

**Equality Impact Assessment Tool: Policy, Strategy and Plans**  
 (Please follow the EQIA guidance in completing this form)



**1. Name of Strategy, Policy or Plan**

NHSGGC New Interventional Procedures Policy

This is a : **Current Policy**

**2. Brief Description - Purpose of the policy, Changes and outcomes, services or activities affected**

This policy sets out the approach to be taken over the introduction of new interventional procedures within NHSGGC and is designed to enable clinicians to embrace new technologies whilst protecting patients and reducing risk.

**3. Lead Reviewer**

Geraldine Burke

**4. Please list all participants in carrying out this EQIA:**

Karen (Connor)

**5. Impact Assessment**

<b>A. Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality</b>	
Section 2.2 on page 3 of the policy states the following NHSGGC must comply fully with legal obligations to promote race and disability equality and equality of opportunity between men and women; and to eliminate unlawful discrimination on the grounds of race, disability, age, sex and gender, sexual orientation, and religion or belief. In accordance with NHSGGC Equality Scheme (2013-2016), an anti discriminatory approach to the introduction of new techniques and procedures is required.	
<b>B. What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?</b>	
	<b>Source</b>
<b>All</b>	NHSGGC recognises the need for innovation and views the introduction of new techniques and procedures as a vital part of practice to improve patient care and enhance the patient experience. However, this must be balanced with the corporate responsibility for ensuring the safety of patients involved in the introduction of such techniques and procedures and for clinical innovation to be conducted responsibly. This policy is targeted at clinical staff and sets out the approach to be taken over the introduction of new interventional procedures within NHSGGC and is designed to enable clinicians to embrace new technologies whilst protecting patients and reducing risk. NHSGGC must comply fully with legal obligations to promote race and disability equality and equality of opportunity between men and women; and to eliminate unlawful discrimination on the grounds of race, disability, age, sex and gender, sexual orientation, and religion or belief. In accordance with NHSGGC Equality Scheme (2013-2016), an anti discriminatory

	<p>approach to the introduction of new techniques and procedures is required.</p>	
<b>Sex</b>	<p>Information on the number and breakdown by sex of patient who receive interventional procedures is not available corporately. However, the policy requires clinicians to comply with legislation to promote equality of opportunity and eliminate discrimination.</p>	
<b>Gender Reassignment</b>	<p>It is estimated that there are between 15,000 – 45,000 transgender people in the United Kingdom including around 6,000 who intend to undergo, are undergoing or have undergone gender re-assignment . Information on the number of transgender patients who receive an interventional procedure is not available to date. However, the policy requires clinicians to comply with legislation to promote equality of opportunity and eliminate discrimination.</p>	
<b>Race</b>	<p>Greater Glasgow has the largest Black and Minority Ethnic (BME) population in Scotland (4.5% or 39,318 people). BME people are more likely to require communication support to navigate into, through and out of services – Glasgow currently has more than 70 spoken languages and NHSGGC has provided interpreters for almost 70,000 patient interactions since establishing its in-house interpreting service. Without the means to support effective communication, some patients may be at significantly increased risk of defaulting from scheduled appointments. Information to patients should be in a format appropriate to their additional needs, e.g. large print; community language. The policy stipulates clinicians must comply with legislation to promote equality of opportunity and eliminate discrimination.</p>	
<b>Disability</b>	<p>There are approximately 163,000 deaf and hearing impaired people in NHSGGC area. Of these 1250 use British Sign Language (BSL) and 440 are deafblind. There are almost around 188,000 people living with sight problems in Scotland. Many of these people are elderly and 90% of blind and partially signed people are over 60. Research has shown that nearly 50% of deafblind people have had a medical procedure without having had it explained to them due to there being no guide communicator at their appointment, this includes surgery. People with a physical disability may have access requirements and this needs planned as part of patient journeys. Although no evidence is available on the number of people with a disability receiving new interventional procedures, the policy stipulates clinicians must comply with legislation to promote equality of opportunity and eliminate discrimination.</p>	
<b>Sexual Orientation</b>	<p>Estimates suggest that there are between 8,000 and 44,000 lesbian, gay, bisexual adults in Glasgow. Barriers to access for LGB people focus on heterosexist or homophobic attitudes of staff and some historical institutional factors. There is no evidence available on any impact on LGB people receiving interventional procedures and it is not anticipated that the policy will adversely impact on this group.</p>	
<b>Religion and Belief</b>	<p>According to the 2001 Census, the largest faith groups in Scotland are: Christian 3,294,545 Muslim 42,557 Sikh 6,572 Jewish 6,448 Buddhist 6,380 Hindu 5,564 Barriers to access to particular procedures on the grounds of religion and belief focus on the sensitivity of staff in meeting a patient's spiritual care needs alongside their clinical needs. There is little evidence to indicate specific faith groups fare more poorly than others in terms of outcomes of new interventional procedure. However, the policy requires clinicians to consider issues around religion and belief and comply with legislation to promote equality of opportunity and eliminate discrimination.</p>	
<b>Age</b>	<p>The table below provides a breakdown of the base population covered by the service – showing the population in terms of age and expected shift in the demography of the population. Adults 65 years + account for approximately 17% of the population that NHSGGC serves. There are approximately 82,000 people in Scotland living with dementia which can have implications for both the patient and their carers when attending hospital. Age Group</p>	

	2012 0-15 204,018 16-24 143,461 25-34 180,003 35-44 155,246 45-54 177,746 55-64 137,826 65-74 100,757 75-84 66,270 85+ 23,140	
<b>Pregnancy and Maternity</b>	It is known that there were 7,631 births in the Glasgow city area during 2011 (51% female and 49%male). It is not anticipated that the policy will adversely impact on this group.	
<b>Marriage and Civil Partnership</b>	In 2011 there were 2846 marriages in Glasgow City and 41 male and 55 female Civil Partnerships. It is not anticipated that the policy will adversely impact on whether a patient is married or in a civil partnership.	
<b>Social and Economic Status</b>	The latest SIMD figures (SIMD 2009) estimate that over 190000 people from Glasgow, a third of the city's population, reside in the 10% most deprived areas in Scotland. People from areas of high deprivation face significant and challenging health problems. However, there is no evidence available to suggest that this would have an impact on whether or not an interventional procedure is carried out. It is therefore not anticipated that the policy will adversely impact on this group. Other marginalised groups – there is no evidence to suggest this would have an impact on whether or not an interventional procedure is carried out. It is therefore not anticipated that the policy will adversely impact on this group.	
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>	Other marginalised groups – there is no evidence to suggest this would have an impact on whether or not an interventional procedure is carried out. It is therefore not anticipated that the policy will adversely impact on this group.	
<b>C. Do you expect the policy to have any positive impact on people with protected characteristics?</b>		
	<b>Highly Likely</b>	<b>Probable</b>
<b>General</b>	This policy has been developed to provide a common standard to interventional procedures to ensure they are equitable, safe, clinically effective and ensure efficient access to services for their patients.	
<b>Sex</b>	Men and women will be treated equally under the terms of the policy.	
<b>Gender Reassignment</b>		The Policy requires clear communication with patients on interventional procedures so may reduce the risk further decrease the already low chance of misaddressing correspondence to trans patients
<b>Race</b>	The Policy builds on the existing organisational responsibilities to ensure that communication with patients will be in a format appropriate to their additional support needs e.g. community language. Guidance identifies not having English as a first language as a vulnerability indicator and support will be made available at referral stage.	
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<b>Disability</b>	patients will be in a format appropriate to their additional support needs. Guidance identifies communication issues as a vulnerability indicator and support will be made available at referral stage		
<b>Sexual Orientation</b>	There is little evidence the policy will have an impact due to the protected characteristic of sexual orientation.		
<b>Religion and Belief</b>	There is little evidence the policy will have an impact due to the protected characteristic of Religion and Belief.		
<b>Age</b>	There is little evidence the policy will have an impact due to age.		
<b>Marriage and Civil Partnership</b>	There is little evidence the policy will have an impact due to the protected characteristic Marriage & civil partnership.		
<b>Pregnancy and Maternity</b>	There is little evidence the policy will have an impact due to the protected characteristic of Pregnancy & maternity.		
<b>Social and Economic Status</b>	Acute Services are improving their approach to reimbursement of travel costs. This may aid implementation of this policy		
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>			The Policy builds on the existing organisational responsibilities to ensure that communication with asylum seeker patients will be in a format appropriate to their additional support needs e.g. community language
<b>D. Do you expect the policy to have any negative impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>General</b>			None envisaged
<b>Sex</b>			None envisaged
<b>Gender Reassignment</b>	No negative impact	No negative impact	No negative impact
<b>Race</b>			The foundations for booking procedures include compliance with the Accessible Information Policy and Interpreting Protocol throughout the patient journey. If the referrer does not include any language requirements an interpreter may not be organised. Patients may not understand the

			appointment letters. The high level policy aims of equitable access to treatment are reliant upon compliance with the Accessible Information Policy and Interpreting Protocol throughout the patient journey
<b>Disability</b>	No negative impact	No negative impact	No negative impact
<b>Sexual Orientation</b>	No negative impact	No negative impact	No negative impact
<b>Religion and Belief</b>	No negative impact	No negative impact	No negative impact
<b>Age</b>	No negative impact	No negative impact	No negative impact
<b>Marriage and Civil Partnership</b>	No negative impact	No negative impact	No negative impact
<b>Pregnancy and Maternity</b>	No negative impact	No negative impact	No negative impact
<b>Social and Economic Status</b>	No negative impact	No negative impact	No negative impact
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>	No negative impact	No negative impact	No negative impact