NHS Greater Glasgow and Clyde has not been able to answer all your questions explicitly because our approach does not include setting up specific services for equality groups, with the exception of some specialist services for disabled people especially those with learning disabilities, as we feel this runs counter to a mainstreaming approach.

**Equalities in the Budgeting Process**

Our approach to tackling inequalities and promoting equality is one of mainstreaming an understanding of these issues into everything that we do. This potentially touches on every area of our spend. We have described our approach as the development of an Inequalities Sensitive Health Service (ISHS) and more detail can be found on our equalities website:

http://www.equalitiesinhealth.org/index.html

Our EQIA programme helps to drive the way that all our services are organised to respond to the needs of different equality groups by driving change in our policies and our service redesigns as well as supporting improvement in the delivery of frontline services.

We ensure that our cost savings process is fully impact assessed in line with guidance from the Equality and Human Rights Commission to prevent individual and aggregate efficiency savings from increasing inequality or disadvantaging any equality group.

We have also adjusted budget allocations to better reflect need in relation to provision of services for children, older people and disabled people using criteria such as disability, ethnicity and refugees and asylum seeker status.

**Equalities in Mainstream Services**

In order to facilitate this mainstreaming approach, we consider that it is vital to develop the capability of our staff to undertake Inequalities Sensitive Practice whereby patients are supported to disclose when their experience of inequality and discrimination has contributed to their ill health problem. An example of this would be for staff in mental health services to inquire of patients whether they had experiences of racism, homophobia, gender based violence, poverty and whether this experience related to their mental health problem. This information would be used to shape the way the mental health problem is managed, to ensure that the safety of the patient is enhanced and promote equitable health outcomes for all patients.

This approach requires the allocation of staff time to learning and education and practice development. During 2011/12, 5,360 staff undertook web based and face to face training to improve awareness of their role in tackling discrimination. This involved a significant resource and time allocation for the organisation.

Another implication of our mainstreaming approach is that we need to able to assess who gets into and through our services and whether this is fair. We therefore invest in staff time and infrastructure in order to incrementally improve our collection of disaggregated patient information and its analysis so we can identify gaps and problems. An example of this would be considering the data on Do Not Attends (DNAs) and identifying plans to support
people to attend. Analysis of our data shows that there is a gender differential in DNAs and we are seeking to address this.

Service Provision for Equalities Groups

As we do not provide services specifically for equality groups, we allocate resources to ensure that patients from equality groups can get equal access to our mainstream services effectively and to ensure that services meet their needs. Provision of communication support – interpreting, translated information, other forms of accessible information and communication aids – is essential to support members of the BME community, disabled people and people with poor literacy. In 2011/12, we spent £2,467,708 on spoken language interpreting, BSL and translations.

It is also important that we address any physical barriers to our services and in 2011/12 we allocated £331,000 to move towards greater compliance with disability access requirements.

Lastly, we resource a small team, the Corporate Inequalities Team to facilitate change through our policy, planning, service redesign, practice development, health improvement, procurement and partnership processes.

Mainstreaming Equalities

We are currently redesigning the Sandyford, our specialist sexual health and wellbeing service (budget £10million), following a comprehensive EQIA to further improve access and effective interventions for people from all protected characteristics. Following an extensive patient engagement process again across all protected characteristics our specialist cancer services are currently putting in place actions to address needs identified through this process.

Our overall improvement programme is described in our Equality Scheme and this is monitored on an annual basis and reported to our Board. Our most recent report can be found at: [http://www.equalitiesinhealth.org/documents/ESMonitoringReport2.pdf](http://www.equalitiesinhealth.org/documents/ESMonitoringReport2.pdf)

We also ensure that our mainstream performance management process includes assessment of all parts of our system against a set of equalities indicators.

Robert Calderwood
Chief Executive
NHS Greater Glasgow and Clyde
31 July 2012