

**Equality Impact Assessment Tool: Policy, Strategy and Plans**  
 (Please follow the EQIA guidance in completing this form)



**1. Name of Strategy, Policy or Plan**

Financial Operating Procedure - Patient's Travelling Expenses Scheme

This is a : **Current;#Current Policy**

**2. Brief Description - Purpose of the policy, Changes and outcomes, services or activities affected**

The Operating Procedure for patient's travelling expenses sets out the conditions required for a patient to qualify for financial reimbursement of costs incurred for travel to NHSGGC services.

**3. Lead Reviewer**

Douglas Murray

**4. Please list all participants in carrying out this EQIA:**

Douglas Murray (Head Cashier)

**5. Impact Assessment**

<b>A. Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality</b>		
Not currently included. The Following text will be applied to the Operating Procedure. The application of this Operating Procedure will not unfairly impact on people with legally protected characteristics as defined by the Equality Act (2010). To support this, the Procedure has been impact assessed to consider Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sexual Orientation. it also takes cognisance of Scotland's forthcoming Socio-Economic Duty and NHSGGC's standing commitment to remove barriers to services arising from experience of poverty.		
<b>B. What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?</b>		
		<b>Source</b>
<b>All</b>	This Operating Procedure seeks to alleviate the financial burden of attending for care for groups of patients who are in receipt of qualifying benefit entitlement. It is vital that an operating procedure of this nature is integrated seamlessly into working practice. The patterning of ill health and therefore patterning of access to health care is clearly defined by experience of poverty. People on lower incomes are more likely to experience poorer physical and mental health than their more affluent counterparts.	Joseph Rowntree Foundation
<b>Sex</b>	The primary burden of unpaid care provision is undertaken by women and women are more likely to be living in poverty than men. Women living in poverty may have to weigh up carefully the option to attend for treatment and lose money from the	Joseph Rowntree Foundation

	'family purse' or seek to spend the money elsewhere on childcare.	
<b>Gender Reassignment</b>	People who reassign their gender are more likely to be living in poverty and less likely to be in full-time employment than cisgender people. Trans people who undergo a medical process to reassign their gender will require regular access to NHS services. Some of these services may not be delivered within local Board areas and will incur significant travel costs.	Scottish Trans Alliance
<b>Race</b>	Ethnicity is a strong predictor of poverty. For all ages, family types and family work statuses, people from minority ethnic groups are, on average, much more likely to be in income poverty than white British people.	Joseph Rowntree Foundation
<b>Disability</b>	At 46%, the employment rate for disabled people is little more than half that for non-disabled people (80%). 28% of those in poverty in the UK are disabled (3.9 million people) while a further 20% of people in poverty (2.7 million) live in a household with a disabled person. Nearly half of the poverty in the UK is therefore directly associated with disability.	New Policy Institute
<b>Sexual Orientation</b>	Gay men, together with bisexual men and women, are more likely to experience poverty than their heterosexual counterparts.	Poverty and Social Exclusion Research Project
<b>Religion and Belief</b>	There is limited research linking religion to poverty. However, statistics show that around 50% of the Muslim community live in poverty followed by Sikhs (27%) and Hindus (27%). It can be difficult to distinguish between ethnic differences and race difference as the majority of Pakistani and Bangladeshi communities are Muslim and these race communities are also more likely to live in poverty. However, after taking account of race, age and other contributing factors, Muslims are 20% more likely to live in poverty than other religious groups and so are more likely to benefit from financial support in accessing health care.	Centre for Social Investigation - Analysis for JRF
<b>Age</b>	Around 1 in 6 people of pensionable age live in poverty in the UK. Age-related illness means that older people are more likely to access health care and are therefore more likely to benefit from travel costs reimbursement, though concessions should be available to cover travel costs incurred elsewhere.	Age UK - Poverty in Later Life
<b>Pregnancy and Maternity</b>	There is a link between teenage pregnancy and poverty, with teenage mothers being 8 times more likely to come from low paid manual social backgrounds as those from professional backgrounds.	Poverty.Org.uk
<b>Marriage and Civil Partnership</b>	No relationship established	
<b>Social and Economic Status</b>	Poverty is often the underpinning or compounding aspect of discrimination experienced by protected characteristic groups. People living in poverty are more likely to have poorer mental and physical health and are more likely to require health care interventions across their life course.	Joseph Rowntree Foundation
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>	As above, other marginalised groups are likely to experience poverty and are therefore likely to consider the 'hidden' costs of accessing health care before attending.	Joseph Rowntree Foundation
<b>C. Do you expect the policy to have any positive impact on people with protected characteristics?</b>		
	<b>Highly Likely</b>	<b>Probable</b>
		<b>Possible</b>

<b>General</b>	Yes. this protocol will support the provision of travel expenses to the most financially vulnerable groups within NHSGGC.		
<b>Sex</b>		Effective promotion of the travel expenses scheme will ease the financial burden on women attending for their own care or accompanying others.	
<b>Gender Reassignment</b>		given that trans people are disproportionately impacted upon by poverty and are more likely to be in receipt of qualifying benefits, access to a travel cost scheme will further ease their financial burden.	
<b>Race</b>		Given the correlation between race and poverty it is likely that a travel costs scheme of this nature will ease the financial burden of access to health care, including care for Asylum Seekers and Refugees who are explicitly named in the Operating Procedure.	
<b>Disability</b>		Given the link between disability and poverty and also the additional requirement some disabled people may have of health care, the provision of a travel cost reimbursement scheme for qualifying patients will ease the financial burden of attending for care.	
<b>Sexual Orientation</b>		The provision of a travel reimbursement scheme will ease the financial burden of attending for care for LGB people disproportionately impacted up by poverty.	
<b>Religion and Belief</b>		In addressing some of the financial barriers to access experienced by ethnic groups, there is a likelihood that this will also positively impact upon people from different faith groups.	
<b>Age</b>		Provision of the scheme will ease the financial burden for people of all ages who qualify for receipt.	
<b>Marriage and Civil Partnership</b>			Little evidence to suggest that there will be any specific positive impact though provision of the scheme will alleviate the financial burden of attending for health care for anyone qualifying for reimbursement.
<b>Pregnancy and Maternity</b>		It is likely the scheme will positively impact on parents who are in receipt of qualifying benefits and will ease the financial burden of attending	

		either during the course of their pregnancy or during post-natal treatment.	
<b>Social and Economic Status</b>		Where experience of poverty risks determining whether an individual can afford to attend for treatment or not, the reimbursement scheme will help to ease the financial burden for those who qualify.	
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>		As above, anyone who is at higher risk of poverty and who qualifies for the inclusion criteria will benefit by having the financial burden of attending for treatment significantly reduced.	
<b>D. Do you expect the policy to have any negative impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>General</b>	No negative impact anticipated	No negative impact anticipated	No negative impact anticipated
<b>Sex</b>	No negative impact anticipated	No negative impact anticipated	No negative impact anticipated
<b>Gender Reassignment</b>	No negative impact anticipated	No negative impact anticipated	No negative impact anticipated
<b>Race</b>			While the operating procedure in itself will not directly negatively impact on different race communities, the effectiveness of access to the scheme will be facilitated by ensuring information is available in other languages and that where required, interpreting services (including telephone interpreting where appropriate) is provided.
<b>Disability</b>			While the operating procedure in itself will not directly negatively impact on disabled people, uptake of its benefit will be facilitated by ensuring promotional resources are available in other formats to meet the needs of disabled people who require additional communication or information support.
<b>Sexual Orientation</b>	No negative impact anticipated	No negative impact anticipated	No negative impact anticipated
<b>Religion and Belief</b>	No negative impact anticipated	No negative impact anticipated	No negative impact anticipated
<b>Age</b>			

	No negative impact anticipated	No negative impact anticipated	No negative impact anticipated
<b>Marriage and Civil Partnership</b>	No negative impact anticipated	No negative impact anticipated	No negative impact anticipated
<b>Pregnancy and Maternity</b>	No negative impact anticipated	No negative impact anticipated	No negative impact anticipated
<b>Social and Economic Status</b>	No negative impact anticipated	No negative impact anticipated	No negative impact anticipated
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>	No negative impact anticipated	No negative impact anticipated	No negative impact anticipated