The Golden Jubilee National Hospital welcomes this opportunity to provide written evidence on issues relating to where Gypsy/Travellers live.

As a national resource for NHSScotland, the Golden Jubilee National Hospital is a major centre for regional and national heart and lung services, orthopaedics and other key specialties.

We carry out a range of planned procedures to assist our NHS Board colleagues in reducing patient waiting times and are also home to a range of regional and national services.

Patients can access our services in a number of ways, so we will have a different perspective on the questions posed. Therefore, we have restricted this response to those areas where we feel that we are best able to contribute.

**Our contact with Gypsy/Travellers**

For many of the services we provide, we rely on NHS Boards to refer patients to us for treatment. Therefore, as a tertiary service, we do not have the same interface with primary care access issues and treat all patients in the same way.

Any immediate discharge issues such as rehabilitation or follow up after treatment would be back to the ‘base’ hospital which referred them onto us or within whose catchment they would fall (depending on where they were based at that given time).

Where we provide regional services such as cardiology, if it was an urgent intervention such as ST segment elevation myocardial infarction (STEMI), we would treat in the same way regardless of which NHS Board area they resided.

Unfortunately, we cannot define the number of Gypsy/Travellers as the current SMR 00 /01 data containing ‘patients receiving care in the General/ Acute specialties’ does not specifically ‘count’ this ethnic group.

**Policies or practice guidelines and training relating to Gypsy/Travellers**

Although we do not have any specific policies for this group, our approach remains to identify issues across all protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and address these accordingly.

An Equality Impact Assessment (EQIA) is conducted on all policies and strategies and the Board has in place its Involving People Strategy which outlines its overarching approach to engagement and equality and diversity.
Generic equality and diversity training that encompasses all the protected characteristics is mandatory for all of our staff and our work on our equality agenda is publicised through our various internal and external communications methods.

**Difficulties in accessing your services/support**

Although there is no data to indicate this group has issues accessing our services, an assumption could be made that given the culture and lifestyle of this group they may have greater challenges. However, this assumption could be equally applied to any number of ethnic minority groups.

Addressing NHSScotland’s knowledge deficit may be an action that could be considered – perhaps adding to the equality outcomes. Another approach which may be beneficial would be to develop an information pack so that NHS Boards are better able to understand and support Gypsy/Travellers through their patient journey.

**Summary**

Our NHS Board has an extremely proactive approach to equality and diversity. We have Investors in Diversity accreditation, approximately 20 members of staff who are Diversity Champions, and are the top NHSScotland Board in Stonewall’s Workplace Equality Index. We have a person centred approach to our services and treat every patient as an individual with their own specific needs.

Thank you once again for the opportunity to provide written evidence. We look forward to the findings of the Equal Opportunities Committee and any progress in this area.

Sandie Scott
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