

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:

Routine Childhood Immunisation Clinic Delivery Redesign – Renfrewshire

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?

As a public health measure, immunisations have been and continue to be evidenced as extremely effective in reducing the burden of disease and are a critical aspect of preventative medicine. Immunisation policy in the UK is determined by the UK Health ministers and devolved administrations with advice/recommendations made by the independent expert advisory group, the Joint Committee on Vaccination and Immunisation (JCVI). The timely delivery of vaccines is an important aspect in achieving maximum levels of protection both at individual patient and population levels. A number of national developments including CEL13(2013) which set out the requirement of NHS Boards to refocus existing Health Visiting and School Nursing Roles, services and interventions by April 2014, www.sehd.scot.nhs.uk/mels/Cel2013, and a subsequent request from the Scottish GP Committee to the Scottish Government in the context of agreeing the new 2018 General Medical Services Contract in Scotland, that wherever possible some of the service delivery in practices should be delivered elsewhere in the NHS to relieve pressure on GP Practices including all vaccinations. This provides a timely opportunity to review and improve delivery of vaccinations through the Vaccination Transformation Programme. A new model for delivering routine childhood immunisations across NHSGGC has been proposed. This would see pre-school-aged children receive routine childhood immunisations from NHS community clinic venues rather than their registered GP practice (for the majority). Given the fundamental importance of delivering an equitable and effective immunisation programme to our diverse communities, it is important that an assessment of the proposal is undertaken to highlight any possible equality and human rights issues for delivery by health and social care partner organisations.

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 equality impact assessment (EQIA) has been conducted to review the potential risks to the protected equality characteristics of targeted vaccination cohorts (pre-school-aged children) in moving routine childhood immunisation delivery from the GP practice setting to a community clinic delivery model, which must be managed and mitigated in the delivery of the proposed, new model. The assessment has been designed to highlight overarching considerations by Renfrewshire. This EQIA has not been undertaken to capture all possible risks for each proposed clinic site within Renfrewshire, rather the assessment has been designed to highlight overall health equality and service accessibility risks, and how these might be mitigated in the delivery of the new model. This EQIA limits itself to an overarching assessment of what the potential risks and benefits will be of changing the model from GP practice delivery to centralised delivery via HSCP community venues. The risks highlighted must be considered for delivering effective and legally compliant services.

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:
Susan Clocherty	20/04/2018

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):

Fitzpatrick, Sharon (Team Lead); Elaine Byrne (Team Lead); Reilly, Bernadette (Senior Community Link Officer)

	Lead Reviewer Questions	Example of Evidence Required	Service Evidence Provided	Additional Requirements
1.	<p>What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?</p>	<p>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.</p>	<p>Equalities data is routinely collected on two (age and gender (male/female)) protected characteristics for children using the service; with accurate reporting available on immunisation uptake by age and SIMD. In addition, by area, service accessed, the child health team, EMIS web, amongst others. Ethnicity is not reliably recorded, partially due to historical reasons as during the setup process large numbers of children's files were ported into EMIS Web manually, and ethnicity was not always entered/ or was not available to be entered. Although there is no explicit legal requirement under the Equality Act's General Duty to collect and use equality information, in order to have due regard to the aims of the general duty, named public authorities must understand how the impact of their policies and practices differs with respect to those with particular protected characteristics. Collecting and analysing equality information (including information from engagement with people sharing protected characteristics where relevant) can be an important way of named authorities developing this understanding. With this in mind it is recommended that Renfrewshire adopt a robust approach to capturing protected characteristics data and use resulting analysis to identify possible patterning in service uptake that may result in inequity in use of the service. As a response to missing characteristics noted since 2016, a quarterly record keeping audit has been introduced and action plans developed to address any gaps.</p>	<p>There is a need to review the process of data collection within the service and share this with staff</p>
2.	<p>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?</p>	<p>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.</p>	<p>Following a mumps outbreak in early 2016, cases were analysed by age and compared with vaccination uptake data, which highlighted the majority of cases were amongst the school-age population in a concentrated area. In addition, an NHS GGC board wide Standard Operational Procedure has been introduced which includes a section relating to pre-school</p>	

			children who have moved into the Renfrewshire area and that health visitors have the responsibility for establishing the immunisation status of these children and follow up with any actions required.	
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>	There is limited research available on the relationship between protected characteristics and early years childhood immunisation. However, existing research does suggest lower uptake of immunisation programmes can be patterned by race and poverty. The 2017 reviewed NICE guidance (Immunisations - Reducing Differences in Uptake) makes recommendations for targeting groups at risk of not being fully immunised and includes: 1. Children and Young People who do not attend immunisation appointments will be followed up with a written recall invitation phone call or text 2. Children and Young People identified as having missed a childhood vaccination offered the outstanding vaccination 3. Children and young people who receive a vaccination have it recorded in their GP record the Child Health Information Service and Personal records. 4. Children and young people have immunisation status checked at specific educational stages. In Renfrewshire there has been a pilot completed within an area with an SIMD 1 which has shown an increase in uptake following a new texting process.	Within another Renfrewshire area (West Johnstone) there will be a further pilot.
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 are examples of local patient engagement/feedback both pre and post move from delivering in GP practices to community clinics. In relation to the introduction of the community immunisation clinic model within Renfrewshire we carried out a client satisfaction survey within the clinics, including those clients who received additional communication by the texting pilot	There is a need to review output of the recent satisfaction survey and develop action plan if required
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</i>	All pre-school immunisation clinics within Renfrewshire are held in either GP or NHS premises that are compliant with DDA legislation or meet appropriate building regulations.	

		<i>of signage has been undertaken with clearer directional information now provided.</i>	
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>	All immunisation resources to support pre-school immunisations delivery within Renfrewshire are produced nationally by NHS Health Scotland and are available in different languages. An Easy Read version of each resource is also available. Staff work to NHSGGC Working with Interpreters Staff Guideline Staff follow Accessing a Telephone Interpreter guide provided by Language Line services so that they can use the correct version of leaflets or language line with patients. Resources can be viewed via links below. http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/InterpretingServices/Documents/Working%20with%20Interpreters%20-%20Staff%20Guidelines.pdf http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/InterpretingServices/Documents/Accessing%20a%20Telephone%20Interpreter.pdf Staff use Language Identifier resource http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/InterpretingServices/Documents/Languages%20Identification%20Poster.pdf
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 analysing data to test if successful.</i>	Whilst not aware of any evidence showing that immunisation uptake is impacted on by children's gender, there is the potential for the parents'/carers' gender to be a factor. Evidence suggests there may be a slightly lower immunisation uptake for children of younger parents or single parents. Typically, women account for around 90% of all single parents and therefore experience a disproportionate financial burden. All staff as part of learning and development will have completed Routine Sensitive Enquiry training and Financial Enquiry. To increase accessibility to the immunisation clinics, resources from NHS Health Scotland are used within Renfrewshire and are in line with the Equality Act 2010. Standardised packs including information about immunisations are given out to all parents/carers of children within Renfrewshire

			and any barriers to attending are discussed at this time. Consent to immunisations is also obtained at this time via the First Visit Report, this information is then shared with Child Health. In addition, families living in areas of high deprivation within Renfrewshire are communicated by text to promote attendance.	
(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>	Ensure all staff of NHSGGC responsibilities and their role in relation to gender reassignment.	Ensure all staff are aware of the organisations responsibilities in relation to gender reassignment and staffs' role within that. – .
(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 routine childhood immunisation programme offered to pre-school age children is for those aged 0-5 years old. With the exception of Rotavirus and Meningitis B vaccines which have maximum age limits for when they can be administered in line with national immunisation policy, if a baby or child misses an immunisation for whatever reason there is the opportunity for immunisations to be caught-up, in line with the routine schedule or following the national Vaccination of individuals with uncertain or incomplete immunisation status pro forma https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status . In Renfrewshire an opt in service is offered to all young parents aged 13-19years which will offer support to attend immunisations.	
(d)	Race	<i>An outpatient clinic reviewed its ethnicity data capture and realised that it was not providing information in other languages.</i>	Staff work to NHSGGC Working with Interpreters Staff Guideline http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/InterpretingServices/Documents/Working%20with%20Interpreters%20-%20Staff%20Guidelines.pdf Staff follow Accessing a Telephone Interpreter guide	

		<p><i>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></p>	<p>provided by Language Line services http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/InterpretingServices/Documents/Accessing%20a%20Telephone%20Interpreter.pdf Staff use Language Identifier resource http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/InterpretingServices/Documents/Languages%20Identification%20Poster.pdf so that they can use the correct version of leaflets or language line with patients need.</p>	
(e)	Sexual Orientation	<p><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></p>	<p>LGBT does not form part of any template/assessment questions in relation to the delivery of pre-school immunisation, hence any available data would be based on a staff user adding this on an ad hoc basis. Unaware of any adverse impact on pre-school immunisation uptake.</p>	
(f)	Disability	<p><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></p>	<p>Reporting on disability would be reliant on read coding. There are an extensive number of read codes within EMIS Web, however these are not currently consistently used. It is important that all staff do not make assumptions about sexual orientation of parent/carers and refer to partners rather than wife/ husbands. The use of read codes across Specialist Children Services is currently being reviewed, so this should improve in future. In Renfrewshire, staff have had the read codes that have to be used sent out to them to improve accuracy of recording.</p>	
(g)	Religion and Belief	<p><i>An inpatient ward was briefed on</i></p>	<p>We can offer alternative vaccines (childhood flu and</p>	

		<i>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>	MMR) for pre-school children whose parents/carers wish their child/children, for faith or religious reasons, to receive an alternative vaccine, as available from supplier.	
(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>	During initial discussions regarding the move from delivering pre-school immunisations in GP practices to community clinics, access and space for prams/buggies has been listed as an accommodation requirement. NHSGGC is a Unicef Baby Friendly accredited service.	
(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>	As per the section on protected characteristic of Sex, there is a correlation between slightly lower uptake of immunisation and deprivation. HSCP staff complete Financial Enquiry training. Children & Families staff within Renfrewshire were identified as a priority group to complete the Universal Credit Full Service General Awareness Training Session in August 2018.	
(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>	Within Renfrewshire there is an identified lead in the HSCP who will liaise with the local authority and ensure all health needs of families and children seeking asylum are met. Within the GG&C immunisation SOP a process is outlined whereby health visitors will endeavour to confirm that a child's immunisation status is up to date. And if required will alert child health of incomplete immunisations' to organise attendance for these children. There is an identified pathway in place for homeless families and children to ensure a health visitor establishes contact to address any health	

			needs. In Renfrewshire we have a link coordinator from Communities, Housing & Planning who alerts health visiting services when travelling families are in our locality and HV teams organise contact to assess health needs.	
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>	The redesign of the pre-school immunisation service is not linked to a cost savings planning.	
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>	As part of staffs' PDP and mandatory training, staff are given time to complete the Equality, Diversity and Human Rights learnPro module and any other relevant training. Within Renfrewshire we have prioritised this by establishing a training database which is monitored. EMIS has been an investment to improve data collection and audit service delivery to inform service improvements.	

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

Parents/carers of pre-school aged children are provided with information regarding immunisations which is discussed with parents/carers by Health Visitors, as well as the Staff Nurses administering the immunisations to ensure that consent is fully informed.

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

If a child was to become extremely distressed there is the opportunity for a further appointment(s) to be rescheduled with appropriate individualised strategies beforehand prior to appointment.

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

Consent is sought at first visit (10-14 days) from the child's parent/carers for the child's data to be added to database that generates subsequent appointments. Consent is also confirmed on attendance at each individual immunisation appointment.

Right to respect for freedom of thought, conscience and religion

Parents/carers have the right to withhold consent for their child to be immunised. Staff ensure parents/carers are provided with the necessary information in order to make an informed choice.

Non-discrimination

Pre-school immunisation planning and delivery has been designed to avoid any discrimination on any ground in relation to the protected characteristics. Effective HSCP delivery for other marginalised groups, including travellers and homeless families will be reliant on local intelligence and existing information sharing protocols. Staff should undertake training where needed.

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.

There are examples of good practice across NHSGGC and scope to share learning to inform service improvement e.g. management of DNAs. Within Renfrewshire there is a pilot for a texting service to improve DNA rates which is about to be rolled out to another area within the locality.