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:

Attend Anywhere (Near Me) Virtual Consultation Tool

This is a : Service Development

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?
Enables patients to contact clinicians and have a virtual rather than face to face appointment for appropriate non interventional appointments. To enable this patients must have access to the internet and have a mobile phone, tablet or PC with chrome web browser
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.)
Significant service development which could change the way patient could interact with relevant services. As such it is proportionate and relevant to apply EQIA to this.

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:**
Mark Darroch	18/01/2019

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):

Low, Alastair (Planning & Development Manager); Ross, Jac (Equality and Human Rights Manager); Ankori, Jane (Programme 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 service users to. Can be used to analyse DNAs, access issues etc.***	Data collected will vary service by service. Data collected is via the Trak PAS system. The system allows additional info relating to additional support needs to be recorded to facilitate the invitation for virtual consultation.	No additional requirements
2.	**Can you provide evidence of how the equalities**	***A Smoke Free service reviewed service user data***	Future service implementation evidence will	Baseline before specific service implementation

	information you collect is used and give details of any changes that have taken place as a result?	***and realised that there was limited participation of men. Further engagement was undertaken and a gender-focused promotion designed.***	provide opportunities for analysis for AA tool post initial base lining. It should as an example help measure reductions in DNA by protected characteristic groups	and monitor uptake every 6M
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.**	***Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.***	Programme has been modelled and implemented elsewhere in Scotland under the SG TEC Programme. Small scale GGC pilot work has highlighted the benefits of reduced travel time and expense.	
4.	**Can you give details of how you have engaged with equality groups to get a better understanding of needs?**	***Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.***	No explicit engagement taken to date with Protected Characteristic Groups .	
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?**	***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.***	Limitations are access to technology and internet and appropriateness of appointment for a virtual consultation AA could reduce the burden of physically travelling to an NHS site.	A second phase of rollout will include promoting access via local community sites to minimise travel and also facilitate intervention required. As an example, appointments could be coordinated with a phlebotomy treatment.
7.	**How does the service ensure the way it communicates with service users removes any potential barriers?**	***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.***	Application of the tool will be compliant with GGC Interpreting and Communication policy. Both Sign and Spoken language interpreters will be able to join virtual appointments to ensure effective interpreting support from their base which does not require travelling to meet the patient for appropriate appointments.	
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**	***A sexual health hub reviewed sex disaggregated data and realised very few young men were attending clinics. They have launched a local promotion targeting young men and will be analysing data to test if successful.***	Protected characteristics of sex - Virtual Appointments programme may mean that there is reduced experience of picking up gender based violence through non control of the consulting environment and third parties within that environment. Evidence notes that the burden of child care lies with females therefore AA tool will alleviate challenges through reducing travel time / cost / stress when not required	
(b)	**Gender Reassignment**	***An inpatient receiving ward***	Attend anywhere allows	

		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.	transgender patients to make a choice for travelling to appointments or connecting remotely. This means patients can chose to stay at home or another 'safe' environment if they have any anxiety about travel and personal safety issues.	
(c)	**Age**	***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.***	N\A Likely benefits for reduced travel for frail / elderly patients and carers time	
(d)	**Race**	***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.***	Both Sign and Spoken language interpreters will be able to join virtual appointments to ensure effective interpreting support from their base which does not require travelling to meet the patient for appropriate appointments.	
(e)	**Sexual Orientation**	***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.***	N/A	
(f)	**Disability**	***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 how to book BSL interpreters.***	Offers positives for patients who face travel challenges. Reduces distress for some disabled patients and their carers, e.g. - Learning Disability and Autism. BSL Users - interpreters could engage through system to aid deaf community	
(g)	**Religion and Belief**	***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.	N\A	
(h)	**Pregnancy and Maternity**	***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.***	N\A	
(i)	**Socio - Economic Status**	***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.***	Patients may not be able to afford required technology equipment or internet access. Would reduce travel costs, potential time of work, requirement for child care if Virtual Appointments utilised	
(j)	**Other marginalised groups - Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers**	***A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.***	Homeless - NA Asylum Seekers - maybe able to utilise phase 2 - access from Community sites to minimise travel costs for appointments Could improve access to appointments for prisoners by removing the travel element of an appointment Travellers - improve access to allow participation remotely and facilitate continuity of care	
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?**	***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.***	N/A	
10.	**What investment has been made for staff to help prevent discrimination and unfair treatment?**	***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.***	As per NHSGGC mandatory training requirements	

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

N/A

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

N/A

Prohibition of slavery and forced labour

N/A

Everyone has the right to liberty and security

N/A

Right to a fair trial

N/A

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

N/A

Right to respect for freedom of thought, conscience and religion

N/A

Non-discrimination

N/A

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.

Virtual appointments is beneficial to patients and carers for appropriate appointment types in that it can significantly reduce the travel time, expense and logistics to attend physical NHS premises.