

# Gender Equality Duty

## What does it mean for NHS Scotland?

In April 2007, the biggest change in sex equality legislation came into place, since the Sex Discrimination Act of 1970. The new Gender Equality Duty means that all public authorities, including the NHS in Scotland, have to consider:

- 1. the need to eliminate sex discrimination and harassment**
- 2. the need to promote equality of opportunity between women and men**

The Gender Equality Duty (GED) means that NHS Boards in Scotland need to make sure the design, development and delivery of services takes into account the different needs of girls and boys and women and men, including transsexual people, to provide better outcomes for service users and staff.

# The link between gender and health

**Women and men, and girls and boys have different needs and uses from health services, which in the past were based on a “one size fits all” model. They may also experience different routes into illness, which needs to be considered when developing services.**

By taking account of these different needs, the quality of health services will improve for everyone and since NHS Scotland is a major employer, the duty should improve work practices also. Below is a snapshot of some health differences between women and men.

## **Sex:**

- **Men typically develop heart disease 10 years earlier than women**
- **Male to female infection with HIV is more than twice as likely as female to male infection**
- **Women are around 2.7 times more likely than men to develop an auto immune disease such as diabetes**

## **Social:**

- **Boys are twice as likely as girls to be killed or seriously injured in pedestrian road accidents**
- **Women are more likely to suffer from anxiety or depression; however, men are more likely than women to commit suicide**
- **The gap between women’s and men’s smoking habits is growing, with more young girls taking up the habit than boys.**

# What do NHS Boards need to do?

To ensure that gender equality is embedded into services successfully, health boards need to ask some questions about who uses its services. For example,

**“What are the different needs of women and men and how can we meet them?”**

**“Do our spending priorities reflect the different needs of women and men?”**

As a legal condition of the Duty, each health board has written a Gender Equality Scheme. Schemes contain objectives and actions that boards have identified, to ensure gender equality is built into their services. Boards will report on the progress of actions and objectives annually and on the Scheme over a three year period. The objectives and actions must focus on real improvements for staff and services users, not just on process changes and should challenge the removal of barriers to accessing services. NHS gender schemes are focussing on the national priorities of cancer, mental health and coronary heart disease, as well as local priorities of gender based violence and equal pay.

Some health boards do not provide services directly to patients, but instead to the rest of NHS Scotland. These boards can still consult with staff, stakeholders and diversity groups and utilise local level structures when consulting on gender priorities, for example, Public Partnership Forums.

## To achieve gender equality, NHS Boards in Scotland could:

- **Raise awareness of gender inequality and its impact on staff and service users**
- **Consider ongoing staff training at all levels**
- **Engage leaders and senior managers**
- **Consult with stakeholders, unions, staff and service users**
- **Build gender into current impact assessment processes**
- **Focus on outcomes and improvements that make a difference for staff and service users**
- **Gather and monitor data to identify where gender gaps exist in the provision of services**
- **Gather and monitor data on workforce i.e. rates of pay, levels of seniority etc**
- **Focus on outcomes - not paperwork**

The Gender Equality Duty indicates a huge step towards real gender equality, leading to better NHS policy and decision making. When designing policies or functions, boards need to consider the gender impact and implications for women and men.

## Further considerations

- Investigate examples of different routes into ill health with a focus on the priorities for health, for example cancer, coronary heart disease, mental health
- Analyse the uptake of services by women and men, for example smoking cessation or weight loss
- Identify the satisfaction rates among male and female service users, for example in an outpatient service
- Establish what the needs and expectations of male and female service users are, for example, regarding opening times for GP practices

## Gender Equality Duty and Employment

NHS HR departments must look at employment practices and ensure they promote gender equality. Some important things to consider include equal pay, caring responsibilities, flexible working, equal access to training and promotion and ensuring part-time staff have the same opportunities as full-time staff. The duty is also designed to generate employment practices that encourage more men into roles mainly occupied by women, such as nursing and administration and equally more women into roles traditionally dominated by men, such as consultant posts, estates technicians etc. The duty covers staff who identify as transsexual also.

“Gender isn’t done yet”

# Gender Equality Duty and Data

NHS Scotland collects a wide range of information on both staff and service users. This data should be broken down into gender related areas and be widely accessible and available. Boards need to use this data to identify where they are being successful in embedding gender equality and to prioritise where they need to take action.

Improving data collection and analysis, and using data to drive change is essential to ensure that NHS Scotland meets the requirements of the Duty.

“**Making a difference  
for women and men**”

# The benefits of the Gender Equality Duty for the NHS

- **More informed decision-making and policy development**
- **More effective targeting of resources**
- **A better understanding of the needs of staff and service users**
- **Improved service user satisfaction and greater confidence in the health service**
- **Better quality of services that meet many different needs**
- **Staff more likely to remain working with a board**
- **More efficient use of workforce talent**
- **Improved equality of health outcome**

“ Although a great deal has been done already, there is still a long way to go to deliver full gender equality for all. ”

“ One size won't fit all ”

# Real Results for Real People

For more information:

[www.fairforallgender.org.uk](http://www.fairforallgender.org.uk)

[www.fairforall.org.uk](http://www.fairforall.org.uk)

[www.equalityhumanrights.com](http://www.equalityhumanrights.com)

Health Board contact information:



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Equality and  
Human Rights  
Commission

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[equalityhumanrights.com](http://equalityhumanrights.com)

