

**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:

Clinical Photography, Medical Illustration , Diagnostics Directorate

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).

Medical Illustration provides a professional clinical photography support function covering all dimensions of health care, dealing with outpatients, inpatients and day cases. In addition the service has an organisational wide remit servicing all hospital sites with a wide range of illustrative duties. These include: video production, digital imaging, video conferencing, non clinical photography, scientific poster production and reprographics.

Consent forms are part of the referral process for clinical photography. These are in three levels: for recording image in the patient's medical record; using the image to teach medical, dental, nursing and healthcare staff and students; using the image for medical publications.

Who is the lead reviewer and where based?

Kathy McFall, Head of Service, Medical Illustration Services, 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):**

Secretary, Print finisher, Media Specialist, Medical Photographer, Photography Team Manager, Head of Service, Equality & Diversity Adviser, Quality Co-ordinator

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
<p>All</p>	<ul style="list-style-type: none"> • Staff have a hand book that provides guidance on ‘what to do if’ situations • The service holds a database that records the details from the referral/consent form. This is an essential tool for the retrieval of images. • Staff always check the consent process with the patient before proceeding with the photography. The patient’s consultant will often have completed the form with the patient but clear understanding of the levels of consent may not be fully known by the patient. Sometimes the levels of consent are reduced as a result of this checking process, i.e. if consultant wished the photography to be available for the full 3 levels of consent then this consent process may be reduced by 1 or 2 levels. Alternatively, the staff member has gone back to the consultant to explain the reason why the patient appears not to be fully informed. • If patient refuses the clinical photography then this is recorded in the photography database. • Staff emphasised that no matter what job has been requested they maintain a professional approach (there can be some difficult or sensitive things they are asked to photograph, e.g. horrendous injuries following some trauma) • The referral form’s notes section may also request that the photographer is chaperoned for some situations and this will be accommodated by nursing staff. • Although many appointments are straight referrals from outpatient clinics the department 	<ul style="list-style-type: none"> • On some occasions patient appointment letters require to be sent to the patient to arrange an appointment. These are not standardised and may not meet all the accessible information policy guidelines • Staff were not aware of the Equalities in Health website for information.

	<p>are flexible in ensuring that the time is suitable for the patient. This includes ensuring that the photography can happen at a location suitable to the patient although this may be different to the patient clinic.</p> <ul style="list-style-type: none"> • Communications skills are paramount to ensure the patient understands the consent and what will happen • If the patient asks questions that are out with the remit of the staff then the staff refer these back to the patients consultant • The referral process means that it is rare that more than one patient would be having an appointment for photography at the same time. This maintains patient's privacy and dignity. • Work is underway to develop mechanisms to engage with patients regarding feedback on the service 	
<p>Gender</p>	<ul style="list-style-type: none"> • Same gender match of practitioner to patient is important in the provision of this service • If more than one part of the body is required to be undressed for the photography then staff will request that the patient does this in stages to maintain their dignity. Changing rooms are linked to the photography studio again to maintain dignity. • Staff emphasised that no matter what job has been requested they maintain a professional approach (there can be some difficult/sensitive things they are asked to photograph, e.g. horrendous injuries following some trauma). • Staff have the ability to work with transgender patients sensitively. • Gender data can be analysed in the photographic database 	<ul style="list-style-type: none"> • No negative impact identified

Ethnicity	<ul style="list-style-type: none"> • There have been minimal occasions when an interpreter has been involved. This will be recorded in the notes box of the consent form and staff indicated that if it were family that were involved then this would also automatically be entered. • Any racist behaviour would be recorded in the Datix reporting system which would include informing the line manager 	<ul style="list-style-type: none"> • Staff have not received the flow chart poster regarding how to book an interpreter
Disability	<ul style="list-style-type: none"> • Where a patient has limited mobility to move into the appropriate position for the photograph nursing staff would be requested to assist • All departmental premises for photography are accessible • Assistance dogs can be accommodated while the patient is being photographed • Learning disability patients always have a guardian involved and therefore they would be included in the checking of consent and explaining what will happen. • The service has requested that the signage is improved to some of the hospital site departments • Although the departments have no disabled toilets they can signpost to the nearest one to the area. 	<ul style="list-style-type: none"> • There is a need to standardise procedural information for the patient and this to include an easy read version. • There is no loop system available in any of the photography studios
Sexual Orientation	<ul style="list-style-type: none"> • Staff are aware of the Civil Partnership Act and the importance of using the correct terminology 	<ul style="list-style-type: none"> • No negative impact identified
Religion and belief	<ul style="list-style-type: none"> • Staff are aware that there may be religious reason why a same sex practitioner is required • Equally if it were offensive to a religion then photographs would be adjusted, e.g. patient wearing a hijab which covers part of the face area 	<ul style="list-style-type: none"> • Staff were concerned about what was acceptable or not for inclusion in videos. This was raised due to a religious artefact having been visible in one set of video footage.

	to be photographed. The patient would be given the opportunity to agree whether they removed the hijab or not. The photographer would therefore only capture what the patient agreed to.	<ul style="list-style-type: none"> Staff may not all know the exact location of the nearest prayer room if required
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> Staff have been on child protection training Adolescents may be old enough to sign their own consent form and staff will always ensure that a same sex practitioner is used If patient is elderly then the photographer will go to the ward or department. 	<ul style="list-style-type: none"> No negative impact identified
Social Class/Socio-Economic Status	<ul style="list-style-type: none"> Although many appointments are straight referrals from outpatient clinics the department are flexible in ensuring that the time is suitable for the patient. This includes ensuring that the photography can happen at a location suitable to the patient although this may be a different site to the patient clinic. Staff can signpost patients to the appropriate area to reclaim travelling expenses 	<ul style="list-style-type: none"> No negative impact identified
Additional marginalisation	<ul style="list-style-type: none"> Prisoners would also be afforded the same individual treatment as the service provides for all patients 	<ul style="list-style-type: none"> No negative impact identified

Actions	Date for completion	Who is responsible?(initials)
Cross Cutting Actions <ul style="list-style-type: none"> Standardise patient information and ensure alternative formats are available Review appointment letter to take cognisance of the Accessible Information Policy 	31.01.11 31.12.10	KMF/JM CC/SS
Specific Actions		

<ul style="list-style-type: none"> • Develop protocols for video filming to ensure they meet the needs of all equality groups • Access the interpreting flow chart • Ensure all staff know where the nearest prayer room for each location or what the alternatives are • Ensure staff are able to access a loop system when required • Disseminate the link to the equalities in health website 	31.12.10	BM/AS
	30.11.10	CC/SS
	31.10.10	CC/SS
	31.01.11	CC/SS
	31.10.10	KMF

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

01.04.2011

Lead Reviewer: **Name: Kathy McFall**
Sign Off: **Job Title: Head of Service**

Signature: 
Date: 14 October 2010

Please email copy of the completed EQIA form to Jacqueline.Russell@ggc.scot.nhs.uk

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