

NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool For Frontline Patient Services

It is essential to follow the EQIA Guidance in completing this form

Name of Current Service/Service Development/Service Redesign:

West Dunbartonshire Public Partnership Executive Forum

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

Brief description of the service and rationale for selection for EQIA: (Please include if this is part of a Board-wide service or is locally determined).

What does the service do?

The West Dunbartonshire Public Partnership Forum (PPF) is the key community engagement structure for WDCHCP communication, engagement and consultation:

- Informing local people about the range of health services that are provided locally which the CHCP is responsible for.
- Engaging with local service users, carers and the general public in discussion about how to improve services.
- Supporting wider involvement in planning and decision making about public services

The PPF Forum is open to anyone in West Dunbartonshire and has a regular attendance rate of 25 people per bi-monthly meeting, comprising members from both across geographical communities and communities of interest in the locality. In addition to the regular cycle of meetings, the PPF holds an annual development and feedback day independently facilitated by WDCVS.

Why was this service selected for EQIA?

The PPF review is in line with the agreement that all PPF's operating in the G.G. & C Board area would complete an EQIA to comply with the Community Participation Standard.

Who is the lead reviewer and where based?

George Murphy, Public Involvement Officer, WDCHCP, Leven Valley Business Centre, Castlehill Road, Dumbarton.

Please list the staff groupings of all those involved in carrying out this EQIA (when non-NHS staff are involved please record their organisation or reason for inclusion):

WDCHCP PPF EQIA Sub Group

Impact Assessment – Equality Categories

	Lead Reviewers 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 barrier to collecting this data?	Age, sex race, sexual orientation, disability, Gender reassignment Faith, Socio-economic status date collected on services user. Can be used to analyse DNA's access issue etc	NHSGG&C Public Involvement & Participation Equalities Monitoring Form was posted out to the PPF membership. We are still collating the results. .	All new and existing PPF members will be asked to complete equalities monitoring form annually. Equalities information will be kept physically and electronically secure and confidential
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	Previously equalities information has been used to determine participation requirements of PPF support members experiencing visual impairment difficulties or other potential barriers. Deafblind Scotland have assessed the PPF meeting structure and confirmed arrangements to be satisfactory. Pre-agenda meetings organised for members to explain the detail of reports or issues that may be discussed Informal monitoring of support needs.	Individual training needs assessments will be carried out annually with existing and newly joined PPF members. Training will be offered to any PPF members to fill any identified skills gaps
3.	Have you applied any learning from research about the experience of equalities 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 barrier form the patient pathway	Use The National Standards for Community Engagement to ensure good practice. Annual training needs assessment PPF workers and members ongoing promotion of the aims and objectives of the PPF to traditionally hard to reach groups Good links with a range of community and voluntary groups (both local and National)	
4.	Can you give detail of how you have engaged	Patient satisfaction surveys have been used to make	Annual development day sessions have standing agenda item of improving access and engagement. Over the last	Ongoing development work

	with equality groups to get a better understanding of needs	changes to service provision	two years this has resulted in linking the PPF and the West Dunbartonshire Council Planning Implementation Partnership (PIP) group to avoid duplication and allow for greater input and engagement.	
5.	If your service has a specific Health Improvement role how have you made changes to ensure services take account of inequality?	A service for teenage mothers includes referral options to smoking cessation clinics. The clinics are able to provide crèche facilities and advice on employability or income maximisation	<p>Heads of service attend PPF meetings to discuss their performance plan and any major reviews of service. PPF chair sits on WDCHCP committee and support is provided to PPF Reps through pre-meeting briefing sessions and background information.</p> <p>The PPF has a broad range of representation highlighting and raising health improvement concerns across a spectrum of activity eg. Addictions, Mental Health, Inequality, Poverty, Service Delivery issues</p> <p>Public Involvement Officer and PPF Chair attend and give presentations to local groups and structures that do not always engage with the PPF directly eg. WDC Community Participation Committee.</p> <p>Each PPF member has received information on the EQIA process</p>	PPF members decide on a list of topics that they want to discuss at PPF executive meetings. Heads of service are asked to attend and explain any proposed service changes
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	Meetings are held in friendly accessible venues mainly during the evening but with daytime meetings as thought beneficial. Deafblind guide service regularly attends. Materials can be transcribed into Braille, audio or large print if requested. Portable hearing loop facility available. Interpreter service booked if requested and written material would be translated into community languages if requested.	Meetings will continue to be held in friendly accessible venues

			Monitoring and review of support needs	
7.	How does the service ensure the way it communicated with service users removes 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	<p>There are over 80 members on the PPF. The ratio of Male: Female on the Executive Group is 20% male: 80% female All Agenda Papers and Reports provided in large print if requested</p> <p>WD has high levels and concentrations of deprivation, poor health and health inequalities and these characteristics are reflected in the current PPF membership</p> <p>Loop system is available</p> <p>Annual monitoring and full review of support needs</p>	<p>PPF members will continue to attend many community meetings out with PPF events where they will take the information from PPF meetings and circulate it to the wider community to inform as many community groups of the PPF activities.</p> <p>Discussions to be held with local youth groups to find out how they would like to engage with the PPF.</p> <p>Work has started to link the PPF and the Addictions user groups. (FAST)</p>
8(a)	What specifically has happened to ensure that needs of equality groups have been taken into consideration in relation to: Sex	A sexual health hub reviewed sex disaggregated data and realised that very few young men were attending clinics. They have launched a local promotion targeting young men and will be testing sex-specific sessions	<p>Specific male/female health not on agenda. Currently Care Group focus is Mental Health/Elderly/Learning Disability/Primary Care/Carers/Addiction/ Poverty etc rather than gender. Wider group mailing list is not gender specific</p>	
(b)	Gender Reassignment	An inpatient receiving ward has held briefing sessions with staff using the NHS GGC 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.	Information on the gender reassignment has not been collected.	<p>Policies explaining Gender related health issues are available to all PPF members</p> <p>Update PPF Executive Group membership individual membership List and include the equalities monitoring form.</p> <p>Promote PPF at all appropriate networks to encourage involvement</p>

(c)	Age	A urology clinic analysed their sex specific data and realised that young men represented a significant number of DNAs. Text messages reminders were used to prompt attendance and appointment letters highlighted potential clinical complications of non-attendance.	The majority of the membership are over sixty. Age related issues regularly discussed at PPF meetings Venues selected for their easy accessibility.	Policies explaining Gender related health issues will be circulated to all PPF members One of the PPF priorities this year is to have greater engagement with disadvantaged groups. Discussions to be held with local youth groups to find out how they would like to engage with the PPF.
(d)	Ethnicity	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 so realised that it was dependant on family and friends interpreting and reviewed use of interpreting service to ensure this was provided for all appropriate appointments.	Low ethnic minority resident population in WD. All EM agencies and associations are included in the PPF mailing list and routinely receive information and invitations.	Update PPF Group membership individual membership List and include the equalities monitoring form.
(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.	Information on the sexual orientation of members of the PPF Executive group is not routinely gathered Update PPF membership, individual membership list and include the equalities monitoring form.	Update mailing list to generate interest and involvement in local health issues, promote PPF activities and identify barriers to involvement and engagement.

		Staff were briefed in appropriate language and the risk of making assumptions about sexual orientation in service provision. Training was also provide on dealing with homophobic incidents		
(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	Over ??? of the members of the PPF are directly affected by disability or representing disability focused organisations including 1 person who requires a wheelchair, 3 people with walking difficulties, 2 are affected visual impairment, 8 person representing mental health organisation and 1 person with a learning disability. The support needs assessment is carried out with all new members to identify barrier to involvement. reviewed accommodate changes in long term conditions.	Update PPF Group membership individual membership List and include the equalities monitoring form. Members involvred in the planning of services for disabled people in CHCP Strategic Plan.
(g)	Faith	An inpatient ward was briefed on NHSGGC's Spiritual Care Manual and was able to provide more sensitive care for patients wit regard to storage if faith-based items (Qurans etc) and provision for bathing. A quiet room was made available for prayer.	Information on the faith status of members of the PPF group has not been collected	Update PPF Group membership individual membership List and include the equalities monitoring form.
(h)	Socio- Economic Status	A staff development day identified negative stereotyping of working class patients by some	Information on the socio- economic status of members of the PPF has not been collected. However using the postcode of members allows for the identification of datazones represented.	

		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)	Other Marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers and refugees, travellers	A health visiting service adopted a hand-held record for travellers to allow continuation of services across various health board areas.	PPF members who would be in all groups listed except asylum seekers and refugees and travellers.	Continue discussions with the FAST group and other community groups to promote links to the PPF.
9.	Has the service had to make any cost savings 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 were raised with senior managers for action.	Development day costs have been supported. No Cost savings planned.	
10.	What does your workforce look like in terms of representations from equality groups e.g. do you have a workforce that reflects the characteristic of this who will use your service	Analysis of recruitment shows a drop off between short listing, interview and recruitment for equality groups. Training was provided for managers in the service equality and diversity in recruitment	PPF membership reflective of individuals who use a range of services. i.e. older people, sensory impairment, physical disability and mental health services.	

11.	What investment had been made for staff to help prevent discrimination and unfair treatment	A review of staff KSK's and PDP's showed a small take up of E Learning modules. Staff were given dedicated time to complete on line learning.	Annual review and regular monitoring of Development Plan (PDP). Group induction allows members to understand expected roles and expectations with regard to conduct including a zero tolerance approach to discriminatory or prejudiced behaviour. which is set out in the PPF Working Agreement	
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If you believe your service is doing something that stands out as an example of good practice – please use the box below to describe the activity and the benefits this has brought to the service. This information will help other consider opportunities for development in their own services

Actions – from the additional requirement boxes completed above. Lease summarise the actions this service will be taking forward.		Date for completion	Who is responsible?(initials)
Cross Cutting Actions <ul style="list-style-type: none"> PPF minutes to be more widely distributed Equal Opportunities Monitoring to be completed by PPF Executive members. PPF members to take steps to improve communication with hard to reach groups Increase use of web site Need to look at the best ways of communicating the work of the PPF to the local community 		October – Jan 2013	George Murphy & PPF Chair
Specific Actions <ul style="list-style-type: none"> PPF committee papers available in large print on request Investigate the feasibility of upgrading loop hearing system at PPF meetings Training offered to PPF members explaining the NHS approach to equal opportunity Work and feeding comments by Disabled Groups into the engagement process 		October – Jan 2013	George Murphy & PPF Chair

March 2013 six month review
September 2013 annual review date

Quality Assurance Sign Off:	Name
	Job Title
	Signature
	Date

Please email a copy of the complete EQIA form to EQIA@ggc.scott.nhs.uk, Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Hospital 1055 Great Western Road, G12 0XH. Tel; 0141 201 4560. The complete EQIA will be subjected to a Quality Assurance process and the results returned to the Lead Reviewer within 3 week of receipt