

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:

Deep Brain Stimulation Service

This is a : **Current Service**

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?

National service established in the management of patient with a movement disorder who may benefit from Deep Brain Stimulation. This includes outpatient consultation with Neurosurgeons, Neurologists, Neurophysiologists, Neuropsychologists and nursing staff.

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 for EQIA as it has recently been established as a national service for NHS Scotland.

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:
Craig Broadfoot	06/02/2018

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):

Craig Broadfoot (Clinical Services Manager); Christie, Graham (Lead Nurse, Neurosciences.); Stacey Murray (Administration Manager); Victoria Marshall (Consultant Neurologist)

	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.	Age and sex are recorded when patients are referred and registered with NHSGGC systems. No other equalities information is routinely collected. All patients who access the DBS service, have a disability based on their clinical condition. If patients were undergoing any gender reassignment, this	None to note.

			would also be documented. There are no barriers to collecting sex or age data.	
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>	The data collected has not been used to change the service at this stage as the national service has been newly established.	None at this time.
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>	Given the very niche nature of the DBS service and the fact it has been recently established, there has been no research undertaken as things stand.	
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>	There has been no engagement at this stage with equality groups, given the recent establishment of the service.	Discussion will take place with NSS around requirement for patient satisfaction surveys following first full year of the service being in place. Equality and diversity monitoring would be undertaken in this.
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>	All patients attend Ward 66A within the Institute of Neurological Sciences (INS). The building has lift access throughout. Doors are not automated. There is not a need for ramps to be installed. Patients normally attend the service accompanied by a friend or relative, given the nature of the procedure.	
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 DBS Administrator coordinates the patient's appointments and subsequently writes to patients in a clear manner. Should patients be identified as requiring interpreting services, this would be organised by the DBS Administrator. All letters are sent in English, however should translation be required, this can be organised.	
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 a local promotion targeting young men and will be</i>	There are no barriers to access for patients according to sex.	

		<i>analysing data to test if successful.</i>		
(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>	There are no barriers to access for patients undergoing gender reassignment.	
(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>	Biological age will be considered in all cases based on clinical evidence and treatment options will be discussed by the MDT.	
(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>	There are no barriers to patients in relation to race.	
(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>	There are no barriers to patients in relation to sexual orientation.	
(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 how to book BSL interpreters.</i>	There are no barriers to patients in relation to disability. As noted all patients accessing this service, will have a recognised disability.	

(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>	There are no barriers to patients in relation to religion or belief.	
(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>	Routinely neurosurgery would not be undertaken if an individual was pregnant, however should the patient have a young child, there would be no barrier.	
(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>	There would be no barriers in relation to socio-economic status or social class.	
(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 are no defined barriers for these groups. Most patients accessing the DBS service would be reviewed by neuro-psychology.	
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>	This is a new service and no cost savings are forecast at this stage.	
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 are required to undertake Equality & Diversity training as a mandatory training requirement from NHSGGC.	

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 - this would be viewed in the context of any other surgical intervention.

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

N/A - this is not applicable to the DBS service.

Prohibition of slavery and forced labour

N/A - this is not applicable to the DBS service.

Everyone has the right to liberty and security

N/A - this is not applicable to the DBS service.

Right to a fair trial

N/A - this is not applicable to the DBS service.

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

The letters sent regarding a patient's treatment are only sent to those who are involved in the patient's active care.

Right to respect for freedom of thought, conscience and religion

N/A - this is not applicable to the DBS service.

Non-discrimination

N/A - this is not applicable to the DBS service.

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.

N/A - this is not applicable to the DBS service.