

Equality Impact Assessment Tool for Frontline Patient Services



Equality Impact Assessment is a legal requirement and may be used as evidence for cases referred for further investigation for legislative compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

1. Name of Current Service/Service Development/Service Redesign:

Acute Oral Health Bariatric Service, Glasgow Royal Infirmary

This is a : **Service Redesign**

2. Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally determined).

A. What does the service do?

Acute Oral Health is a Board wide service and currently provides a dental extraction only service for bariatric patients via main theatres and inpatient areas on the Glasgow Royal Infirmary (GRI) site. However more comprehensive treatment could be provided in an outpatient setting with the correct support. A treatment room at the GRI site is required due to the complex management of patients with obesity and associated co-morbidities in this respect specialist bariatric equipment is required. This site currently provides support for the Bariatric Surgical Service and therefore has appropriate equipment and personnel available who are familiar with managing bariatric patients particularly in emergency situations. A bariatric patient is defined as anyone regardless of age, who has a body mass index (BMI) of more than 30 with comorbidities or 35 without comorbidities. BMI is the most common measure of overweight/obesity. A BMI of 30 or above is in the obese range and 40 or above is considered morbidly obese. Patients whose weight is within these categories often exceeds the working load limit (WLL) and dimensions of the support surface such as a bed, chair, wheelchair, couch, Trolley, toilet, dental treatment chair. Currently dental treatment chairs have a weight bearing load of 133 to 188kgs depending on the make/model.

B. Why was this service selected for EQIA? Where does it link to Development Plan priorities? (if no link, please provide evidence of proportionality, relevance, potential legal risk etc.)

This service was selected as part of the oral health service programme for development of corporate governance work.

3. Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name:	Date of Lead Reviewer Training:
Jackie Wilson	15/12/2017

4. Please list the staff involved in carrying out this EQIA (Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Andrew Brewer (Associate Specialist); Tara Dunseith (Assistant Clinical Director); Linda McGrath (Admin Manager); Rosemary Waters (Dental Nurse Manager); Lisa Martin (Operational Support Manager)

	Lead Reviewer Questions	Example of Evidence Required	Service Evidence Provided	Additional Requirements
1.	What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?	Age, Sex, Race, Sexual Orientation, Disability, Gender Reassignment, Faith, Socio-economic status data collected on	Trakcare collects information on age, sex, postcode, communication needs, faith/ belief, ethnicity and any disabilities or	A specific bariatric referral document would be useful to record specifics related to obesity e.g. height and

		service users to. Can be used to analyse DNAs, access issues etc.	requirement for interpreter services. Locally data is collected during consultation regarding gender reassignment. There is a local waiting list database of patients waiting for treatment which details any additional needs identified either at referral, consultation or following pre operative assessment processes.	weight of patient, body habitus /shape in order to support individuals and direct them to the most appropriate care provider.
2.	Can you provide evidence of how the equalities information you collect is used and give details of any changes that have taken place as a result?	<i>A Smoke Free service reviewed service user data and realised that there was limited participation of men. Further engagement was undertaken and a gender-focused promotion designed.</i>	No formal analysis of equalities data has been undertaken however recent review of patients waiting for dental treatment on GRI In Patient waiting list shows 25% of patients are obese and have other comorbidities and the issues associated with this. Staff have indicated that they have noticed an increasing trend in relation to patient numbers of patients with obesity. The Scottish Government health information shows growing trends of obesity in the general population. High sugar consumption associated with obesity can lead to poor dental health. It is recognised by staff who work in the service that there is a requirement to improve access to treatment for bariatric patients	The provision of a Bariatric Dental Treatment Room would support patients who require the facilities of an inpatient site for more comprehensive dental treatment. This would reduce the risk associated with the treatment of bariatric patients due to their obesity and associated co-morbidities
3.	Have you applied any learning from research about the experience of equality groups with regard to removing potential barriers? This may be work previously carried out in the service.	<i>Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.</i>	Scotland has one of the highest levels of obesity among developed countries, and there has been a steady rise in prevalence that is likely to continue. In 1995, 55.6% of men aged 16-64 were overweight or obese; in 2008, this figure rose to 66.3%. The equivalent increase for women was from 47.2% to 59.6% (Scottish Government. Survey 2008). Overall obesity prevalence in 2008 (all adults 16yrs and over) was 26.8%, and it is predicted that it could reach 40% by 2030. The Oral Health Service has seen a significant rise in waiting times for dental treatment (extraction only)for this patient group. Difficulties due to the lack of appropriate weight bearing chairs in community dental practices means that bariatric patients are denied access to treatment locally. Our aim is to remove this barrier to treatment for this	Patient engagement literature is required to explain the service that can be offered.

			patient group.	
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	<i>Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.</i>	Staff who currently manage this patient group report anecdotal dissatisfaction from patients with the current service provision. There are currently no patient satisfaction data available for this patient group.	Develop Patient Feedback form in conjunction with colleagues at Edinburgh Dental Infirmary who have a similar service requirement.
5.	Question 5 has been removed from the Frontline Service Form.			
6.	Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?	<i>An outpatient clinic has installed loop systems and trained staff on their use. In addition, a review of signage has been undertaken with clearer directional information now provided.</i>	Currently Bariatric Patients are managed within In Patient wards at GRI site where lifts are accessible to the ward. However this service could be delivered from an outpatient area on the GRI site. This area in Townhead Health Centre is accessible from ground level and lifts are available from the ambulance drop off point in the lower ground level. Some wheelchairs on this site are available for Bariatric patients or the ambulance service can provide a limited number of these to transport patients. Corridor doors are wide enough to accommodate all patients and space is available for wheelchair users within the waiting area. The reception desk is compliant with disability access requirements. There are adjacent toilet facilities which are suitable for all patients.	Work is required to create a Bariatric treatment room with a widened doorway, bariatric dental chair able to accommodate higher weight levels and appropriate support services such as oxygen and suction to treat this patient group and reduce risks.
7.	How does the service ensure the way it communicates with service users removes any potential barriers?	<i>A podiatry service has reviewed all written information and included prompts for receiving information in other languages or formats. The service has reviewed its process for booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.</i>	The service is aware of how to organise interpreters and other forms of communication support. A portable loop system if required is available from General outpatients on this level. The service is aware of NHSGGC Clear to all Policy and recent updates to the Outpatient Information Leaflet have been developed in line with this policy. This leaflet now contains information which specifies the working load limit of dental chairs.	Patient engagement literature is required to explain the service that can be offered
8.	Equality groups may experience barriers when trying to access services. The Equality Act 2010 places a legal duty on Public bodies to evidence how these barriers are removed. What specifically has happened to ensure the needs of equality groups have been taken into consideration in relation to:			
(a)	Sex	<i>A sexual health hub reviewed sex disaggregated data and realised very few young men were attending clinics. They have launched</i>	Staff will endeavour to accommodate requests for same sex health professionals, chaperones are also provided. Same	

		<i>a local promotion targeting young men and will be analysing data to test if successful.</i>	sex interpreters will be booked when requested. staff are aware of gender based violence policy	
(b)	Gender Reassignment	<i>An inpatient receiving ward has held briefing sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal protection and appropriate approaches to delivering inpatient care including use of language and technical aspects of recording patient information.</i>	Staff are aware of NHSGGC Transgender Policy. Staff treat patients as their chosen gender ensuring that if there is any dubiety they would ask how they would wish to be addressed.	
(c)	Age	<i>A urology clinic analysed their sex specific data and realised that young men represented a significant number of DNAs. Text message reminders were used to prompt attendance and appointment letters highlighted potential clinical complications of non-attendance.</i>	the service is for patients aged 16yrs and above. Patients aged under 16yrs are treated at The Royal Hospital for sick Children. There is no upper limit in age to patients being treated. Staff undertake Adult Protection Training	
(d)	Race	<i>An outpatient clinic reviewed its ethnicity data capture and realised that it was not providing information in other languages. It provided a prompt on all information for patients to request copies in other languages. The clinic also realised that it was dependant on friends and family interpreting and reviewed use of interpreting services to ensure this was provided for all appropriate appointments.</i>	Age is no barrier to treatment. Staff are aware of how to organise interpreters. Racists incidents would be reported via DATIX. There are some information leaflets available in other languages other than English and information will be provided upon request to comply with NHS GGC Clear to All Policy	It is recognised that development of further leaflets in other languages other than English would be beneficial to patients
(e)	Sexual Orientation	<i>A community service reviewed its information forms and realised that it asked whether someone was single or 'married'. This was amended to take civil partnerships into account. Staff were briefed on appropriate language and the risk of making assumptions about sexual orientation in service provision. Training was also provided on dealing with homophobic incidents.</i>	Staff are aware of the Civil Partnership Act. Should any incidents occur these would be reported via Datix	
(f)	Disability	<i>A receptionist reported he wasn't confident when dealing with deaf people coming into the service. A review was undertaken and a loop system put in place. At the same time a review of interpreting arrangements was made using NHSGGC's Interpreting Protocol to ensure staff understood</i>	Staff are aware of how to organise British Sign Language Interpreters if required. Corridors, waiting areas and toilets are accessible to disabled patients. A portable Hearing loop is available from General outpatient department.	Signage to lifts could be improved in the main hospital

		<i>how to book BSL interpreters.</i>		
(g)	Religion and Belief	<i>An inpatient ward was briefed on NHSGGC's Spiritual Care Manual and was able to provide more sensitive care for patients with regard to storage of faith-based items (Qurans etc.) and provision for bathing. A quiet room was made available for prayer.</i>	Staff can signpost to Chaplaincy services. There is a quiet room available on site or space can be provided for patients who wish to pray.	
(h)	Pregnancy and Maternity	<i>A reception area had made a room available to breast feeding mothers and had directed any mothers to this facility. Breast feeding is now actively promoted in the waiting area, though mothers can opt to use the separate room if preferred.</i>	There are breast feeding rooms and baby changing rooms available to nursing mothers on site. Female patients are asked if they are pregnant before x-rays are taken.	
(i)	Socio - Economic Status	<i>A staff development day identified negative stereotyping of working class patients by some practitioners characterising them as taking up too much time. Training was organised for all staff on social class discrimination and understanding how the impact this can have on health.</i>	Staff undertake training in equality and diversity. Staff can signpost to reclaim travelling expenses, Staff can refer patients to support organisation if required.	
(j)	Other marginalised groups - Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers	<i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i>	There is a protocol in place for persons who are in the criminal justice system.	
9.	Has the service had to make any cost savings or are any planned? What steps have you taken to ensure this doesn't impact disproportionately on equalities groups?	<i>Proposed budget savings were analysed using the Equality and Human Rights Budget Fairness Tool. The analysis was recorded and kept on file and potential risk areas raised with senior managers for action.</i>	In line with other services cost savings will be taken into account however budget will be required to make the necessary adjustments to the department via capital works. It is anticipated that there will be a cost reduction in moving from treatment in an in patient area to an outpatient area. There will be no impact on equalities groups.	
10.	What investment has been made for staff to help prevent discrimination and unfair treatment?	<i>A review of staff KSFs and PDPs showed a small take up of E-learning modules. Staff were given dedicated time to complete on line learning.</i>	All staff have KSF and PDP's in place All Staff are encouraged to undertake Learn Pro modules in Equality and diversity Team Brief newsletters are circulated to all staff monthly	

11. In addition to understanding and responding to our legal responsibilities under the Equality Act (2010), services have a duty to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care (including dementia care) may be considered higher risk in terms of potential human rights breach due to removal of liberty, seclusion or application of

restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

Please give evidence of how you support each article, explaining relevance and any mitigating evidence if there's a perceived risk of breach. If articles are not relevant please return as not applicable and give a brief explanation why this is the case.

Right to Life

Not applicable to this outpatient dental service but staff are aware that patients have the right to determine if they wish treatment or not

Everyone has the right to be free from torture, inhumane or degrading treatment or punishment

Staff are aware through training to be aware of adult abuse and to ensure the rights of the individual are upheld

Prohibition of slavery and forced labour

Staff are aware through training of human trafficking and would report this if they had any concerns

Everyone has the right to liberty and security

Not applicable to this outpatient dental service but Staff are aware through training to be aware of any infringements and report these to senior staff

Right to a fair trial

Not applicable to this outpatient dental service but Staff are aware through training to be aware of any infringements and report these to senior staff

Right to respect for private and family life, home and correspondence

Not applicable to this outpatient dental service but Staff are aware through training to be aware of any infringements and report these to senior staff

Right to respect for freedom of thought, conscience and religion

Not applicable to this outpatient dental service but Staff are aware through training to be aware of any infringements and report these to senior staff

Non-discrimination

Not applicable to this outpatient dental service Staff are aware through training to be aware of any infringements and report these to senior staff

12. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.