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 (please provide service details and location:

Greater Glasgow and Clyde - Review of Health and Social Care Out of Hours (OOHs)

This is a: Service Development

2. Description of the service & rationale for selection for EQIA:

A. What does the service do?

A Review of Primary Care Out of Hours Services was commissioned by the Cabinet Secretary for Health, Sport and Wellbeing and led by

Professor Sir Lewis Ritchie in January 2015, in light of the challenges being faced in delivering services during the out of hours period.

Professor Sir Lewis Ritchie's Report advised that a whole system approach to enable a safe, sustainable, patient-centered service model to be developed was central to enhanced joint working across health and social care services during the OOHs period. The approach was described through 28 recommendations.

The review recommended a model for out of hours and urgent care in the community that is clinician led but delivered by a multi-disciplinary team where patients will be seen by the most appropriate professional to meet their individual needs – that might not always be a GP but could be a nurse, or a physiotherapist or social services worker.

The review also states that GPs should continue to play a key and essential part of urgent care teams, providing clinical leadership and expertise, particularly for more complex cases.

Following the publication of that report a local review of Health and Social Care Out of Hours provision was been commissioned across the 6 Health and Social Care Partnerships, led by Glasgow HSCP.

The OOHs services within that programme scope are:

- GP
- District Nursing
- Community Rehabilitation
- Children's Social Work Residential Services
- Emergency Social Work Services
- Emergency Dental Services
- Homelessness
- Home Care
- Mental Health
- Community Pharmacy
- Optometry

The present situation for the ongoing provision of Health and Social Care OOHs Services across Greater Glasgow and Clyde is that the current configuration lacks resilience and is not sustainable. The reasons for this are multi-factorial and include:

- Lack of work force capacity across parts of the health and social care system as it is challenging to attract and retain staff to work in the OOHs period.
- Aging workforce; resulting in the loss of experienced and skilled staff
- Growing numbers of people living with multiple and complex conditions; resulting in an increasing demand on services in an age of austerity which requires us to achieve more through better use of resources
- Expectations of the population in terms of increasing demands for care when convenient rather than a focus on need
- Our current fragmented nature of the health and social care service provision makes communication, day-to-day management and co-ordination of services extremely challenging and resource intensive. The current configuration of provision can result in a number of services working in isolation to provide support to one patient / service user during the OOHs period.

Within Professor Sir Lewis Ritchie's review, 28 recommendations have been outlined which assists in laying the foundations for an approach for the provision of consistent urgent OOHs care that is sustainable over time throughout Greater Glasgow and Clyde.

The feasibility phase of this work involves a detailed scoping and mapping of our current provision of Health and Social Care OOHs Services and it is likely that any changes to Health and Social Care OOHs Service provision will have both positive and negative impacts on vulnerable patient groups. Future service re-design and/or changes in services will require equality impact assessments to be undertaken to ensure any service change is compliance with the GCHSCP legal duties in respect of their Equality Act 2010 and the Public Sector Equality Duties.

We are aware of the considerable health inequalities experienced by many patients living across Greater Glasgow and Clyde and in preparing our service transformation plan we will give considerable thought to how we will design our services to address both the underlying causes of inequality and how we respond to the poor health outcomes, which these inequalities both create and exacerbate.

This Equality Impact Assessment is not assessing a new model of care / service provision across the Health and Social Care OOHs System.

This Equality Impact Assessment will be re-visited once the final plan and services changes are agreed to complete and will be used to provide a baseline for future equality impact assessments for front line services to patients/service users.

Due to the number of services within the programme scope specific service evidence and additional requirements has been noted where required throughout the assessment document.

B. Why was this service selected for EQIA? Where does it link to local development plan priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.)
A Review of Health and Social Care OOHs Service Provision was commissioned across the 6 HSCPs, led by Glasgow City HSCP. This review is linked to the Board's Moving Forward Together Programme, Mental Health 5 Strategy and Primary Care Transformation Programme and incorporated into the IJBs Strategic Plans.

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:**
Kirsty Orr	

4. Please list everyone involved in carrying out this EQIA

Lisa Johnstone, Jill Scoular, Frances McMeeking, Anne Mitchell, Jackie Dougall, Karen Donoghue, Anne-Marie Rafferty, Fiona Rodgers, Martin Will, Margaret McCraken, Candy Millard, Derrick Pearce, Frank Mullen, Gillian Reilly, Alan Harrison,

	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.***	The services in scope use different systems to record patient history. Routine information collected: age, sex, race, disability/health condition, faith, preferred language, communication needs (eg interpreter/ large print) <u>GP OOHs Service</u> The Adastra system used within the GP OOHs Service captures age; sex and presenting health	<u>OOHs District Nursing Service</u> Need to establish a collection method which includes sexual orientation and gender reassignment. Will explore the option to include the mandatory field within CNIS <u>Emergency SW & Homelessness Services</u> To ensure that Data collected by G&PESWS is recorded on electronic systems of all the partner authorities. <u>Crisis OOHs</u> Crisis OOHs service has

			symptom(s) and conditions.	introduced electronic records (EMIS) and is following GG&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.
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? You should explain here how data is used to meet the General Duty of removing discrimination, promoting equality of opportunity and supporting good relations between protected characteristic groups.**	***An addiction service used collected data to identify service uptake by sex. The review showed very few women attended and the service undertook local engagement to better understand perceived barriers.***	All data collected is used in the assessment of need process to ensure that care provided will adequately support the needs of the individual. Data on age, sex, reason for contact can be used to demonstrate demands on the service and demographic accessing service to allow service development to meet with changing needs, identify barriers to accessing service and all resources to be	As we build on more joined up work in regard to the IT across the partner authorities, we should have access to more robust information that will allow for Data to be analysed to inform service improvements. Use the collated data to inform workforce planning in order to target the right services for the needs identified

			aligned effectively.	
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. You should explain here how this learning has been used to meet the General Duty of removing discrimination, promoting equality of opportunity and**	***Social work services used best practice models of engaging with adults with dementia tested in other parts of the UK. These were piloted locally with evaluation and review.***	<u>District Nursing Services, Home Care Services</u> Staff undertake learning and training relating to a range of long term conditions including dementia to enable them to support individuals to maximise their potential and quality of life. Equality & diversity training modules are available. <u>Emergency SW and Homelessness</u> Services Copies of Advocacy information leaflets now available in GPESWS for MHO to take out with them on visits.	<u>District Nursing Services</u> 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?** **You should explain here how engagement has contributed to meeting the General Duty of removing discrimination, promoting equality of opportunity and supporting good relations between protected characteristic groups.**	***Service user satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.***	<u>District Nursing Service</u> District Nursing service introduced a service user satisfaction survey. This does not feedback from an equalities perspective. <u>Home care Services</u> Regular service user consultations are performed via survey and focus groups. Diversity and equality monitoring forms are included in the survey consultation. This information can assist the development of services and data is provided to the Scottish Executive for national monitoring and development. <u>OOHs Crisis</u> OOHs CPN services rely on feedback from the Mental Health Network in helping shape and redesign	<u>District Nursing Service</u> Need to include an equalities aspect to next patient satisfaction survey.

			services.	
5.	**Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?** **You should explain here how reasonable adjustment has been used to meet the General Duty of removing discrimination, promoting equality of opportunity and supporting good relations between protected characteristic groups.**	***A service 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.***	<u>District Nursing, GP OOHs, CPNs,</u> The services visit patients at home in the OOH period for further assessment and when accessibility present. <u>*Emergency Dental, Community Pharmacy, Optometry</u> The services have disability access and facilities. *Emergency Dental Services have a a surgery equipped for the treatment of patients with additional needs. There is a loop available at reception. This a user led system- staff training not required <u>Emergency SW and Homelessness Services</u> The service has disability access and facilities. There is a family room,	

			toys for children, information available in various languages for homelessness, who would generally be the service users attending at the building.	
6.	**How does the service ensure the way it communicates with service users removes any potential barriers?** **You should explain here how you communicate in a way that meets the General Duty of removing discrimination, promoting equality of opportunity and supporting good relations between protected characteristic groups.**	***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 Interpreting Protocols.***	GP OOHs, Emergency Dental, District Nursing NHS 24 at time of referral highlight if need for interpreter and arrangements are made to ensure this in place when the patient attends Translated patient information is available including language identification cards covering 50 different languages. Home Care Services Service users receive written and verbal communication – POA or NOK can also receive copies where there is a need (dementia etc) also interpreter and translation services are available and	District Nursing Service Consider if there is a need to explore whether the documentation used by The DN service needs to be available in other languages? All Services Develop system wide sharing of information in relation to public information / education re service provision / changes for people where English is not their first language. We need to think about how we can ensure people who are illiterate access information about the services.

			advised Staff education is prioritised recognising equality and diversity which includes policies and procedures Within staff net there are clear links to equalities in health. There is a dedicated NHSGGC website for Health Equalities for the service user with clear links The use of and distribution of reading material is available in languages other than English. <u>Emergency Social Work</u> Process for booking interpreters, leaflets/posters in various languages. Regular updates and communications about changes to our homelessness service	

7.	**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 identified and removed. What specifically has happened to ensure the needs of equality groups have been taken into consideration when considering discrimination, equality of opportunity and good relations 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.***	All staff undertake Equality, Diversity & Human Rights mandatory training in line with NHS GG&C / HSCP guidelines. Service Users / patients can request a male or female staff member (if available on shift)	

(b)	**Gender Reassignment**	***A service 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.***	Gender Reassignment is not routinely recorded across the system, however the services promotes supporting the rights and choices of individuals to ensure outcomes are met. Staff have access to the NHS GG&C Transgender Policy and HSCP policies <u>Home Care Services</u> Staff are aware of legal protection and appropriate use of language and approaches for recording of information and assessment are applied. Services are delivered in line with the National Care Standards and the SSSC code of practice regular inspection and registration is completed. <u>District Nursing Service</u> This area has not been addressed within the DN OOH service.	<u>District Nursing Service</u> Raise awareness of the Transgender policy. Training as required for all staff. <u>All Services</u> Staff should be aware of how to signpost to the relevant services who can provide the expert service and advice and therefore determine if further signposting / direction information is needed within the services.

(c)	**Age**	***A home support service had operated age related exclusion for service users without objectively justifying the decision. This was reviewed and evidence sought to support the decision to limit service access.***	All service users / patients access the service based on assessed need. <u>District Nursing Service</u> The OOHs District Nursing Service is available to all patients over the age of 16 yrs as agreed service provision. There is a separate service for children. .	

(d)	**Race**	***An outpatient clinic reviewed its ethnicity data and saw it was not providing information in other languages. It included a prompt on information for patients to request copies in other languages. The clinic realised it was dependant on family to interpret and reviewed use of interpreting services to ensure this was provided for all appropriate appointments.***	Information for patients / services provided in a range of languages via leaflets and booklets. <u>Home Care Services</u> Where required ethnic minority/multi language care staff are sourced from external care agencies.	This area that requires to developed to support service changes and re-design.
(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.***		We need to review our documentation / systems to ensure that if a patient / service user is in a civil partnership this can be captured if appropriate.

(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 interpreters.***	Accessible access and facilities in services where patients / service users attend. Sign language interpreters can be accessed. Patient information leaflets available in other formats. Loop system in place for patients with hearing impairments.	
(g)	**Religion and Belief**	***A spiritual care/faith manual was provided to staff visiting families in their homes to support inclusive and sensitive care. A quiet room was made available for prayer in the service area.***	Policies and guidance available for staff to ensure awareness and sensitive care.	

(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.***	All public areas within HSCP/NHS/Council buildings actively promote breast feeding.	
(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.***	All patients / services users should be supported to access services, when needed	Potential changes to service access need to be considered prior to implementation.

(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 HSCP areas.***	All patients / services users should be supported to access services, when needed	Potential changes to service access for GP OOHs Services needs to be considered prior to implementation.
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?**	***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.***	Any service developments or new services require to complete EQIA assessment and then a full assessment if required to ensure there is no disproportionate impact on equalities groups.	Potential changes to service access for GP OOHs Services needs to be considered prior to implementation.
10.	**What investment has been made for staff to help prevent discrimination and unfair treatment?**	***A review of staff PDPs showed a small take up of E-learning modules. Staff were given dedicated time to complete on line learning.***	Staff provided with access to online training	

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

Health and social care OOHs services ensure that patients / service users are able to live their lives as they wish with risk being managed where able. Risk assessment are completed when concerns are noted.

All staff are trained to ensure that our service users are treated in a dignified manner, where their choices/wishes are taken into account. Staff are aware that if service users / patients voice issues/concerns to their safety and wellbeing, these are raised via the appropriate channels.

Preservation of life, including reducing suicide is at the heart of all nursing services however patients also have a right to a good death. The OOH District Nursing service facilitates the right to die in the person's preferred place of care though sensitive conversations with patients and carers and providing support to them through their journey.

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

All Health and Social Care OOHs services have a focus on ensuring that patients / service users are safe from harm.

Staff ensure person specific care is provided and that patient's dignity is preserved while attending the service. Staff within the services receive training on how to recognise and signpost cases where there is a suspicion of untoward treatment or abuse:

- Public protection training
- Protection of Vulnerable Groups – registration
- Equality and Diversity training

Staff are aware of the need to escalate / refer any cases where there are concerns noted / highlighted.

Prohibition of slavery and forced labour

The Health and Social Care OOHs services have an awareness of modern slavery and would report concerns accordingly.

Everyone has the right to liberty and security

Services work within the context of "minimum intervention" and maintaining a balance between supporting risk and self determination and risk assessments that drive actions that keep patients / service users safe. Any actions taken will only be those that are deemed necessary

to protect an individual or individuals.

In relation to homelessness services staff are aware of Article 8 and will endeavour to house families together to best meet their needs and protect their rights.

Right to a fair trial

Health and Social Care assessments maintain a focus on ensuring that assessments are completed in partnership with patients/service users and carers and where appropriate advocates.

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

Staff maintain their code of conduct / practice to be respectful of patients / service users privacy and confidentiality.

Health and Social Care teams' area respectful of patients' / service users' privacy and have a respect for their possessions ensuring that they treat them with care. They would not, for example, open any correspondence unless directed to do so by the patient / service user.

Right to respect for freedom of thought, conscience and religion

Patients / service users are able to make autonomous decisions, supported by the advocate if appropriate, regarding their treatment following discussion and informed consent processes

Non-discrimination

Health and Social Care OOHs Services adhere to article 14.

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.

Lead Reviewer Name: **Date:**