

Equality Impact Assessment – Accessible Health Information Policy

NHS Greater Glasgow & Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.

Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. 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 ggc.equality.team@nhs.scot for further details or call 0141 201 4874.

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

Accessible Health Information Policy Version 2.0

Please tick the relevant box:-

- Current Service ☐
- Service Development ☐
- Service Redesign ☐
- New Service ☐
- New Policy ☐
- Policy Review ☒

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Description of the service & rationale for selection for EQIA. (Please state if this is part of a service-wide consideration 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.

The Accessible Health Information Policy sets out a corporate framework for the development, approval and dissemination of high-quality, accessible patient and public health information across NHS Greater Glasgow and Clyde. It ensures information is communicated effectively in the most appropriate format, whether verbal, written, digital or alternative, to support informed health decisions, self-management, treatment choices and consent.

The policy supports accessible and inclusive public health information, clinical information, general information that supports a positive patient experience, and specific patient information such as appointment letters, opt-in information and clinical records. Public-facing websites and social media are governed through separate corporate and digital arrangements but must continue to meet relevant quality, accessibility and communication support requirements.

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.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.

The policy was selected for EQIA because updates affect service delivery and legal compliance, including strengthened commitments to digital inclusion and alignment with the UNCRC (Incorporation) (Scotland) Act 2024. The refreshed EQIA supports continuing compliance and effective implementation. This work aligns with NHSGGC priorities for person-centred and equitable care, inclusive access to services and information, and reaching seldom-heard communities.

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: Anna Baxendale, Head of Health Improvement, Public Health, NHS Greater Glasgow and Clyde, Corporate HQ, Gartnavel Royal Hospital

Date of Lead Reviewer Training: Bespoke 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)

Kathy McFall, Head of Service, Medical Illustration Services

Catriona Carson, Public Health Lead

1. 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 below any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.

Example: A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.

Service Evidence Provided:

The Accessible Health Information Policy is informed by population-level data and equality impact assessments which consider the needs of groups with protected characteristics. Service-level data is also gathered through the Clear to All process, including records of accessible information requests and the formats developed in response.

Possible negative impact and additional mitigating action required:

2. Please provide details of how data captured has been/will be used to inform policy content or service design.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☒
- 3) Foster good relations between protected characteristics. ☐
- 4) Not applicable ☐

Example

A physical activity programme for people with long term conditions 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)

Service Evidence Provided:

Equalities data (including appointment attendance as well as communication support needs) have directly informed the policy by improving understanding of how information impacts different groups, highlighting accessibility barriers, and shaping approaches to producing inclusive and accessible information. Information on communication support needs, requested formats and languages also helps identify trends and informs future service planning and resource allocation.

Possible negative impact and additional mitigating action required:

3. How have you applied learning from research evidence about the experience of equality groups to the service or Policy?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☒
- 3) Foster good relations between protected characteristics ☐
- 4) Not applicable ☐

Example

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 young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).

Service Evidence Provided:

Learning from research evidence has informed the policy by incorporating insights on data and the experiences of people who may be affected due to one or more protected characteristics. (See the appendix for evidence sources.) Provision of accurate and timely information in accessible formats and languages underpins equitable access to healthcare services.

Possible negative impact and additional mitigating action required:

4. 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?

The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☒
- 3) Foster good relations between protected characteristics ☐
- 4) Not applicable ☐

Example

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 introduced a home visit and telephone service which significantly increased uptake. (Due regard to promoting equality of opportunity)

* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.

Service Evidence Provided:

For this version of the policy, engagement has focused on children and young people to support implementation of the UNCRC. The PEPI team has worked with young people to support the co-production of child-friendly information resources and guidance. This has provided opportunities for young people to influence how health information is presented and communicated, helping to inform the ongoing development of Clear to All guidance and child-friendly information materials.

Possible negative impact and Additional Mitigating Action Required:

5. 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 addressed?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☐
- 3) Foster good relations between protected characteristics ☐
- 4) Not applicable ☒

Example

An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access 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).

Service Evidence Provided:

The policy does not provide a direct patient-facing service and therefore does not involve the physical movement of service users through areas. Instead, it sets out how we will support services in producing accessible information for patients and the public.

Possible negative impact and additional mitigating action required:

6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☒
- 3) Foster good relations between protected characteristics ☐
- 4) Not applicable ☐

The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign 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.

Example

Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.

Written materials were offered in other languages and formats. (Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).

Service Evidence Provided:

The policy explicitly promotes equality of opportunity and anti-discrimination in the provision of information for all NHSGGC patients, referencing the Patient Rights (Scotland) Act 2011, Equality Act 2010, Health and Social Care Act 2012, the [NHS Scotland Interpreting, Communication Support and Translation National Policy](#), and the UNCRC (Incorporation) (Scotland) Act 2024, as well as Scotland's Health and Care Reform strategies 2025. Governance arrangements are outlined in the policy.

Possible negative impact and additional mitigating action required:

7. Protected Characteristic

(a) Age

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).

If this decision is likely to impact on children and young people (below the age of 18) you will need to evidence how you have considered the General Principles of the United Nations Convention on the Rights of the Child. Please include this in Section 10 of the form.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☒
- 3) Foster good relations between protected characteristics. ☐
- 4) Not applicable ☐

Service Evidence Provided:

Disaggregated patient data suggest improved compliance for attendance at scheduled appointments as patients get older. However, older patients may require information in large print as required.

40% of UK adults have low health literacy, which is more prevalent among older populations, making complex appointment letters or instructions difficult to understand.

For children and young people, the UNCRC affirms their right to receive information about their health in a manner appropriate to their age and maturity.

Possible negative impact and additional mitigating action required:

Monitoring will ensure a robust checking process is in place to measure improvements in the provision of accessible information.

Implementation must meet needs such as large print. Older people are often digitally excluded due to limited access and skills. While digital delivery is likely to expand, paper formats will remain for those who need or prefer non-digital options, ensuring no one is excluded by age, confidence, or access barriers.

The refreshed policy seeks to uphold and strengthen the rights of children and young people under UNCRC provisions, ensuring that all information provided is accessible, inclusive, and supports equitable participation.

(b) Disability

Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☒
- 3) Foster good relations between protected characteristics. ☐
- 4) Not applicable ☐

Service Evidence Provided:

Disabled patients often face extra barriers to accessing health services, especially when communication support is lacking. Nearly half of Deafblind patients report undergoing procedures without proper explanation due to no guide-communicator being available. Local feedback shows disabled people experience more difficulties than non-disabled people, including problems understanding appointment letters, using phones, transport costs, and mental health-related anxiety. Limited disability data in records makes service uptake hard to measure. Evidence highlights the need for clear communication and accessible information to support engagement.

Possible negative impact and additional mitigating action required:

Disabled patients will benefit from communication support through a policy commitment to identify the preferred method of providing information to the patient. The role of advocates and carers should not be underestimated in communicating written information to patients.

(c) Gender Reassignment

Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☐
- 3) Foster good relations between protected characteristics ☐
- 4) Not applicable ☒

Service Evidence Provided:

Trans and non-binary patients highlight avoiding gendered assumptions and ensuring materials reflect diverse identities. Trans advocacy groups and [NHS Inform inclusive content](#) guidance highlight that misgendering or exclusionary language in public health materials can discourage engagement with services.

Possible negative impact and additional mitigating action required:

Monitoring ensures a robust checking process is in place to measure improvements in the provision of accessible information.

(d) Marriage and Civil Partnership

Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☐
- 3) Foster good relations between protected characteristics ☐
- 4) Not applicable ☒

Service Evidence Provided:

There is no discernible relationship between marriage or civil partnership and the provision of clear information.

Possible negative impact and additional mitigating action required:

None identified.

(e) Pregnancy and Maternity

Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☐
- 3) Foster good relations between protected characteristics ☐
- 4) Not applicable ☒

Service Evidence Provided:

There is no evidence that pregnancy or maternity issues have further barriers to clear information, and no disaggregated data available to determine how pregnancy or maternity impacts attendance for scheduled appointments.

Possible negative impact and additional mitigating action required:

(f) Race

Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☒
- 3) Foster good relations between protected characteristics ☐
- 4) Not applicable ☐

Service Evidence Provided:

More than 70,000 patient interactions have been supported by NHSGGC's in-house interpreting service since its inception. This underscores Glasgow's linguistic diversity (70+ languages spoken locally) and the importance of communication support in reducing missed appointments. Cultural interpretation of health information also affects engagement, with some patients misunderstanding instructions or NHS processes.

Possible negative impact and additional mitigating action required:

The Policy builds on the existing organisational responsibilities to ensure that communication with patients will be in a format appropriate to their additional support needs. Monitoring ensures a robust checking process is in place to measure improvements in attendance for BME patients. The [NHS Scotland Interpreting, Communication Support and Translation National Policy](#) provides guidance on NHS Scotland's responsibilities to patients and carers who require support from interpreting or translation services.

(g) Religion and Belief

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☐
- 3) Foster good relations between protected characteristics. ☐
- 4) Not applicable ☒

Service Evidence Provided:

There is little evidence to indicate specific faith groups fare more poorly than others in terms of clear information provision.

Possible negative impact and additional mitigating action required:

(h) Sex

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☐
- 3) Foster good relations between protected characteristics ☐
- 4) Not applicable ☒

Service Evidence Provided:

Men and women are treated equally under the policy. Accessible information is a defined action within NHSGGC's maternity workstream under the Women's Health Plan, supporting equitable access to women's health services. NHSGGC data show young men in the most deprived areas have significantly higher non-attendance rates than young women, suggesting gender norms influence help-seeking.

Possible negative impact and additional mitigating action required:

Monitoring ensures a robust checking process is in place to measure improvements in the provision of accessible information.

(i) Sexual Orientation

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☐
- 3) Foster good relations between protected characteristics. ☐
- 4) Not applicable ☒

Service Evidence Provided:

Barriers for LGB people in healthcare are primarily linked to past discrimination and heteronormative assumptions, rather than information format. While sexual orientation does not require specific adaptations to communication processes, patient-facing materials should avoid using examples or language that only reflect heterosexual relationships.

Possible negative impact and additional mitigating action required:

Inclusive wording and visible inclusion help ensure dignity and engagement.

(i) Socio – Economic Status & Social Class

Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?

In addition to the above, if this constitutes a 'strategic decision' you should evidence due regard to meeting the requirements of the Fairer Scotland Duty (2018). Public bodies in Scotland must actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions and complete a separate assessment.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☒
- 3) Foster good relations between protected characteristics ☐
- 4) Not applicable ☐

Service Evidence Provided:

People living in poverty or deprivation are less likely to attend hospital appointments, as confirmed by NHS GGC's data linking higher Did Not Attend (DNA) rates with the most deprived communities. Contributing factors include lower access to education and literacy challenges. In NHS GGC, an estimated 65,000 adults require literacy support, meaning they may struggle to read or understand written health information. More than one in four adults in Scotland have difficulties with literacy, which impacts their ability to access and act on health care information. Young men aged 20–29 living in poverty are the group most likely to miss scheduled appointments, with DNA rates reaching 31.2%, compared to 20.4% for young women in the same age and deprivation group. Evidence suggests that unclear or inaccessible information can compound existing barriers such as transport costs, work commitments, and mental health challenges. Ensuring appointment details are communicated in plain language, with clear instructions, is critical to supporting attendance.

Possible negative impact and additional mitigating action required:

Information that includes guidance on transport options, entitlement to travel expense reimbursement, and flexible scheduling can help reduce non-attendance, particularly for those facing socio-economic disadvantage and lower health literacy.

(k) Other marginalised groups

How have you considered the specific 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?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☒
- 3) Foster good relations between protected characteristics ☐
- 4) Not applicable ☐

Service Evidence Provided:

Marginalised groups face multiple barriers to accessing services, leading to poorer health outcomes and lower engagement. Homeless individuals often lack continuity of care; prisoners and ex-offenders encounter inequitable treatment and post-release challenges; veterans experience stigma and limited awareness of entitlements; people with addictions struggle with integration and stigma; asylum seekers and refugees face language barriers, trauma, and fear of immigration consequences; and Gypsy/Traveller communities experience discrimination and cultural mismatches. These issues underscore the need for accessible, responsive information tailored to diverse needs, including those affected by gender-based violence, who may face deliberate barriers to services and information.

Possible negative impact and additional mitigating action required:

These findings highlight the need for accessible information that reflects diverse experiences, including those affected by gender-based violence. While this policy cannot remove all barriers, it supports wider efforts to ensure safe, inclusive communication.

8. 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?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☐
- 3) Foster good relations between protected characteristics ☐
- 4) Not applicable ☒

Service Evidence Provided:

This policy does not include any element of cost savings, and therefore, no measures have been required to mitigate disproportionate impacts on protected characteristic groups.

Possible negative impact and additional 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 below recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.

Service Evidence Provided:

All staff are required to complete LearnPro modules on equality, diversity and human rights, with completion rates monitored. In addition, communication is a core competency for all staff.

Possible negative impact and additional mitigating action required:

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 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.

Risks identified in relation to human rights include potential non-alignment with the Patient Rights (Scotland) Act 2011, the Equality Act 2010, and the UNCRC (Incorporation) (Scotland) Act 2024, which could lead to legal non-compliance, inequitable access to health information, and reputational harm. While these risks are assessed as moderate, the policy contributes to mitigation by embedding inclusive design standards, Clear to All governance processes, and child-informed approaches to uphold participation and accessibility. Additional operational risks, such as inconsistent implementation, outdated or inaccessible information, are managed through scheduled review cycles, quality assurance, stakeholder engagement, and established accessibility standards. Overall, implementation of this policy partially mitigates identified risks and strengthens compliance with human rights obligations.

Please explain 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* (see below).

A human rights-based approach was embedded throughout the development of the Accessible Health Information Policy. The PANEL principles were actively applied to ensure the policy promotes:

- **Participation:** for the refreshed policy, specific engagement with children and young people
- **Accountability:** The Clear to All Advisory Group oversees implementation, monitoring, and review of the policy. EQIA processes are embedded and reviewed every six months to ensure continuous improvement and compliance.
- **Non-discrimination and Equality:** The policy commits to providing information in accessible formats. It aligns with the NHS Scotland Interpreting and Communication Support Policy and the Equality Act 2010.
- **Empowerment:** Patients are supported to make informed decisions through clear, inclusive information.
- **Legality:** The policy is aligned with legal duties under the Human Rights Act, Equality Act 2010, Patient Rights (Scotland) Act 2011, and UNCRC (Scotland) Act 2024. It ensures that rights to dignity, privacy, and participation are upheld in all aspects of information provision.

The FAIR framework was also considered:

- **Facts:** Data on service use and barriers informed the need for accessible formats and inclusive design.
- **Analyse rights:** Risks to rights such as informed consent were identified and mitigated.
- **Identify responsibilities:** Roles were clearly defined across governance, leadership, and operational teams.
- **Review actions:** Ongoing monitoring ensures accountability and continuous improvement.

*FAIR is an acronym for the following -

- **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.

[11.](#) The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 came into force on the 16th July 2024. All public bodies may choose to evidence consideration of the possible impact of decisions on the rights of children (up to the age of 18). Evidence should be included below in relation to the General Principles of the Act. Go to the [full list of articles](#) to be considered for further information.

No Discrimination: Where the decision may have an impact, explain how the EQIA has considered discrimination on the grounds of protected characteristics for children. You may have considered children in each of the EQIA sections and returned relevant evidence.

The policy review actively prioritised the best interests of children by embedding the UNCRC as a key piece of new and relevant legislation. The policy, together with planned co-production activities and a risk analysis, aims to identify potential impacts such as operational or reputational risk, and identifies mitigation measures.

The Accessible Health Information Policy identifies the relevance of and commits to the UNCRC Act. To achieve this, the policy mandates providing information in a range of formats (e.g. large print, audio, Braille, British Sign Language, easy-read, other languages) upon request. This means a child who has a visual impairment, speaks a language other than English, or has learning difficulties can get health information in a format that meets their needs. By building in these accessibility measures, no child will be discriminated against in receiving information. The same standards of clarity and accessibility apply regardless of a child's protected characteristics.

Best Interests of the child: Where the decision may have an impact, explain how the EQIA has evaluated possible negative, positive or neutral impacts on children. You may find that options considered need to be reframed against the best possible outcome for children. **Life, survival and development:** Where the decision may have an impact, explain how the EQIA has considered a child's right to health and more holistic development opportunities.

The Patient and Public Information Management Policy is fundamentally about making health information accessible and useful, which has a direct bearing on

children's health and development. In practice, the policy contributes to children's rights by seeking to empower them with knowledge in an age-appropriate way.

Respect of children's views: Where the decision may have an impact, explain how the views of children have been sought and responded to. You need to consider what steps were taken in Q4 in relation to this.

Respecting children's views has been a core part of the policy review and EQIA process. Recognising the importance of including young people's voices, a targeted consultation was launched with children and young people specifically about this policy. There is planned structured engagement to gather their feedback on the information provided to them.

Having completed the EQIA template, please tick the relevant box that you, the 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) ☒

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: Full mitigation of identified risk not made, decision to continue without objective justification (Lead Reviewer to provide explanatory note here) ☐

Option 5: 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) ☐

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 space 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.

Clear to All is the cross-departmental service linked to this policy. It provides practical support and guidance to staff on creating clear, inclusive materials, ensuring that patient and public health information is clear and easy to follow, and available in accessible formats. This has helped remove barriers for service users, improved communication, and promoted equitable access across our organisation.

Actions.

From the additional mitigating action requirements sections completed above, please summarise the actions this service will be taking forward or tick the box next to 'No Actions Identified'

Routine monitoring by Clear to All Advisory Group ensures a robust checking process is in place to measure improvements in the provision of accessible information.

No actions identified ☒

Date for completion: **Routinely**

Who is responsible? (initials) **AB**

Ongoing 6 Monthly Review: please write your 6 monthly EQIA review date:
1st September 2026

Lead Reviewer:

Name: Anna Baxendale

Job Title: Head of Health Improvement, Public Health

Signature

Date

EQIA Sign Off:

Name: Anna Baxendale

Job Title: Head of Health Improvement

Signature

Date 18 February 2026

Quality Assurance Sign Off:

Name: Julian Heng

Job Title: Planning and Development Manager

Signature:

A handwritten signature in black ink, appearing to read 'Julian Heng'. The signature is fluid and cursive, with the first name 'Julian' and the last name 'Heng' clearly distinguishable.

Date: 2nd October 2026

Where unmitigated risk has been identified in this assessment, responsibility for appropriate follow-up actions sits with the Lead Reviewer and the associated delivery partner.

NHS Greater Glasgow & Clyde Equality Impact Assessment Tool
Meeting the Needs of Diverse Communities
[6 monthly review sheet](#)

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

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

Action:

Status:

Completed

Date

Initials

Action:

Status:

Completed

Date

Initials

Action:

Status:

Completed

Date

Initials

Action:

Status:

Completed
Date
Initials

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

Action:

Reason:

To be completed by
Date
Initials

Action:

Reason:

To be completed by
Date
Initials

Please detail any new actions required since completing the original EQIA and reasons:

Action:

Reason:

To be completed by

Date

Initials

Action:

Reason:

To be completed by

Date

Initials

Please detail any discontinued actions that were originally planned and reasons:

Action:

Reason:

Action:

Reason:

Please write your next 6-month review date

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: ggc.equality.team@nhs.scot

Evidence Sources

Citation	Protected Characteristic / Equality Dimension
Action on Hearing Loss Scotland. (2021). Report on hearing loss support.	Disability (hearing)
BMJ Military Health. (2024). Barriers to Accessing NHS Services for Veterans.	Veterans
BMC Health Services Research. (2024). Men's Health Forum UK. Gender norms and help-seeking behaviour.	Gender
Homeless Link. (2022). Health Needs Audit of Homeless Populations.	Socioeconomic status
LGBT Health & Wellbeing. (2013). LGBT Age Community Consultation.	Sexual orientation, age
NHS Education for Scotland. (2023). Training and workforce development guidance.	General
NHS England. (2020). Exploring Health Inequalities in Gypsy and Traveller Communities.	Ethnicity
NHS England. (2022). Did Not Attend (DNA) Guidance.	General
NHS Scotland. (2021). EQIA – Clear to All: Asylum Seekers and Refugees.	Race, migration status
NHS Scotland. (2022–2024). Equality Guidance.	All protected characteristics
NHS Scotland. (2020). Interpreting, Communication Support and Translation Policy.	Disability (language), ethnicity
NHS Scotland. Travel Costs Scheme – Reimbursement eligibility.	Socioeconomic status
NHS Greater Glasgow and Clyde. Communication Support & Language Plan.	Disability (language)
NHS Greater Glasgow and Clyde. Complaints Reports and Ombudsman Feedback.	General
NHS Greater Glasgow and Clyde. Spiritual Care Policy.	Religion
National Institute for Health Research. (2022). Improving health literacy to reduce inequalities.	Literacy
Public Health Scotland. (2024). Public health data and analysis.	General
Public Health Scotland & NHS GG&C. (2021–2024). EQIA and Policy Review Findings on Accessible Information.	Disability, literacy
RNID. (2004). A Simple Cure.	Disability (hearing)

Rowlands, G., et al. (2015). Health Literacy Survey: England. University College London & Public Health England.	Literacy
Scottish Government. (2017–2025). Making it Easier Action Plan.	Literacy
Scottish Government. (2025–2030). Scottish Health Information Integrity Strategy: Tackling false health information and resilience.	General
Scottish Trans Alliance. Guidance on respectful language and avoiding gendered assumptions.	Gender identity
Stonewall Scotland. (2008). Prescription for Change; (2011). Gay and Bisexual Men's Health Survey.	Sexual orientation
University College London. (2021). Healthcare Inequalities in Prison Settings.	Socioeconomic status
Parmar et al. (2025). Audiology research. University of Cambridge & British Society of Audiology.	Disability (hearing)
Wilson, J., & Winnard, D. (2022). Barriers to attendance. Journal of Health Organization and Management.	General