



NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for 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 or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

NHSGGC Out-of-Hours Service – Appointment System

Is this a: Current Service Service Development Service Redesign New Service New Policy
Policy Review

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.

In 2015 a National Review of Primary Care Out-of-Hours Services (OOH), led by Professor Sir Lewis Ritchie was agreed in full by the Scottish Government. The aim of the review was to ensure resilient, high quality and safe Out-Of-Hours services providing the best urgent and emergency care for the people of Scotland on a 24/7 basis. In the summer of 2019, the Chair of NHS GG&C asked Professor Sir Lewis Ritchie to conduct a review of the OOH service in GG&C, to assess progress in relation to the 28 recommendations of his review. Included in this review was the recommendation to implement an appointments system, used in other Health Board areas, to allow clinicians to manage workload and ensure effective flow through the OOH Service. On 1st June 2020 the appointments system was launched.

The introduction of the appointment system includes an improved pathway for patients via NHS 24. It supports equity of access through the clinical prioritisation of patients referred to the service and help ensure that workforce and workload needs can be appropriately matched. The appointment system also supports social distancing measures required for COVID19.

Patients should only attend a Primary Care Centre if a face to face consultation is essential. Therefore the aim is to maximise the opportunities presented by telephone advice and video consultations (Near Me) to reduce the need for visits to the centres.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.)

NHSGGC is primarily concerned with delivering safe, timely and effective care. While the appointment system supports these underpinning principles, NHSGGC seeks to identify any unintended consequences of this decision that may disproportionately impact on protected characteristic groups in an unfair way. Through completion of this EQIA, NHSGGC seeks to clarify that the introduction of an appointments system is a proportionate means of achieving a legitimate aim (safe and effective care) and will offer all mitigating evidence where required.

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)

Name: Raylene McLaggan, Clinical Service Manager

Date of Lead Reviewer Training:

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):

Kirsty Mccaffery, Planning Officer, Corporate Planning

Ann Lees, Health Economist, Corporate Planning

Alastair Low, Planning and Development Manager, Equalities and Human Rights Team

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	<p>What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</p>		<p>NHSGGC has limited access to patient data given the flow of patients into the Out- of - Hours services is managed through an initial presentation through NHS 24. The clinical system used to capture the patient information is recorded on the GP patient information systems (Adastra) which is a non GGC NHS record system.</p> <p>The GP OOH performance framework has been updated to include quantitative and qualitative information which will ensure systematic review of patient/service user experience:</p> <ul style="list-style-type: none"> Activity Data – outcomes Centre closures Capacity across the centres Quality and clinical governance 	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	<p>Please provide details of how data captured has been/will be used to</p>	<p>A physical activity programme for people with long term conditions</p>	<p>The data activity falls into the following categories -</p> <ul style="list-style-type: none"> Telephone advice Attend Anywhere consultation 	

<p>inform policy content or service design. Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</p>	<p>Primary care centres for a face to face consultation Home visits The activity across this pathway is monitored on an ongoing basis to ensure it is commensurate with the service aim to ensure patients access the right service for them at the right time. From experience elsewhere, the increase in telephone and video consultations has led to significant reductions in attendances at the centres.</p> <p>Qualitative standards are important measuring the real experience for patients. We will regularly assess how well we are doing in the following ways:- Ensure compliance with agreed standards for complaint response times Conduct reviews of complaints and incidents with a trend analysis, taking action required to improve Regularly conduct patient surveys for feedback Audit clinical records, including telephone advice calls, to review the clinical quality of the service and outcome. Review and analyse Datix Incidents The GP OOH service currently has a Quality Assurance Group with active participation from the LMC. We will refresh the terms of reference for this group in the overall context</p>	
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			of our revised clinical governance arrangements.	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, <input type="checkbox"/></p> <p>harassment and victimisation</p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between <input type="checkbox"/></p> <p>protected characteristics</p>	<p>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to</p>	<p>The Sir Lewis Ritchie Review noted that unlike most OOH Services in other areas, GGC has a significant proportion of walk in patients, who do not access NHS 24 by 111 helpline or via the internet through NHS Inform. In addition, by facilitating the public best access to OOH services in GGC, in collaboration with NHS 24 through the introduction of an appointment system this will ensure that protected characteristic groups and those people at most risk of poor health outcomes will continue to be supported. The appointment system also reduces the risks of overcrowding and queueing which can impact on quality and safety and supports social distancing requirements.</p> <p>Nationally, the way patients access unscheduled care is moving to a more 'scheduled' approach with the introduction of the Flow Navigation Centre in GGC from 1st December 2020.</p>	

	4) Not applicable <input type="checkbox"/>	young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).	Patients will be seen without an appointment only if there is an immediate need for care.	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick</p>	<p>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service</p>	<p>In October 2020 a report was produced on 'Evaluating user experiences of accessing GP Out Of Hours Service' in GGC. The purpose of the evaluation was to gather a snapshot of experiences to evaluate these new ways of working from a patient and carer perspective and understand what matters to people when accessing care out of hours. The report summarises what we heard from 313 patients and carers who shared their experiences of accessing the GPOOH services and this will be used to influence how we shape and improve the service in the future.</p> <p>Carer opinion was also used and the Patient Experience and Public Involvement (PEPI) team worked with the Equality and Human Rights Team (EHRT) to reach and engage</p>	<p>Repeat the survey of user experiences by June 2021 including engagement with protected characteristic groups (PEPI and EHRT).</p>

	<p>relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>introduced a home visit and telephone service which significantly increased uptake.</p> <p>(Due regard to promoting equality of opportunity)</p> <p>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</p>	<p>with all our communities by circulating the survey link to organisations supporting those with protected characteristics.</p> <p>The survey found that the introduction of the appointment system has been received positively. Parents in particular found that it was beneficial to be given a specified time when attending with young children. In addition, in the context of COVID-19 the appointment system ensured that if that patient required to attend a centre that social distancing was in place.</p>	
	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be</p>	<p>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access</p>	<p>Attend Anywhere (telephone and video consultations) has been installed in all of the sites and will reduce the burden of travel for patients who can attend from their home or workplace without having to attend in person. This will ensure appropriate clinical advice is given and that only patients who must have a face to face consultation will need to attend a centre.</p>	

	<p>addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/> x</p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/> x</p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</p>	<p>Though some patients may be required to travel further to access an Out of Hours service, existing patient transport provision and peripatetic GP home visit teams will ensure there will be no physical barriers to accessing the realigned out of hours services. The confirmed core out of hours services have been identified on a range of criteria including ease of access and all are delivered on sites that are fully accessible.</p> <p>Where required, patient transport will extend to transporting a carer with the patient. Transport will be offered to and from the out-of-hours service.</p>	
	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
6.	How will the service change or policy development ensure it does not discriminate in the	Following a service review, an information video to explain new procedures was	There would be no envisaged change in the way the service communicates with people requiring access to out of hours GP care. Patients are required to dial 111 to be triaged through NHS24 call handlers. NHS 24 is	

<p>way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign</p>	<p>hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</p> <p>Written materials were offered in other languages and formats.</p> <p>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</p>	<p>equipped to offer communication support in a range of community languages and BSL face time support.</p> <p>GP out of hours services will continue to offer communication support to all patients requiring it in line with NHSGGC's Clear to All information policy and Interpreting Policy.</p> <p>A communications plan was implemented in advance of the establishment of the appointment system.</p>	
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	Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.		
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been</p>	<p>There is no anticipated unfair impact on the grounds of age. The introduction of the appointment system does not impact upon the robust patient transport service in place for those who require it to and from the allocated out of hours service location. Where age restricts mobility resulting in barriers to getting to an out of hours service, the existing GP home visit service can ensure patients are seen.</p>	<p>Older people with a communication barrier e.g. hearing impairment or age-related dementia may have more difficulty using telephone or video service. This will be mitigated by offering an appointment at a centre with transport or a home visit as required. Carers may also be involved to support the patient.</p>

	<p>considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation x</p> <p>2) Promote equality of opportunity x</p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<p>Some older people may not be able to use virtual consulting systems due to lack of technology or ability to use technology. A telephone consultation will be offered instead.</p>
<p>(b)</p>	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>This service change may positively impact on some disabled patients who may have reduced mobility where travel can be difficult as there will not be a need to travel and the infection risk will be reduced. There is a continuation of the robust patient transport service for those who require it to and from the allocated out of hours service location. Where disability restricts mobility resulting in barriers to getting to an out of hours service, the existing GP home visit service can ensure patients are seen.</p>	<p>Initial access by telephone and video appointments could be more difficult to access for some disabled people. Telephone is a particular issue for people with a hearing loss or other communication issues, Access by telephone and video appointments may also be more difficult for people with learning disabilities and visual impaired people.</p> <p>The mitigation is that the primary triage service feeding in to GP Out of Hours services, NHS24, offers a range of communication support to</p>

			<p>direct users to the most appropriate service location.</p> <p>GP Out of Hours services will continue to offer communication support to those who require it through compliance with NHSGGC's interpreting protocol and Clear to All Policy. Each Out of Hours service has a 'Chrome Book' which can offer Deaf BSL users instant access online BSL interpreting support.</p>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Identity</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been</p>	No unfair disadvantage anticipated	

	<p>considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(d)</p>	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p>	<p>No unfair disadvantage anticipated</p>	

	4) Not applicable <input type="checkbox"/>		
(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>There is no anticipated unfair impact on the grounds of pregnancy and maternity. Where patients are restricted in terms of travel due to child care or other caring responsibilities, the existing GP home visit service can step in to ensure timely and local care is offered.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	Race		People who do not speak English as their first

<p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<p>language have additional difficulties in accessing services including GPOOH appointments. To mitigate this:</p> <p>Existing booking pathways via NHS24 are supported by language line to support callers who cannot or prefer not to speak English. Language line is private, confidential and free to use.</p> <p>People arriving at GP Out of Hours services who require an interpreter will continue to have this provided through NHSGGC's telephone interpreter service.</p> <p>Any written materials for the patient that result from the consultation will be made available in a format or language that is required by the patient.</p>
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(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	No unfair disadvantage anticipated	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been</p>	There is no anticipated unfair impact on the grounds of sex. Where patients are restricted in terms of travel due to child care or other caring responsibilities, the existing GP home visit service can step in to ensure timely and local care is offered.	

	<p>considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	No unfair disadvantage anticipated	

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on the people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage in strategic planning. You should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.</p>	<p>NHSGGC will provide free patient transport to and from Out of Hours GP services for all patients who are unable to attend due to financial cost.</p> <p>Telephone and video appointments would avoid the need for travel to appointments. NHS24 111 is a free number to use from landlines and mobile phones.</p>	
(k)	<p>Other marginalised groups</p> <p>How have you considered the specific</p>	<p>No unfair disadvantage anticipated for other marginalised groups. People who do not have recourse to private funds will be able to</p>	

	<p>impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>access out-of-hours services through the provision of free patient transport.</p>	
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>There is no aim of reducing costs for the GPOOH appointment system.</p>	
		<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional</p>

			Mitigating Action Required
9.	What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.	NHSGGC staff are required to complete their statutory and mandatory equality and human rights module as a minimum. Workforce uptake currently sits at over 95%.	

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination. Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

No risks have been identified in relation to possible breach of Human Rights Articles. The right to safe and effective health and social care remains the paramount concern of NHSGGC and has been the primary factor in implementing the business contingency in relation to GP Out-of-Hours services.

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* .

In making the decision to temporarily suspend out-of-hours services in 4 of 8 service locations, NHSGGC has considered at length the requirement to uphold people's right to safe and effective health care. The suspension is considered a proportionate means of achieving this legitimate aim and as such is compatible with Human Rights legislation.

*

Facts: What is the experience of the individuals involved and what are the important facts to understand?

Analyse rights: Develop an analysis of the human rights at stake

Identify responsibilities: Identify what needs to be done and who is responsible for doing it

Review actions: Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- X** Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

11. 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.

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)
<p>Engagement Repeat the survey of user experiences by June 2021 including engagement with protected characteristic groups.</p> <p>Age; Disability (the mitigating actions below are in place) Communication barriers: A range of communication support will be offered. Offer an appointment at a centre with transport or a home visit as required. Carers may also be involved to support the patient. Unable to use virtual consulting systems: Offer a telephone consultation instead.</p> <p>Race (the mitigating actions below are in place) NHS24 use language line which is private, confidential and free to use. GPOOH service use NHSGGC's telephone interpreter service where required. Any written materials available in a format or language that the patient can understand.</p>	30/06/21 EHRT	PEPI Team/
	31/8/21 (review)	RM/ SM
	31/8/21 (review)	RM/ SM

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

31/8/2021

Lead Reviewer: Name Raylene McLaggan
EQIA Sign Off: Job Title Clinical Services Manager
Signature
Date

Quality Assurance Sign Off: Name Noreen Shields
Job Title Planning & Development Manager
Signature
Date 24/2/21

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:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to:
alastair.low@ggc.scot.nhs.uk