenged then to identify a funding stream which is not routinely available to this and other client groups.</p> <ul style="list-style-type: none"> <li>• The transition issue from child services to adult services has been identified for review and is being picked up across the city.</li> <li>• The Acute Review has noted the need to take this discussion forward through a working group or community of practice</li> </ul>	<p>years.</p> <ul style="list-style-type: none"> <li>• In the transition from children to adult services there are a small group of people whose ongoing care needs are not being provided for by learning disability or physical disability services either. Groups with residual or chronic difficulties and including those with hearing impairment may often seek review later in life. An Acute service is often not the most appropriate in terms of unique skills and expertise.</li> <li>• There is a gap in providing a service for people who stammer and who also have a learning disability.</li> </ul>
Social Class/ Socio-Economic Status	<ul style="list-style-type: none"> <li>• Staff sign the patients appointment card to ensure that they can claim back any expense that are due</li> </ul>	<ul style="list-style-type: none"> <li>• The cashier office may not always be easily accessible in every hospital location.</li> </ul>
Additional marginalisation	<ul style="list-style-type: none"> <li>• Patients from the prison services have accessed the SLT service and are treated as with any patient group. Equipment would be lent to those in prison according to need.</li> <li>• We have worked with homeless people through the link worker for the homeless</li> <li>• The SLT service has increasingly responded to provide a domiciliary service to those who are housebound.</li> </ul>	<ul style="list-style-type: none"> <li>• There can be safety issues when working with prisoners.</li> <li>• There has been no funded provision for a domiciliary service. Domiciliary visits require risk assessment and involve a time allocation greater than for on site Out Patient provision.</li> </ul>

Actions	Date for completion	Who is responsible?(initials)
<p><b>Cross Cutting Actions</b></p> <ul style="list-style-type: none"> <li>• To explore how ethnic data is/can be recorded for patients</li> <li>• To review how communication needs of the patient are identified and recorded</li> <li>• To ensure that the Interpreting policy is known and adopted across the service</li> <li>• Work together with all NHSGGC partners to ensure the needs of AAC (Augmentative and Alternative Communication) users in Glasgow are met in terms of continuity of provision and support.</li> </ul>	<ul style="list-style-type: none"> <li>• ensure future local compliance</li> <li>• SLT fully engaged et present</li> <li>• March 09</li> <li>• March 09</li> </ul>	<ul style="list-style-type: none"> <li>• Organisation currently reviewing/ SW</li> <li>• Glasgow Language plan (Equalities Unit) JR/SW</li> <li>• SW</li> <li>• Disability PIG. Equalities Unit, Acute CHCPs and Partnerships and SLT services.</li> </ul>
<p><b>Specific Actions</b></p> <ul style="list-style-type: none"> <li>• To review patient information in relation to availability in other languages and formats.</li> <li>• To provide a resource on each site to ensure the SLT patients with an additional hearing impairment are supported to fully participate in SLT assessment and management.</li> </ul>	<ul style="list-style-type: none"> <li>• End march 09</li> <li>• End financial year</li> </ul>	<ul style="list-style-type: none"> <li>• SW/ Admin support group</li> <li>• SW/Finance/Assistants group</li> </ul>

Ongoing 6 Monthly Review Please write your 6 monthly EQIA review date: April 2009

Lead Reviewer:       Name: Sandra Walker  
Sign Off:             Job Title CSM SLT  
                          Signature  
                          Date: Nov 11<sup>th</sup> 2008

Please email copy of the completed EQIA form to [irene.mackenzie@ggc.scot.nhs.uk](mailto:irene.mackenzie@ggc.scot.nhs.uk)

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