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NHS Greater Glasgow and Clyde
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 2014560/4967

Name of Current Service/Service Development/Service Redesign:

Phlebotomy Service, Glasgow City HSCP

Please tick box to indicate if this is a: Current Service Service Development Service Redesign

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally determined).

What does the service do?

The service will provide phlebotomy interventions to the adult (16yrs+) and paediatric (5yrs+) population of Glasgow City HSCP. The service supports pathways from the Primary Care setting and is delivered through designated Health Centre bases and through Domiciliary visits. The service operates Monday to Friday 8.30am until 4.30pm.

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.)

As part of ongoing service development of existing service it would be beneficial for the service to reflect on its reach, performance and consider areas for improvement to enable equitable access to the population of Glasgow City

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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: Frank Mullen, Service Manager Older People & Primary Care Tracy Daly, Support and Development Lead, CTAC Services	Date of Lead Reviewer Training: October 2012 August 2023
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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):

Frank Mullen Service Manager, Tracy Daly, Support and Development Lead

	Lead Reviewer Questions	Example of Evidence Required	Service Evidence Provided (please use additional sheet where required)	Additional Requirements
1.	What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?	<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>	Data is collected using existing systems for the recording of interactions with this service user group. Standard NHS treatment systems which require full name, address and CHI number entry / recording. Admin Staff use the demographic information included on the referral form received from the referrer. Information collated on EMIS web relates to age, gender & ethnicity	Options need to be explored to include the additional equalities information within new electronic patient system being scoped for future use within the service.

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			Main barrier to this is the IT system used does not allow gathering of the other equalities data.	
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?	<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>	<p>The Phlebotomy Service is required to ensure consideration of equalities in all areas of service planning, development and implementation.</p> <p>Staff and service users will have access to interpreting services as per HSCP / NHSGG&C Interpreting and Communication Support Policy. Staff have access to British Sign Language services via interpreting services. Additional communication support requirements are noted on the clinical record so provision can made when required</p> <p>Written materials are available in a variety of languages. Information is displayed within all the clinical rooms, waiting rooms and community reception areas to support inclusive patient access to the service.</p>	
3.	Have you applied any learning from research about the experience of equality groups with regard to	<i>Cancer services used information from patient experience research and a cancer literature review to</i>	Research done by GPs within deprived areas of Glasgow recognised the additional health	We will continue to explore relevant research from other partnerships

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	<p>removing potential barriers? This may be work previously carried out in the service.</p>	<p><i>improve access and remove potential barriers from the patient pathway.</i></p>	<p>needs and barriers to engagement with services among those living in areas of high deprivation.</p> <p>The Phlebotomy Service in Glasgow is located in health centres, predominantly in areas of high deprivation.</p>	<p>as appropriate to inform service changes and development</p>
4.	<p>Can you give details of how you have engaged with equality groups to get a better understanding of needs?</p>	<p><i>Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.</i></p>	<p>There has been no recent patient satisfaction surveys or engagement with equality groups.</p> <p>The service does however work closely with the Primary Care Improvement Team who regularly engage with service users to gather views on access to primary care services.</p> <p>The service engages regularly with other community services and GPs to ensure that we provide effective access for harder to reach groups.</p>	<p>The service is aware of a need to engage with our service users to inform any future changes to service provision.</p> <p>Plan to engage with the PCIT team to develop patient satisfaction surveys. Team Lead with action this within the next 6 months</p>
5.	<p>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</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>The Health Centres are accessible by car and there are public transport links to all. Car parking is available with designated disabled parking bays, close to health service entrances.</p>	<p>Domiciliary visits are available</p>

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			<p>The Phlebotomy Clinics are on the ground floor with the exception of Community Centre for Health. Patients can access this building via a ramp and the treatment rooms by lift. There is clear signage in all Health centres directing to the Community Phlebotomy Service</p> <p>All buildings are DDA compliant. Loop systems are in place in all facilities.</p> <p>Service users can request domiciliary visit if unable to attend appointment within Health Centre</p>	
<p>6.</p>	<p>How does the service ensure the way it communicates with service users removes any potential barriers?</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 all staff on NHSGGC's Interpreting Protocol.</i></p>	<p>Speaker phones are in place in all clinical spaces to enable full use of telephone interpreting services. Staff and service users will have access to interpretation services as per HSCP / NHSGG&C Interpreting and Communication Support Policy. Staff have access to British Sign Language services via interpreting services.</p> <p>It is documented in the patient's notes if interpreters are required so this is in place prior to the patient</p>	

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			<p>appointment.</p> <p>Patient information leaflets are available in a variety of languages</p>	
7.	<p>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:</p>			
(a)	<p>Sex</p>	<p><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></p>	<p>The Phlebotomy Service is available to all members of the population.</p> <p>Patients are able to request a female/male staff member, due to the lower number of male staff working in the service this may result in a lengthen patient waiting time, an explanation will be given in this instance</p> <p>There are no known issues regarding uptake of service according to gender.</p> <p>Staff have attended Gender based violence training</p>	
(b)	<p>Gender Reassignment</p>	<p><i>An inpatient receiving ward held sessions with staff using the NHSGGC Transgender Policy. Staff</i></p>	<p>It is possible that where a service user is attending a phlebotomy clinic and seeing another health professional other than their own GP,</p>	<p>We will look at formal training for staff on gender reassignment</p>

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		<p><i>are now aware of legal protection and appropriate ways to delivering inpatient care including use of language and technical aspects of recording patient information.</i></p>	<p>that healthcare professional may not know the patient and their gender reassignment history.</p> <p>However, at all times practitioners are required to work within the legal framework protecting information sharing in relation to people with the protected characteristic of Gender Reassignment and would seek permissions to share information where appropriate</p> <p>All phlebotomy staff are aware of where to access information regarding Gender Reassignment. Staff are also aware of using correct terms/pronouns.</p> <p>The nursing team are also aware of issues relating to the CHI for transgender patients.</p>	
(c)	Age	<p><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</i></p>	<p>The service predominately sees adults 16yrs+ however there is service provision for paediatrics aged 5yr+.</p> <p>Mandatory training on ASP and child protection training is in place.</p>	

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		<i>non-attendance.</i>		
(d)	Race	<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>	<p>The Phlebotomy Service delivers to an increasingly diverse community within Glasgow City.</p> <p>Staff and service users will have access to interpreting services as per HSCP / NHS GG&C Interpreting and Communication Support Policy. Staff have access to British Sign Language services via interpreting services. Written materials are available in a variety of languages.</p> <p>Booking for the service is via telephone or in person at community reception desks. If patients are able to state their language, they will be able to request that three way telephone interpreting is utilised. Otherwise, patients will be able to make appointments in person, again using telephone interpreting.</p>	
(e)	Sexual Orientation	<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</i>	<p>Referral to the service is based upon eligibility criteria; sexual orientation is not a factor</p> <p>Information regarding sexual orientation is not routinely gathered.</p>	

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		<p><i>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>Staff require to be aware not to make assumptions about a patient's sexual orientation and have all had awareness training in relation to homophobia and indeed homophobic violence.</p> <p>Mandatory Equality and Diversity e-Learning is required to be completed by all staff on induction and routinely throughout employment</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 NMSGC's Interpreting Protocol to ensure staff understood how to book BSL interpreters.</i></p>	<p>The Health Centres are accessible by car and there are public transport links to all. Car parking is available with designated disabled parking bays, close to health service entrances.</p> <p>The phlebotomy clinics are on the ground floor with the exception of Community Centre for Health. Patients can access this building via a ramp and the clinical room by lift. There is clear signage in all Health centres directing to the Community Phlebotomy Service</p>	

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			<p>All buildings are DDA compliant. Loop systems are in place in all facilities.</p> <p>Reception desks are at 2 levels with a lowered area for those in wheelchairs.</p> <p>There are disabled toilets within easy access in all health centres.</p> <p>Chairs in the waiting rooms are Bariatric</p> <p>Assistance Dogs are welcome within Health Centres</p> <p>Staff regularly attend training in Mental health and disability awareness</p>	
(g)	Religion and Belief	<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</i>	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.	

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		<i>available for prayer.</i>	<p>Examples of this being:</p> <p>Ensuring a female Muslim is treated by a female healthcare professional.</p> <p>During Ramadan patients are routinely offered earlier appointments.</p> <p>Male Muslim patients don't get appointed on Friday afternoon's due to Friday prayers. Staff aware of this when booking patient appointments.</p>	
(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>	<p>The Phlebotomy Service is open to all members of the population and there are not any specific areas in relation to pregnancy or maternity which need addressed</p> <p>Breast feeding facilities are available to those who require them. Mothers are supported should they wish to breast feed within the health centre waiting areas.</p>	
(i)	Socio – Economic Status	<i>A staff development day identified negative stereotyping of working class patients by some practitioners</i>	A disproportionately high percentage of 45.4% of all of Glasgow's data zones are in the 20% most deprived	

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		<p><i>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></p>	<p>data zones in Scotland.</p> <p>Within Glasgow, the North East locality has a far higher proportion of 20% most deprived data zones at 58.4% (128 data zones) than both the South (112 - 40.1%) and North West localities (99 - 39.9%).</p> <p>The Phlebotomy Staff are very aware of the socio-economic status of their patient group and how this impacts on health.</p> <p>Phlebotomy staff will signpost to other health improvement services as required.</p>	
(j)	<p>Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers</p>	<p><i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i></p>	<p>The Phlebotomy Service is open to all members of the population.</p> <p>The staff are very aware of a number of issues affecting these groups including asylum seekers, refugees, people suffering from mental health conditions and people from areas of deprivation.</p> <p>All Phlebotomy Staff have completed the NHS Equality</p>	

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			Diversity and Human Rights e-Learning	
9.	<p>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?</p>	<p><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></p>	<p>Budget has been set which reflects the funding for 2024-25 and anticipated funding for future years.</p> <p>Funding currently provided from the Scottish Government Primary Care Improvement Fund.</p> <p>We do not expect the savings from the HSCP budget will impact equalities groups disproportionately.</p>	
10.	<p>What investment has been made for staff to help prevent discrimination and unfair treatment?</p>	<p><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></p>	<p>All staff have been supported to complete the mandatory Learnpro module on equality and human rights. There will be an induction training programme launching soon for new staff which will include equality and diversity training.</p>	

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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.

Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.

Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)
1. Options need to be explored to include the additional equalities information within new electronic patient system being scoped for future use within the service.	2026	E-health Team
2. Explore research base as appropriate to inform service changes and development	Ongoing	Team Lead
3. Include an equalities aspect to next patient satisfaction survey	January 2025	Team Lead/PCIT Team
4. Formal Training for staff in Gender reassignment/sexual orientation awareness	December 2024	Team Lead
5. Ensure all staff complete Equality and Diversity LearnPro Training and all new staff attend the induction when launched.	December 2024	Team Lead

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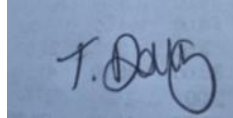
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Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

Review date 11th March 2025

Lead Reviewer:
EQIA Sign Off:

Name: Tracy Daly
Job Title: Service and Development Lead



Signature:
Date: 11th September 2024

Name: Frank Mullen
Job Title: Service Manager
Signature
Date:

Quality Assurance Sign Off:

Name Alastair Low
Job Title Planning Manager
Signature A Low
Date 24/09/2024

Please email a copy of the completed EQIA form to eqia1@ggc.scot.nhs.uk, or send a copy to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4560/4967. The completed EQIA will be subject to a Quality Assurance process and the results returned to the Lead Reviewer within 3 weeks of receipt.

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PLEASE NOTE – YOUR EQIA WILL BE RETURNED TO YOU IN 6 MONTHS TO COMPLETE THE ATTACHED REVIEW SHEET (BELOW). IF YOUR ACTIONS CAN BE COMPLETED BEFORE THIS DATE, PLEASE COMPLETE THE ATTACHED SHEET AND RETURN AT YOUR EARLIEST CONVENIENCE TO: eqia1@ggc.scot.nhs.uk

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**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET**

Name of Policy/Current Service/Service Development/Service Redesign:

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Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

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Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

Please email a copy of this EQIA review sheet to eqia1@ggc.scot.nhs.uk or send to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospitals Site, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4560/4967.

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