

## 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](mailto:CITAdminTeam@ggc.scot.nhs.uk) for further details or call 0141 2014560.

### 1. Name of Current Service/Service Development/Service Redesign:

GG&C Adult Eating Disorder Service / Review 2018

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?**

The GG&C Adult Eating Disorder Service (AEDS) is a multidisciplinary service that offers specialist intervention for individuals with moderate to severe eating disorders. Patients with eating disorders are referred by their General Practitioner to their Community Mental Health Team (CMHT) who treat eating disorders of mild to moderate severity. Patients are referred to AEDS by the CMHT using a clear traffic light representation of risk. AEDS preserves capacity to see urgent patients within 10 working days (usually sooner) with routine cases seen within 30 days. The service offers intensive input (keyworking, psychological, medical monitoring, dietetic and occupational therapy) via individual and group intervention from its base at Florence Street. Joint working usually takes place at the patients local CMHT. Joint work enables patients to receive specialist input from AEDS and generic input from the CMHT. The CMHT provides psychiatric input and access to out of hours and crisis support (generic unscheduled care). Patients are seen by AEDS for one to two years. The intervention is an evidence based formulation driven psychological intervention. Physical risk is held both by AEDS Medical Practitioner and their own General Practitioner. Changes to the NHS GG&C system have made joint working less practical. Therefore the service development of AEDS holding sole responsibility for eating disorder patients but maintaining joint responsibility with CMHT for cases with dual diagnosis (diabetes, alcohol and drug and perinatal) should improve the care that patients with eating disorders receive across GG&C.

**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.)**

The 10 year Scottish government strategy sets out a future vision for Scotlands mental health. This vision is one where people can get the right help at the right time, expect recovery and fully enjoy their rights, free from discrimination and stigma. It seeks equal access to effective and safe care and treatment;  
<https://beta.gov.scot/binaries/content/documents/govscot/publications/report/2017/03/equality-impact-assessment-results-mental-health-strategy/documents/00515987-pdf/00515987-pdf/govscot:document/?inline=true/> The Five Year Strategy for Adult Mental Health, outlines how this will be achieved in GG&C through service changes. <http://www.nhsggc.org.uk/media/244212/eqia-glasgow-hscp-nhsggc-transformational-programme-mental-health-services.html> AEDS was asked to review its service to continue to offer the best evidence based treatment for patients with eating disorders across GG&C within the context of the five year mental health strategy. Wider changes in the service delivery of mental health will have implications that should be addressed. Less use of mental health beds and changes to the Community Mental Health Teams are the background to the suggested changes.

### 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:
Phillips, Katrina	01/10/2018

### 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):

Katrina Phillips (Head of Service); Charlotte Nevison (Clinical Lead); Mary O'Donnell (Inpatient Service Manager); Gillian Reilly (Specialist Services Manager)

	Lead Reviewer Questions	Example of Evidence Required	Service Evidence Provided	Additional Requirements
1.	<p><b>What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?</b></p>	<p><b><i>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.</i></b></p>	<p>The AEDS is a tertiary mental health service that is accessed through the Community Mental Health Teams. It strives to provide a non discriminatory service to all referred patients. AEDS has introduced electronic records (EMIS) and is following GG&amp;C guidance around the new GDPR. It is researching service activity and measurement options that can be utilised via EMIS reporting. This will enable ongoing data collection and analysis to continue to inform service improvement. Data is collected via EMIS and includes information on patient age, gender, socioeconomic status, sexual orientation, religion and disability. Service referral data is collected quarterly in order to consider referral and attendance trends. The service also regularly conducts audits in order to more comprehensively look at referral trends and outcomes.</p>	
2.	<p><b>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?</b></p>	<p><b><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></b></p>	<p>The service model is evidence based and strives to offer flexibility wherever possible in order to encourage attendance for a group of patients for whom recovery can be threatening. The service is a GG&amp;C wide service and whilst largely operating from its base in Florence Street it offers the opportunity for local appointments for patients for whom travel is difficult. This is particularly applicable with regard to monthly clinics in Greenock. The service understands the value of joint working particularly for individuals with co-morbid difficulties including diabetes, personality disorder and drug and alcohol use. It works to join appointments at the patients CMHT and to prioritise a Care Programme Approach (CPA) where applicable. Patients with eating disorders are often reluctant to engage with services due to the nature of</p>	<p>Evidence notes that transition between CAMHS and adult services can be challenging and anxiety provoking. In order to improve transition AEDS has suggested within the Review that patients transfer directly from CAMHS to AEDS without the need to be referred via the CMHT. This will greatly improve the process and should improve outcome.</p>

the illness. Therefore the service allows more time and flexibility during a two session assessment phase followed by a four session engagement period in order to encourage patients to access. It also engages with patients who are not attending rather than immediately discharging them in order to improve attendance. Service users from the Perinatal service are also offered more treatment at home (as required) in order to support the demands of new motherhood. Patients who are too physically unwell (due to their ED) to use public transport but who need to access the service are provided with nhs funded taxis in order to enable their attendance. The service offers a regular Carers Group for carers of patients attending AEDS. The time and content of this course is determined by attendees. Attendees were asked to complete questionnaires stating their preferences. The results lead to the development of the Carers Group which runs on a Tuesday night so that participants can attend after work. This has significantly improved attendance and the current course is full. Recently the service has noted a societal change in terms of a higher preponderance of veganism. In line with freedom of thought, conscience and religion this is supported where possible. This can be a key feature of an eating disorder but in order to support individual rights the service has worked to accommodate this change providing patients are physically well enough to tolerate with this diet. Dietitians are also employed to provide dietary education.

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.***

Individuals with eating disorders are often in the precontemplative phase and are often ambivalent to work on their eating disorder. Because of this AEDS needs to be flexible in terms of working to build a good alliance with patients whilst being boundried regarding non-attendance. The service regularly asks patients for views on their experience of attending and will then adapt accordingly. Recently this has

			<p>been demonstrated through changes to the Compassion Focused Therapy Group via anonymous patient feedback after each session. The service also supported a University of Glasgow thesis research project that analysed the qualitative experience of patients in this group. This was shared with the service and group coordinators and changes to the group content and delivery were facilitated. Eating disorders are more common in females than males across the SES. AEDS works to ensure that males feel able to access a largely female dominated service. There is the option to see a male key worker if requested.</p>	
4.	<p><b>Can you give details of how you have engaged with equality groups to get a better understanding of needs?</b></p>	<p><i>Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.</i></p>	<p>Patient satisfaction forms have been used particularly to look at the experience of specialist inpatient treatment on a general ward. This then lead to improvement in information sharing both written and verbal.</p>	<p>need to Reintroduce use of patient satisfaction questionnaires across the service. Once complete service should also implement an equality data monitoring form to accompany it</p>
5.	<p><b>Question 5 has been removed from the Frontline Service Form.</b></p>			
6.	<p><b>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</b></p>	<p><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></p>	<p>Although the service is located in Florence Street Resource Centre and treatment is largely based there. AEDS is able to see patients at local CMHTs or their homes as required. Patients who are at high physical risk are provided with NHS funded taxis in order to enable their attendance. Low weight patients who are unfit to climb stairs are either seen on the ground floor or use a lift to reach the first floor. AEDS specialist inpatient treatment is based at Armadale Ward, Stobhill Hospital. Individuals who have a strong preference for a more local admission are supported by the service by AEDS via their keyworker and a link nurse.</p>	<p>The service proposal for a Day Unit would allow greater choice for individuals at the more severe end of the illness. It would offer another level of treatment intensity before and after inpatient treatment and in some cases could replace the need for an inpatient stay. This gives individuals more choice and supports more freedom and less loss of liberty.</p>
7.	<p><b>How does the service ensure the way it communicates with service users removes any potential barriers?</b></p>	<p><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</i></p>	<p>AEDS Operational Policy is kept up to date and is always revised following service development. Service users are contacted by letter, email or phone. They are asked whether they would like to receive text reminders of appointments. Any difficulties</p>	<p>Since AEDS specialist nurses have moved out of the AEDS inpatient facility it would be useful to produce an information booklet to orientate new patients to the service including what to expect from</p>

		<b><i>all staff on NHSGGC's Interpreting Protocol.</i></b>	with reading or writing are sensitively worked round. For example staff offer to support the completion of questionnaires where indicated. AEDS staff have been supported to complete learnpro training on 'Equality, Diversity and Human Rights' and any other relevant training. Requirements for use of interpreters are rare but utilised when needed and staff know how to access them .	treatment. This could also be produced for outpatients and attendees of the day unit if this is supported.
8.	<b>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:</b>			
(a)	<b>Sex</b>	<b><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></b>	The service is designed to meet the needs of all adults and their families. Eating disorders are most prevalent in females and manifest from adolescence right through the life span. There are however a growing number of males suffering from eating disorders and it is important that these sufferers are encouraged to access local services. AEDS encourages primary care (GPs) to contact the service to discuss any patients with potential EDs to facilitate identification. AEDS regularly looks at its gender data to check that it corresponds to anticipated figures	
(b)	<b>Gender Reassignment</b>	<b><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></b>	The service recognises that transgender people are one of the most marginalised protected characteristic groups. This characteristic would emerge during assessment and how the person would chose to be addressed would be sensitively managed. The formulation based approach includes identity formation so this may be relevant in relation to development of an ED. Staff have access to information in Equalities in Health via Staffnet and Elearning. The GG&C transgender policy has been circulated for reference.	
(c)	<b>Age</b>	<b><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</i></b>	AEDS offers a service to individuals from age 18 upwards. It does not discriminate against individuals over 65. The prevalence of eating disorders reduces over the lifespan and the majority of service users capable of	

		<b>complications of non-attendance.</b>	psychological change are aged approximately 18 to 40. The rationale for not seeing individuals younger than 18 is that there is a dedicated child and adolescent service for eating disorders (CONNECT) which is able to focus predominately on family work and link closely to CAMHS. Individuals who have ED of a severe and enduring course (ie over 10 years) can respond less well to treatment but remain at high risk. AEDS has recommended a pathway to manage these individuals which would allow flexibility between active treatment and case monitoring.	
(d)	Race	<b><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></b>	AEDS is committed to delivering non discriminatory care and treats all people who enter the Unit with dignity and respect. The service is open to all people regardless of race. Staff are aware of the need to incidents of racism are datixed.	
(e)	Sexual Orientation	<b><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></b>	AEDS is committed to delivering non discriminatory care and treats all people who enter the service with dignity and respect. Staff recognise and embrace diversity and respect lifestyle choices. This characteristic would emerge within the initial assessment and may be relevant in terms of identity and development of ED. The team has good experience working with this and would consider routinely as part of a individualised formulation and care plan. Staff recognise changes in legal framework regarding legal civil partnerships and same sex marriage.	
(f)	Disability	<b><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></b>	AEDS offers a comprehensive service for individuals with ED regardless of disability. Measures are taken where required in order that everyone receives an individualised service and AEDS will work jointly with other services inc social work as required. A hearing loop system is in place in reception. Staff have good	Assessment of disability access may be required for using the therapy kitchen.

			awareness how to access BSL interpreters. There is access to disabled toilets.	
(g)	<b>Religion and Belief</b>	<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>	Individuals faith / spirituality is established at assessment and considered as a protective factor in their individualised formulation. Any related requirements are considered seriously by the service as they arise.	
(h)	<b>Pregnancy and Maternity</b>	<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>	The service prioritises the care of patients with ED who are pregnant or with baby, due to their increased risk. AEDS works closely with the Perinatal service to offer a well coordinated healthcare approach. After the baby is born AEDS usually sees the mother at home. Related issues are dealt with sensitively and individually. A room can be made available for nursing mothers	
(i)	<b>Socio - Economic Status</b>	<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>	The service has good awareness of social class discrimination. Any financial challenges can be addressed in conjunction with referral and support form Social Work Department. While there are no direct questions in the admission process there is scope for staff to discuss with patients and carers financial concerns. Each patient is individually assessed. Links are made with other relevant services including homelessness, addiction, liaison, and prison as required.	
(j)	<b>Other marginalised groups - Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers &amp; refugees, travellers</b>	<i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i>	Each patient is individually assessed. Links are made with other relevant services including homelessness, addiction, liaison, and prison as required.	
9.	<b>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?</b>	<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>	While there is constant review of available resources to ensure effective use there is consideration taken and an assessment of any direct or indirect impact on marginalised groups. This has been evident in the development of the review process and recommendations made in relation to the outreach, day service and inpatients services	

10.	<b>What investment has been made for staff to help prevent discrimination and unfair treatment?</b>	<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 a core outline in annual appraisal, equality and diversity are included for every member of staff at their yearly review. All staff are supported to complete the learn pro module for equality and diversity and this is discussed regularly in case formulation as appropriate. Turas and PDP are in place to monitor staff CPD.	
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**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**

Individuals with eating disorders have the highest mortality of any mental health diagnosis. A key aim of the service is to preserve life, and either promote recovery or/and improve quality of life. There is recognition that often patients can be reluctant to receive life saving treatment and occasionally the Mental Health Act 2003 has to be used in order to preserve life. This is done with sensitivity balancing freedom and autonomy with quality care, treatment and any required restrictions. All patients are informed of their rights and given help to support them.

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

As referred to above individuals with eating disorders can suffer from significantly impaired decision making ability particularly at life threateningly low weight. On some occasions patients can be resistant to treatment including eating and resting, and physical and emotional health are severely compromised. On these occasions intensive inpatient treatment may be needed to initially physically stabilise then allow recovery. The Mental Health Act 2003 is only used when required. Legal criterion are carefully applied, decisions are made in a multidisciplinary context with the patients needs and rights at the centre of decision making. Detained patients have access to a mental health officer and may appeal through a solicitor. They are treated with compassion at all times. Inpatient treatment is supported by evidence based psychological therapy.

#### **Prohibition of slavery and forced labour**

N/A

#### **Everyone has the right to liberty and security**

All efforts are made to build healthy therapeutic relationships between patients and staff and minimise need for the use of the Mental Health Act 2003. However when compulsory detention or treatment is required this is done as compassionately and respectfully as possible. In all circumstances the family are kept aware of proceedings as enabled by the patient. The service works hard to provide additional support to patients before and after inpatient treatment in order to try to avert or to minimise length of stay.

#### **Right to a fair trial**



During the process of detaining a patient under the Mental Health Act 2003, the patient is well supported by AEDS in order to understand the need and the process. Decisions are made thoughtfully by a multidisciplinary team, the patient is encouraged to identify a named person and have an Advance Statement. They have the right to be told why they are detained and whether and how they can appeal. They may appeal via a Solicitor and are encouraged to seek support and advice from family and/or advocacy.

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

AEDS patients are all 18 and over. They are fully entitled to independence and to control the sharing of information about themselves. AEDS encourages family involvement and seeks clarity over who to include and when. Written consent for any family involvement is essential.

### Right to respect for freedom of thought, conscience and religion

Individuals personal views including religion are taken into account during their psychological formulation which guides treatment

### Non-discrimination

AEDS is established in line with the Equality Act 2011 supporting the enjoyment of rights and freedom without discrimination due to the nine protected characteristics as documented above.

**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.**

Eating disorders cause physical illness, psychosocial impairment and have the highest mortality rate of any of the psychiatric disorders. They are also a challenge to manage and treat due to physical risk, lack of insight, poor motivation and psychological impairment at lower weight. It is therefore essential that individuals receive a sound comprehensive service supporting patients rights and recovery. AEDS offers an evidence based multidisciplinary psychological treatment to individuals with eating disorders across GG&C. One of its strengths is its capacity to see patients at high risk and severely unwell at short notice in a variety of locations. AEDS will see patients across the trajectory of their illness including CMHT, home, base and hospital. AEDS is fairly unique in its capacity to support an individual suffering from an eating disorder in any general or psychiatric hospital across GG&C. The main part of its service function is intensive multidisciplinary input, both individual and group, delivered at its base (Florence Street Resource Centre, Glasgow). AEDS service review proposals will add quality and choice to the patient pathway. AEDS proposes to solely manage a significant proportion of individuals with eating disorders, and reduce joint service working to where required ie dual diagnosis with CMHT's, alcohol services and the diabetes service etc. This ensures that individuals continue to have full access to all appropriate community services including crisis and out of hours (which a specialist service can not provide). The proposal to develop the service by adding a Day Unit facility would offer more choice to its patients by adding another tier of intensity of input with the aim of reducing inpatient bed use. This has been requested by patients in preference to inpatient treatment and is supported by the evidence base. Alongside the introduction of electronic patient notes to the service in 2017, AEDS is working to develop a new system of data collection of both service activity and individual outcome. This is in order to analyse efficacy of intervention and further support service development and patient recovery. This is all in line with the new General Data Protection Regulation (GDPR) offering individuals more transparency and accountability.