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:

Phlebotomy Service EQIA 2018

This is a : Service Development

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 service will provide phlebotomy interventions to the adult population (16+) within Glasgow City HSCP. The service will support pathways from Primary and Secondary care settings and will be delivered through designated health care bases and domiciliary visits. The service will operate between the hours of 8.30 am – 4.30 pm, Monday – Friday.
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 main priorities are to: - •Provide an equitable phlebotomy service within Glasgow City HSCP •To reduce the number of phlebotomy interventions carried out by GP's, Treatment Rooms and District Nursing Service •Deliver phlebotomy services locally throughout Glasgow City •Transfer phlebotomy responsibilities to the HSCP as per the General Medical Services Contract in 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:**
Catherine Boyle	24/08/2018

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):

Catherine Boyle (Interim Phlebotomy Lead); Frank Mullen (Adult Services Manager)

	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.***	Staff only use the demographic information included on the referral form. They do not routinely gather equalities data. Barriers include time, language, staff awareness and training.	Need to establish a data collation method. Will explore the option to include the mandatory fields within EMIS patient information system. Data collection to include patient postal code , age, locality, gender and GP practice. This data will

				inform how we operate and progress the service.
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?**	***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.***	The service does not currently collect this data.	Will explore the option to include the mandatory fields within EMIS patient information system. Data collection to include patient post code , age, locality, gender and GP practice. This data will inform how we operate and progress the service.
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.***	No, there is a need for the service to consider relevant research from other health boards and out-patient services.	Explore research base as appropriate to inform service changes and development
4.	**Can you give details of how you have engaged with equality groups to get a better understanding of needs?**	***Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.***	N/A	Need to include an equalities monitoring system. Satisfaction survey to be agreed.
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?**	***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.***	All buildings are DDA compliant. Loop systems are in place in all facilities.	A review of signage would be beneficial to ensure that directional information is clear. Domiciliary visits for housebound clients may be implemented for those unable to access clinic setting
7.	**How does the service ensure the way it communicates with service users removes any potential barriers?**	***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.***	Speaker phones are now in place in all clinical spaces to enable full use of telephone interpreting services.	A review of patient information is required. Better use of Solus screens to transmit information in a variety of languages. Process for booking/accessing interpreting services to be implemented.
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**	***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.***	There are no known issues regarding uptake of service according to gender.	Prioritise Gender Based Violence training for staff
(b)	**Gender Reassignment**	***An inpatient receiving ward has held briefing sessions***	This area has never been properly addressed within	Gender reassignment awareness and policy

		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.	the phlebotomy service	training is required for all staff.
(c)	**Age**	***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.***	All adults who can either attend by themselves or with support are eligible to be seen.	Service gap for people below the age of 16 requires to be appropriately addressed.
(d)	**Race**	***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.***	The Phlebotomy Service in Glasgow will be delivering services to an increasingly diverse community. The interpreting service is available to patients. Clinical areas have speaker phones enabling a three way conversation to take place. Monitoring of service uptake is required	Monitoring interpreting service use and the more recent use of the telephone interpreting service which appears to better support the high volume of daily patient flow and thus reduce delay in treatment if no interpreter is available to accompany patients. Make better use of Solus screens to deliver patient information in a variety of languages pertaining to the locality. These can be easily updated. Review what patient information is available in translated formats.
(e)	**Sexual Orientation**	***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.***	Information regarding sexual orientation is not routinely gathered. This requires to be addressed via improved data gathering. Staff require to be aware not to make assumptions about a patient's sexual orientation.	Awareness training in relation to equality and diversity
(f)	**Disability**	***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***	The buildings are DDA compliant. Loop systems are in place. A review of directional signage is required.	Review of signage. Staff are aware of the legal requirement to book a BSL interpreter in line with the British Sign Language (Scotland)Act 2015.

		interpreters.		
(g)	**Religion and Belief**	***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.***	Staff are aware of cultural and religious differences and are accustomed to asking patients their preferences if their cultural beliefs may have an impact on how they use/receive the service. An example of this being the reduced demand from male Muslim patients on Friday afternoon due to Friday prayers. Staff aware of this when booking patient appointments	
(h)	**Pregnancy and Maternity**	***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.***	Breast feeding facilities are available to those who require them	Mothers will be supported should they wish to breast feed within treatment room waiting areas
(i)	**Socio - Economic Status**	***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.***	Staff very aware of the socio-economic status of their patient group and how this impacts on health.	Need to raise awareness amongst staff group of other resources available to support the self care/health promotion agenda, i.e.-referring patients to health improvement service. The service will be delivered locally which will reduce any financial impact on client groups who attend.
(j)	**Other marginalised groups - Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers**	***A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.***	Staff very aware of a number of issues affecting these groups, particularly people with addiction issues, whom they deal with on a regular basis. Staff work in partnership with other agencies for patients how may have difficulty accessing clinic setting due to mental health or addiction issue to ensure that care needs are met.	Staff need to be supported to identify onward referrals pathways for marginalised groups. As the service progresses clinics will be delivered locally so that they are accessible to all groups. The service will operate an appointment based system that will allow for longer appointment times to be given for patients who require additional time. The service will also complete domiciliary visits to complete interventions for client groups that are unable to attend a clinic setting.
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**	***Proposed budget savings were analysed using the Equality and Human Rights Budget Fairness Tool. The analysis was recorded and kept on file and potential***	None are planned at present	

	equalities groups?	***risk areas raised with senior managers for action.***		
10.	**What investment has been made for staff to help prevent discrimination and unfair treatment?**	***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.***	The appointments based service will assist in preventing discrimination as work can be carried out in a more planned way allowing for better preparation for patient care.	Staff given protected learning time to ensure that anti-discriminatory training is supported. The appointment base system allow staff to arrange additional support i.e. interpreting services, BSL support.

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

Patient has the right to attend appointment at a time and place suitable for them. The service is planning to progress service to provide domiciliary visits for patients who cannot attend a clinic settings.

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

Patient consent if obtained for each intervention

Prohibition of slavery and forced labour

Not applicable.

Everyone has the right to liberty and security

Not applicable

Right to a fair trial

Not applicable

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

Risk assessment to be completed for domiciliary visits to ensure safety of staff and patients. Reporting structure in place to escalate any risk issues identified.

Right to respect for freedom of thought, conscience and religion

NHSGG&C polices in place to support staff.

Non-discrimination

NHSGG&C polices in place to support staff.

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.