

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

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

Chronic Pain Community Pharmacy LES

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?**

Local pilot to test the uptake, implementation and impact of community pharmacists (CPs) in West Dun reviewing a selection of people with chronic pain to improve pain management  
CPs will review the person's pain medicines, supply information as required on the basics of what causes pain, how it impacts and potential management tools. Where appropriate they will assist patients to assess their suitability for self-referral to MSK physio and local pain education classes. They will signpost to Live Active and discuss health-related behaviour aspects as required

**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.)**

This pilot service aims to be as inclusive and accessible as possible. Chronic pain (pain lasting longer than three months) is a long-term condition not covered by systematic review in the GP contract, which affects around 18% of the population and is mentioned in the NHS GGC local delivery plan as an area requiring development. The national GRIPS report identifies variation and gaps in both the availability and quality of chronic pain services and there is a particular dearth of service provision in primary care

The work also supports the Scottish Government's Prescription for Excellence Plan to develop community pharmacy services.

**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)**

<b>Name:</b> Heather Harrison	<b>Date of Lead Reviewer Training:</b> 04/02/16
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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):**

Pamela MacIntyre
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	<b>Lead Reviewer Questions</b>	<b>Example of Evidence Required</b>	<b>Service Evidence Provided (please use additional sheet where required)</b>	<b>Additional Requirements</b>
1.	<b>What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?</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>	Age, sex can be used to assess service uptake	Next time add Post Code (or first part of the post code)
2.	<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>	<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>		
3.	<b>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</b>	<i>Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient</i>	Patient and Stakeholders groups identified the need for local patient education classes which have been set up in Alexandria and soon to be in Clydebank	set up an education class in clydebank

	in the service.	<i>pathway.</i>		
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	<i>Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.</i>	focus groups Patient Experience Questionnaires	
5.	Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?	<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>	All CP premises should have disabled access and loop systems. In addition the CPs have had visual impairment training and supplied with aids to assist in communicating information about their medicines to this group	
6.	How does the service ensure the way it communicates with service users removes any potential barriers?	<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>	All CPs are aware of the interpreter service	raise at pharmacy champions locality implementation group meeting
<b>7.</b> <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>	<i>A sexual health hub reviewed sex disaggregated data and realised very few young men were attending clinics. They have launched a local</i>	We will review the female to male ratio statistics and compare it to national chronic pain prevalence figures	We will review the female to male ratio statistics and compare it to national chronic pain

		<i>promotion targeting young men and will be analysing data to test if successful.</i>	There are no inherent barriers to access.	prevalence figures There are no inherent barriers to access.
(b)	Gender Reassignment	<i>An inpatient receiving ward held sessions with staff using the NHSGGC Transgender Policy. Staff 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>	Not relevant	
(c)	Age	<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 non-attendance.</i>	All chronic pain is more prevalent in older age it can occur at any age, This service is open to adults only.  There are no inherent barriers to access to anyone over 16 years.	
(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</i>	No evidence returned	

		<i>interpreting services to ensure this was provided for all appropriate appointments.</i>		
(e)	<b>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>	No evidence returned	
(f)	<b>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>	A complaint (?) about communication barriers for people with visual impairment in community pharmacy led to the formation of a task and finish group. This group delivered training and produced a resource to support CPs and others to support patients with visual impairment get the most from their medicines	
(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</i>	some medications contain gelatin which some religious or ethnic minorities cannot take	

		<i>items (Qurans etc.) and provision for bathing. A quiet room was made available for prayer.</i>		
(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>	Many of the CPs participate in the baby friendly initiative to remove barriers to access for this group	
(i)	Socio – Economic Status & Social Class	<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>	This programme aims to minimise any socio-economic barriers by delivering this through all pharmacies spread including areas of deprivation to reduce travel and access costs	
(j)	Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers	<i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i>	<u>n/a</u>	
8.	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	<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</i>	<u>n/a</u>	

	groups?	<i>areas raised with senior managers for action.</i>		
9.	What investment has been made for staff to help prevent discrimination and unfair treatment?	<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>		

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.

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

	<b>Date for completion</b>	<b>Who is responsible?(initials)</b>
<b>Next time add Post Code (or first part of the post code)</b>	April 2016	Heather Harrison
<b>Set up an education class in Clydebank</b>	Sept. 2015	Heather Harrison
<b>Raise at pharmacy champions locality implementation group meeting</b>	Feb 2016	Heather Harrison
<b>Evaluate service</b>	Sept. 2016	Heather Harrison

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

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**Lead Reviewer:**

**EQIA Sign Off:**

**Name**

**Job Title**

**Signature**

**Date**

**Quality Assurance Sign Off:**

**Name**

**Job Title**

**Signature**

**Date**

Please email a copy of the completed EQIA form to [eqia1@ggc.scot.nhs.uk](mailto: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. The completed EQIA will be subject to a Quality Assurance process and the results returned to the Lead Reviewer within 3 weeks of receipt.

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](mailto:eqia1@ggc.scot.nhs.uk)



**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:			

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](mailto: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: 0141-201-4817.