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:

Flow Navigation Centre - Integration of paediatrics

Is this a: Current Service ☐   **Service Development** ☐   **Service Redesign** ☒   **New Service** ☐   **New Policy** ☐   **Policy Review** ☐

Flow Navigation Centre – Integration of paediatrics from 1st June 2021
This EQIA was published for the adult Flow Navigation Centre in December 2020. From 1st June 2021 paediatric services across NHSGGC integrated with the adult service model. This means if a child aged five or older requires urgent medical attention in a non-life threatening capacity they will have the option to be referred through our Flow Navigation Centre. Staff at the centre then provide triage and clinical assessment virtually, over the phone, or if required, provide them with a time slot to attend one of our emergency departments or minor injuries units.

The original EQIA below has been reviewed to ensure that it is relevant and this now applies to children and families.

Mitigating actions are in place for the EQIA. This will remain under review until December 2021 for the addition of paediatrics.

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.

The aim of this redesign is to provide effective, efficient and safe access to urgent care with a view to keeping both the public and the NHS safe. Health Boards are working to ensure they have robust plans in place to deal with a range of pressures on capacity and ensure they can deal with peak levels of demand. The pressure on acute capacity makes the redesign of urgent care more important and will seek to ensure people are seen in more appropriate healthcare settings.

NHSGGC has established a local Flow Navigation Centre that receives clinical referrals for consultation from NHS 24. This includes provision of a multi-disciplinary clinical and administrative team, optimising virtual technology wherever possible to undertake an initial digital consultation and avoid unnecessary face-to-face appointments. The scheduling of urgent care (non-life threatening presentations) is planned with the right clinician, optimising alternatives to Emergency Departments (ED) where feasible and at times that support the Board to manage surge activity periods and avoid crowding to maintain a safe environment.

The NHS 24 telephone service on 111 is available to people calling from within the NHS Great Glasgow and Clyde area from 1st December 2020. Callers will be assessed through NHS 24's well established 111 triage system and will be supported to receive the right care for their needs. This could include self-care, GP or primary care, pharmacy, a minor injuries unit or referral if required into the flow centre within their local health board for clinical assessment. If the patient still needs to attend ED following this assessment then the flow centre will schedule a safe time for this to happen. Emergency calls will always be transferred to Scottish Ambulance Service in line with established processes.

During normal opening hours people should still call their GP practice for urgent care, or get help online help from the information and resources on NHS inform. This will help people to get the right care in the right place, often closer to home and without the need to go to Emergency Department. In emergencies, the public should continue to call 999 or go directly to an Emergency Department.

From 1st December 2020 we have expanded the GGC flow hub function to include minor injuries across NHSGGC. Patients will be given a virtual appointment at a Minor Injuries Unit (MIU), and following that, a face to face appointment if necessary. This will significantly reduce the number of people self-referring and walking into EDs and MIUs.

NHS GG&C aspiration is to schedule as many urgent care appointments as possible by maximising the use of NHS Near Me and telephone appointments in line with Scottish Government policy. We want to deliver care in the right place, and to minimise the number of people waiting in busy Emergency Departments. Our data shows that 299,000 people self-referred and attended EDs last year. Of those, 109,000 were triaged as flows 2, 3 and 4 and we would expect these patients will still need to attend ED. If

the national message is that people should call NHS24 before attending ED, there is the potential for all 299,000 to call 111. We therefore understand that NHS24 will triage these calls to a number of outcomes:

- Self-care, web support, pharmacy
- GP OOH (current pathway)
- GP in hours (current pathway)
- COVID hub (current pathway)
- ED by ambulance
- ED within the next hour
- Mental Health Assessment Unit (not yet clear if this will be direct or through NHSGGC hub)
- Minor injuries (pathway through NHSGGC hub being developed)

This will leave a proportion of patients who require some further assessment within the next 4 hours. Our assumptions are that this would be a maximum of 75,000, but this is dependent on a successful national public messaging campaign. Patients who are given an appointment will wait at home rather than in the emergency department.

NHSGG&C will develop clinical speciality protocols to direct patients to the appropriate speciality teams; with the benefit of implementing virtual signposting and direction without the need for patents to have an unnecessary attendance to the ED. Implementation will be further supported by protocol driven pathways and the five initial speciality areas of focus have been proposed as:

- ENT
- Ophthalmology
- Maternity
- Head injury
- Nursing Homes referrals

The end point objective of the Greater Glasgow and Clyde Flow Navigation Centre will be to provide co-ordination of care across the NHS Greater Glasgow and Clyde system. The provision of Unscheduled Care Services involves complex clinical pathways, which will require a system wide approach to care, involving the six Health and Social Care Partnerships in the ongoing model and pathway development. Additional patient pathways such as MSK physio will be added.

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.)

These are significant service redesign initiatives that change the ways in which patients interact with services. Patients will be asked to call 111 before they attend an emergency department. Some citizens with minor urgent issues will be redirected to alternative services and many will be offered a video or telephone appointment instead of a face to face appointment. As such it is proportionate and relevant to apply an EQIA for GGC.

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: Ali Marshall, Planning Manager	Date of Lead Reviewer Training: August 2020

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):

Jac Ross, Equality and Human Rights Manager
Ann Lees, Health Economist, Corporate Planning
Noreen Shields, Planning and Development Manager, Equality and Human Rights Team

	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

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 any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.	*A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.*	Data is collected via Trakcare and the Emergency Medical Information System EMIS. Trakcare, the patient information management system used across NHSGGC has options to record a patients age, sex, postcode, religion and belief, and whether the patient required interpreting support. These systems allow additional information relating to support needs to be recorded. For example we collect age, sex and social class via postcode related data. BME recording is currently 46% recorded and has recently become mandatory. Information relating to additional needs such as hearing loss and learning disability is recorded on TraKcare. Other items relating to EQIA are not currently recorded. Injury caused by a form of gender based violence (GBV), such as domestic abuse or rape and sexual assault, is not currently routinely reported upon across all departments and disciplines.	Plan to ensure we collect all protected characteristics including gender based violence, when systems allow
		Example	**Service Evidence Provided**	**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 (tick relevant boxes).**	*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*	Data will help us measure waiting times and DNAs. The data collected will enable us to analyse service use and do not attend disaggregated by some protected characteristics. The methods used by NHS24 to manage the disaggregated data by protected characteristic of this service change will be integral to NHSGGC's approach regarding data collection. There is national EQIA work in place, a draft national EQIA is available and national planned further engagement to inform the final EQIA. NHS24 are working with Public Health Scotland to	

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

1) Remove discrimination, harassment and victimisation ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	*representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)*	undertake a population needs assessment to further identify the needs of the population and the on-going improvement data required for monitoring purposes. A national approach will be required regarding disaggregated data including fields used to ensure consistency of information across the patient pathway. DNAs may also be the result of GBV, whether that's a child or an adult who is not brought, or is prevented, from attending an appointment.	

		Example	**Service Evidence Provided**	**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 (tick relevant boxes).** **1) Remove discrimination, harassment and**	*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*	We have Emergency Department data for GGC by deprivation quintile, age and sex, shown below in the relevant sections. We have reviewed the national draft EQIA and are awaiting conclusion of the discovery piece of research relating to homeless people, non- English speakers and people experiencing mental health issues. The new urgent care service is being piloted in NHS Ayrshire and Arran during November and this has provided useful insights through national meetings.	

☐

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

| victimisation

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐ | *more confident in asking related questions to young people.*
(Due regard to removing discrimination, harassment and victimisation and fostering good relations). | | |

		Example	Service Evidence Provided	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?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove** √	*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.*	Work being performed for the national EQIA includes working together with stakeholders as equal partners to identify possible risks, issues and to find solutions together to prevent any discrimination to key groups of the Scottish population. One recommended action is to seek to ensure that these groups of people, and organisations that represent their interests, are engaged with to better understand the impact of the changes. The groups are: • minority ethnic people (including Gypsy/Travellers, migrants, refugees and asylum seekers) • older people • disabled people • care experienced young people • people experiencing homelessness • people living in the most deprived areas of Scotland according	Implementation of mitigating actions derived from national engagement and local engagement to augment this approach if required with continuous improvement feedback from patients using the changed service pathway.

			Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

	discrimination, harassment and victimisation 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	*(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.*	to the Scottish Index of Multiple Deprivation • older adults • DNAs may also be the result of GBV, whether that's a child or an adult who is not brought, or is prevented from attending NHSGGC will support the Scottish Government and NHS 24 to carry out this engagement with other Health Boards to create a complete picture across those with protected characteristics. Additionally when the service is in place there will be formal feedback through the Board's complaints process and ongoing engagement. Informal feedback from patients who issue messages to the service.	
		Example	**Service Evidence Provided**	**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** √	*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*	The Flow Navigation Centre service will reduce travel for patients as many will be able to attend appointments with a nurse or doctor from their home without having to attend in person at an emergency department. For patients who are given an appointment these will be in the same place they would normally attend for emergency care, in our major hospitals, and as such are physically accessible.	

	General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity ☐ 3) Foster good relations between protected Characteristics. ☐ 4) Not applicable ☐	*a fire.* *(Due regard to remove discrimination, harassment and victimisation).*	
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**

		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 way it communicates with service users and staff?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant**	*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.*	Communication about the service change: Information will be issues to the general public nationally and at NHSGGC level regarding the service change. This national public facing communications plan will itself will be EQIA'd. There is a comprehensive communications plan including radio and TV broadcasts telling people to Call 111 before going to a hospital emergency department. Information will need to be made available to all patients in a format they can understand. Information will also be communicated to staff involved in the new	Mitigation of the inability of some patient groups to use NHS24 111 telephone triage system is required nationally. (see Race section)

boxes). **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.**	*Written materials were offered in other languages and formats.* *(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).*	service at department level and via Core Brief for all staff. Communication issues in the service (see also the race and disability sections): On appointment via telephone patients will be advised of what to expect when attending their appointment whether face to face, video or telephone. The change of service to use NHS24 111 to triage will require national mitigation to ensure equity of service provision and access for those unable to use the telephone triage system	

7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(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).** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** √ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	Age Profile - ED Attendances All 1.9 0.1 6.5 8.0 9.3 25.6 11.8 10.3 12.5 14.0 ■ <19 ■ 19-28 ■ 29-38 ■ 39-48 ■ 49-58 ■ 59-68 ■ 69-78 ■ 79-88 ■ 89-99 ■ >99 Over a quarter of all attendances at GGC emergency departments and minor injuries units are under 19s and over a quarter are aged 70 or over. This EQIA includes children and families from 1st June 2021. There are unlikely to be disproportionate difficulties for parents or carers helping their child to access this service. Older people with a communication barrier e.g. hearing impairment or age-related dementia may have more difficulty using this service. Involvement of carers should be written in to the communication plan. Some older people may not be able to use virtual appointing systems due to lack of technology or ability to use technology. A study reviewing use of NHS24 in Scotland (McAteer 2016) suggested that older people are more uncertain than younger	Mitigation needs to be put in place for older people who may not be able to use virtual appointment systems; subject to national and local engagement.

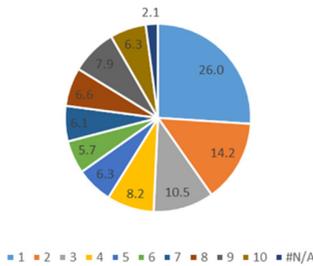|			
		groups about how and when to use NHS24. This service change may positively impact on older patients who may have reduced mobility or are frail where travel can be difficult as there will not be a need to travel and the infection risk will be reduced.	
(b)	**Disability** **Could the service design 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 (tick relevant boxes).** 1) Remove discrimination, harassment and victimisation √ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	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. Some people with autism may be impacted positively by the service change enable people to come to ED at an appointed time rather than wait on an environment which could be detrimental to their well-being. 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. Disabled people experience high levels of digital exclusion. Disabled people are more likely to experience poverty as a consequence of their disability and may not have access to internet or devices. Deaf / BSL users can access the telephone service through contact Scotland. Some older BSL users however may not have access to the technology needed to use contact Scotland or video	Action required to ensure disabled people can access the telephone service equitably at a national level. Local mitigation for those who cannot use telephone is walk in to the adult or paediatric emergency department.

		Service Evidence Provided
		appointments.

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	**Gender Identity** **Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** √ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	The Flow Navigation Centre is unlikely to have a disproportionate impact on people with the protected characteristic of gender identity, in fact some aspects such as telephone or video appointments may be preferred to reduce travel on public transport where it may be unsafe for some transgender people	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

(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 (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** √ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	The Flow Navigation Centre is unlikely to affect the protected characteristics of marriage and civil partnership	
(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 (tick** √	The Flow Navigation Centre is unlikely to have a disproportionate impact on people with the protected characteristics of pregnancy and maternity. Telephone or video may be preferred as consultations can be from home. Research indicates that pregnant women face an increased risk of domestic abuse, with domestic abuse estimated to occur in 5 – 21% of pre-birth cases and in 13 – 21% of post birth cases. (Leneghan 2012, Pain 2012)	

| | | If a woman is a victim of coercive control by her partner, her responses to a virtual consultation may be controlled by that partner or their family and be unsighted by the healthcare professional.

Learning may be transferrable from models of care within the Pharmacy setting, such as the Ask for ANI initiative (Action Needed Immediately) which is a domestic abuse codework scheme used to notify a healthcare professional that additional help and support is required. (Ask for ANI domestic abuse codeword scheme: pharmacy materials - GOV.UK (www.gov.uk)) | |

relevant boxes).

1) Remove discrimination, harassment and victimisation

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐

	Protected Characteristic	**Service Evidence Provided**	**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 (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** √ **2) Promote equality of opportunity** ☐	The Flow Navigation Centre may have a disproportionate impact on people with the protected characteristics of race particularly for those whose first language is not English. People who do not speak English as a first language are likely to have difficulty with receiving accurate information about how to access the new service and with their initial telephone contact with the service. NHSGGC has more than 80 spoken languages in our patient population. Access to interpreting and translated information is necessary to ensure equitable access to all services. Current feedback from Test and Protect GGC has highlighted significant gaps in knowledge from those patients who first language is not English in terms of basic COVID prevention information.	Information at both national and local level will need to be provided in all languages needed by our patients about this service change to ensure equitable access for all. National level mitigation is required to ensure that non English speakers can use the NHS24 111 service. BAME people who cannot access the service by telephone are likely to go to their nearest emergency department to access the service

	3) Foster good relations between protected characteristics ☐ **4) Not applicable** ☐	Staff would access an interpreter in the normal way for patients requiring communication support through the GGC interpreting Service and our telephone interpreting provider – Capita. Having booked appointments would mean that the patient is expected and an interpreter could be arranged. This is possible for telephone and video appointments as for face to face.	they need. This access will change with the new service, however people will not be turned away if they present at an ED in need of urgent health care. This currently happens in primary care.
(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 (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** √ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	The Flow Navigation Centre is unlikely to have a disproportionate impact on people with the protected characteristics of religion and belief.	
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(h)	**Sex**	People experiencing gender based violence who require to attend	Mitigation should be put in place to

	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 (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** √ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	services within this path may find it harder to disclose and seek appropriate help by using a telephone triage system with the perpetrator within earshot of them.	understand how this service can be made sensitive to the needs of those experiencing gender based violence.
(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 (tick relevant boxes).**	The Flow Navigation Centre is unlikely to have a disproportionate impact on people with the protected characteristics of sexual orientation.	

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

	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(j)	**Socio – Economic Status & Social Class** **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?** **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.**	The first decile of deprivation accounts for more than a quarter of GGC emergency department attendances. This fits with our existing knowledge of disease, complex living arrangements, lower rates of general practice registration and higher disease burden. Percentage of Attendance per SIMD Decile There could be more difficulties in engaging with the Flow	People who experience the most poverty are the most likely to go to their nearest emergency department to access the service they need. This access will change with the new service, however people will not be turned away if they present at an ED in need of urgent health care.

		Navigation Centre for some people with poorer socio economic status and the impact of social class issues. Some people in these groups may not have easy access to a phone or the apps needed for video consultation as this requires money for an account, electricity for charging and WiFi. Telephone and video appointments would avoid the need for travel to appointments. NHS24 is a free number. It would be possible to provide telephone and video in local centres for people; however this is more difficult in the current Covid-19 situation.	
(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?**	There could be more difficulties in engaging with the Flow Navigation Centre for people experiencing homelessness who may not have money for a phone, electricity for charging or a suitable place or technology to use for virtual consultations. Asylum Seekers with no resource to public money may not be able to access money for a phone, electricity for charging or a suitable place or technology to use for virtual consultations. Gypsy Travellers may not have money for a phone, electricity for charging or a suitable place or technology to use for virtual consultations. It would be possible to provide telephone and video in hostels and local centres for people; however this is more difficult in the current Covid-19 situation. The police would also offer use of a phone in an urgent situation.	**Details will be sought in the national engagement to assess mitigations necessary.**
8.	**Does the service change or policy development include**	The Flow Navigation Centre requires fewer face to face	

		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
	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 (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	appointments in emergency departments and will reduce travel costs for patients. There may be a reduced requirement for consulting rooms, however any potential savings are unlikely to have a disproportionate impact on protected characteristic groups.	
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.	All GGC staff are required to complete learning programmes covering equality, diversity and human rights.	Protocols for staff will need to be put in place to account for those who may continue to attend their local ED contrary to the new service pathway.

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 breach of Human rights identified.

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* .

*

- **F**acts: What is the experience of the individuals involved and what are the important facts to understand?
- **A**nalyse rights: Develop an analysis of the human rights at stake
- **I**dentify responsibilities: Identify what needs to be done and who is responsible for doing it
- **R**eview 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)

☑ 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)
Local Protocols will be required for staff in relation to people who present at an ED in need of urgent health care following the introduction of the Flow Navigation Centre so that they will not be turned away.	31/12/2021	AM
Mitigation needs to be put in place for people who may not be able to use virtual appointment systems. Protocols may be required to see these patients face to face.	31/12/2021	AM
Understand how this service can be made sensitive to the needs of those experiencing gender based violence. Provide information for staff.	31/03/2022	AM
Review the national draft EQIA and the discovery piece of research relating to homeless people, non-English speakers and people experiencing mental health issues. Implement mitigating actions derived from national engagement and local engagement.	31/03/2022	JR/AM
Check the possibility of providing telephone and video in local centres after the Covid-19 pandemic	31/03/2022	JR/AM
National Mitigation of the inability of some patient groups to use NHS24 111 telephone triage system is required		

nationally including provision of information about how to access the system in the languages people understand.	National timescale

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

This is an initial EQIA of a redesigned service that has not yet started. The EQIA will be revisited once the Flow Navigation Centre is in place from December 2020 to make sure that all issues have been considered. The addition of paediatrics will remain under review until December 2021.

Lead Reviewer: **Name**   **Ali Marshall**
EQIA Sign Off: **Job Title**   **Planning Manager**
                                           Signature
                                           Date   **16/11/21**

Quality Assurance Sign Off: **Name**   **Alastair Low**
                                           Job Title   **Equality & Human Rights Planning Manager**
                                           Signature
                                           Date   **16/11/21**

HS 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:

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

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