



## Equality Impact Assessment Tool: Policy, Strategy and Plans

(Please follow the EQIA guidance in completing this form)

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

The Clear to All Public / Patient Health Information Management Policy

Please tick box to indicate if this is: **Current Policy, Strategy or Plan**

**New Policy, Strategy or Plan**

### 2. Brief Description – Purpose of the policy; Changes and outcomes; services or activities affected

The NHSGGC Clear to All Public / Patient Health Information Management Policy was developed to provide a common vision, direction and understanding of how services should ensure information to patients is provided in a proportionate and clear manner. Accurate, effective and accessible information is essential for the provision of high quality services and care. It lies at the centre of successful person-centred healthcare, helping people manage their health and wellbeing, and make fully informed decisions on the healthcare they receive. NHS Greater Glasgow & Clyde (NHSGGC) produces, manages and distributes an extensive range of public/ patient health information; it is important that this information is all-inclusive in meeting the needs of our service users and staff. In this context, public/ patient health information (subsequently referred to as patient health information) is defined as information that is provided to patients, carers and families about public health issues, clinical conditions, services, treatments and procedures provided by NHSGGC.

### 3 Lead Reviewer

Anna Baxendale, Head of Health Improvement, Public Health, NHS Greater Glasgow & Clyde, Corporate HQ, Gartnavel Royal Hospital

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

Kathy McFall, Head of Medical Illustration Services; Noreen Shields, Planning and Development Manager, Equality and Human Rights Team

## 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>		
<p>The policy aims to ensure fair provision of information for all NHSGGC patients. Providing information in accessible formats and in Plain English are a key focus of the policy. The policy takes cognisance of the: <a href="#">Patient Rights (Scotland) Act 2011</a>, <a href="#">Healthcare Quality Strategy for NHS Scotland</a>, <a href="#">2020 Vision for Health and Social Care</a>, <a href="#">Making It Easier: A Health Literacy Action Plan for Scotland</a>, <a href="#">Equality Act 2010</a> and <a href="#">NHS Scotland Interpreting, Communication Support and Translation National Policy</a>.</p>		
<b>B What is known about the issues for different equalities groups in relation to the services or activities affected by the policy?</b>		
		<b>Source</b>
<b>General</b>	<p>We are aware that non-attendance at scheduled appointments and non-compliance with treatment is patterned by experience of protected characteristics, meaning some people may be more likely to default on arranged appointments than others because of barriers arising from discrimination and wider exposure to inequality. This may not be the case for all legally protected characteristics, for example, data suggest that risk of DNA and CNA may be higher on the grounds of sex, race, disability and age. Experience of poverty can be associated with these protected characteristics and may serve to compound barriers. Complaints to the Ombudsman and NHSGGC often include issues of communication. Providing clear and concise information is key then in supporting patients to attend appointments and take up treatments.</p>	Ombudsman reports, NHSGGC complaints reports and online patient feedback system
<b>Sex</b>	<p>Our disaggregated patient data shows that young men aged 20-29 and living in poverty, is the group most at risk of not attending scheduled appointments (31.2%). Young women from the same age group and same SIMD quintile represent the next group most likely to not attend (20.4%). Evidence suggests this may be due to gender</p>	New outpatient DNA data - NHSGGC

	<p>socialisation (the roles men and women are taught to act out), lack of funds for transport, carer responsibilities or underlying mental health issues adding to an overall sense of hopelessness. Information that is clear and accessible to patients, which provides advice on issues such as transport options or claiming back travel expenses for those in poverty is key,</p>	
<b>Gender Reassignment</b>	<p>Trans groups continue to highlight a need to ensure all communication is properly addressed in order to encourage participation in health care</p>	<p>Scottish Transgender Alliance</p>
<b>Race</b>	<p>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. There may be different cultural interpretations of information and this should always be considered. Without the means to support effective communication, some patients may be at significantly increased risk of defaulting from scheduled appointments. We have been improving our recording of disaggregated patient data by race and this shows there are slightly higher rates DNA rates for BME patients across most SIMD quintiles.</p>	<p>Communication Support and Language Plan.</p>
<b>Disability</b>	<p>Research suggests that 24% of deaf and hard of hearing people have missed appointments because of poor communication. 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.</p> <p>Evidence from our patient groups suggests that disabled people have more difficulties in accessing health services than non-disabled people. The barriers that have been identified are commonly given as:</p>	<p>NHSGGC Communication Support and Language Plan</p>

	<ul style="list-style-type: none"> <li>• Difficulty in reading and understanding letters</li> <li>• Difficulty using telephones to arrange appointments</li> <li>• Transport difficulties including costs</li> <li>• Engagement in health services arising from mental health problems</li> </ul> <p>Due to a lack of disaggregated patient data identifying disabled patients, it is not possible to show how recorded disability features in current uptake of services.</p>	
<b>Sexual Orientation</b>	Barriers to access for LGB people focus on heterosexist or homophobic attitudes of staff and some historical institutional factors not information process issues. However, LGB people have raised that patient facing information has been less than inclusive, historically, of LGB communities. There is little evidence that d so require specific attention within the implementation of the policy.	Stonewall Scotland, LGBT Age
<b>Religion and Belief</b>	There is little evidence to indicate specific faith groups fare more poorly than others in terms of clear information provision.	NHSGGC Spiritual Care Policy
<b>Age</b>	Disaggregated patient data suggests improved compliance for attendance for scheduled appointments as patient get older. However, older patients may require information in large print as required.	New outpatient DNA data - NHSGGC
<b>Pregnancy and Maternity</b>	There is no evidence that pregnancy or maternity issues have further barriers to clear information and no disaggregated data available to determine how pregnancy or maternity impacts on attendance for scheduled appointments.	New outpatient DNA data - NHSGGC
<b>Marriage and Civil Partnership</b>	There is no discernible relationship between marriage and civil partnership and provision of clear information	N/A
<b>Social and Economic</b>	We are aware that poverty and deprivation affects the likelihood of attendance for hospital appointments and this is confirmed by our	<a href="https://www.nhsggc.org.uk/your-health/equalities-in-health/who-is-protected-">https://www.nhsggc.org.uk/your-health/equalities-in-health/who-is-protected-</a>

<b>Status</b>	SIMD patient data. People in poverty have less access to educational opportunities and literacy issues. Literacy levels in NHSGGC are comparatively low, with an estimated 65,000 people requiring literacy support. Ability to understand written instruction can be a significant facilitator in accessing health care NHSGGC guidance on literacy offers good practice advice and sources of support for patients.	<a href="#">by-equality-law/marginalised-groups/people-with-literacy-issues/</a>	
<b>Other marginalised groups/factors –</b> Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers	Some marginalised groups will experience barriers to accessing services through a combination of factors associated with experience of discrimination, wider inequality and poor information. Asylum seekers may share some barriers with the protected characteristic of Race in terms of language, but may be at higher risk of barriers through lack of experience and information about the NHS system.  People with addiction issues or experiencing homelessness can have comparatively chaotic lifestyles and may be at increased risk of non-attendance unless support structures are put in place to check information provided with service users on scheduled appointments and treatment.		
<b>C Do you expect the policy to have any positive impact on equalities or on different equalities groups?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>General</b>	The NHSGGC Clear to All Public / Patient Health Information Management Policy was developed to provide a common vision, direction and understanding of how services should ensure information to patients is provided in a proportionate and clear manner.		

<b>Sex</b>	<p>Men and women will be treated equally under the terms of the policy.</p> <p>Monitoring will ensure a robust checking process is in place to measure improvements in provision of accessible information.</p>		
<b>Gender Reassignment</b>	<p>Monitoring will ensure a robust checking process is in place to measure improvements in provision of accessible information.</p>		
<b>Race</b>	<p>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. Monitoring will ensure a robust checking process is in place to measure improvements in attendance for BME patients.</p>		
<b>Disability</b>	<p>Disabled patients will benefit from communication support through a policy commitment to identify the preferred method of providing information to the patient. The role of advocates and carers should not be underestimated in communicating written information</p>		

	to patients.		
<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>	Monitoring will ensure a robust checking process is in place to measure improvements in provision of accessible information.		
<b>Social and Economic Status</b>	Monitoring will ensure a robust checking process is in place to measure improvements in provision of accessible information.		
<b>Other marginalised groups</b> - Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers	Monitoring will ensure a robust checking process is in place to measure improvements in provision of accessible information.		

<b>D Do you expect the policy to have any negative impact on equalities or on different equalities groups?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>General</b>			Although the policy sets out high level aims of delivering clear, accessible and proportionate this process needs to be effectively operationalised to ensure no one experiences differential health outcomes as a result of the implementation.
<b>Sex</b>	No negative impact	No negative impact	No negative impact
<b>Gender Reassignment</b>	No negative impact	No negative impact	No negative impact
<b>Race</b>			The high level policy aims to provide accessible and proportionate information. Implementation is key to meets of people with first language not as English
<b>Disability</b>			The high level policy aims to provide accessible and proportionate information. Implementation is key to meets of people who require, for example, Braille, Makaton, BSL. Word and pictures, audio recording or Easy Read



<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>			The high level policy aims to provide accessible and proportionate information. Implementation is key to meets of people who may require large print
<b>Social and Economic Status</b>			The high level policy aims to provide accessible and proportionate information. Implementation is key to meets of people who may have literacy problems
<b>Other marginalised groups</b> - Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers			The high level policy aims to provide accessible and proportionate information. Implementation is key to meets of people who may have literacy problems. The role of 3 <sup>rd</sup> party support staff cannot be underestimated in communicating written information to marginalised groups.

<b>E Actions to be taken</b>		
		<b>Responsibility and Timescale</b>
<b>E1 Audit of policy</b>	The policy should be audited to assess quality and range of information provided in accessible formats and whether NHSGGC has implemented a proportionate approach to the provision of patient	Anna Baxendale, Kathy McFall, February 2022

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**6. Review: Review date for policy / strategy / plan and any planned EQIA of services**

The Policy will be subject to the NHSGGC Quality Assurance process which includes a 6-month review from date of published EQIA.
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**Lead Reviewer: Name: Anna Baxendale**

**Sign Off: Job Title: Head of Health Improvement**

**Date: 11<sup>th</sup> February 2021**

Please email copy of the completed EQIA form to [egia1@ggc.scot.nhs.uk](mailto:egia1@ggc.scot.nhs.uk)

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