

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 25/56b</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>29 April 2025</b>
<b>Title:</b>	<b>Meeting the Requirements of Equality Legislation - A Fairer NHS Greater Glasgow and Clyde 2025-29</b>
<b>Sponsoring Director:</b>	<b>Dr Emilia Crighton, Director of Public Health</b>
<b>Report Author:</b>	<b>Alastair Low, Interim Manager, Equality &amp; Human Rights Team</b>

## 1. Purpose

**The purpose of the attached paper is to:**

Present the draft of 'A Fairer NHSGGC Equality Strategy (2025-29)' to NHS Greater Glasgow and Clyde's Board.

## 2. Executive Summary

**The paper can be summarised as follows:**

"A Fairer NHS Greater Glasgow & Clyde 2025-2029" outlines NHS GGC's commitment to equality and inclusion, in line with the Public Sector Equality Duty and Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. The strategy details mainstreaming actions and specific equality outcomes aimed at creating a fairer and more inclusive healthcare environment for all staff and patients.

The approved strategy will include a design element created by the Corporate Communications Directorate and applied prior to publishing.

### **Mainstreaming Actions:**

NHSGGC's mainstreaming actions are designed to benefit all staff and patient groups, ensuring fair treatment and inclusivity. Key actions include:

- **Workforce Equality Plan:** Ensuring fair treatment, dignity, and respect for staff in a diverse and inclusive workplace.
- **Frontline Equality Assessments:** Supporting staff to deliver inclusive and legally compliant care.

## BOARD OFFICIAL

- **Digital Solutions:** Reducing barriers to care through investment in digital solutions.
- **Sustainability and Value Schemes:** Equality-proofing proposed schemes to prevent poorer outcomes for protected characteristic groups.
- **Engagement Approaches:** Enhancing engagement and feedback mechanisms to assess needs and issues.
- **Access Audits:** Identifying and addressing barriers for disabled people in NHSGGC buildings.

### **Specific Equality Outcomes**

The strategy includes specific equality outcomes aimed at improving access to fair and equitable care for patient groups facing particular barriers. These outcomes are based on extensive research and engagement with over 1200 people from various communities. Key outcomes include:

- **Autistic and Neurodivergent People:** Implementing an 'Autism Passport' and developing an Autism and Neurodivergence pathway app to better meet their needs in acute services.
- **Urgent Care Access:** Creating accessible information and improving support for protected characteristic groups to access the right care and avoid unnecessary emergency department visits.
- **Anti-Racism Plan:** Developing and implementing an anti-racism plan to address racial inequalities and improve health outcomes for BME communities.

### **3. Recommendations**

**NHS Greater Glasgow and Clyde Board is asked to consider the following recommendations:**

- Consider the actions detailed within the strategy
- Approve the strategy publication in line with legislative requirements.

### **4. Response Required**

This paper is presented for **approval**.

### **5. Impact Assessment**

**The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:**

- |                        |                               |
|------------------------|-------------------------------|
| • Better Health        | <b><u>Positive</u></b> impact |
| • Better Care          | <b><u>Positive</u></b> impact |
| • Better Value         | <b><u>Positive</u></b> impact |
| • Better Workplace     | <b><u>Positive</u></b> impact |
| • Equality & Diversity | <b><u>Positive</u></b> impact |
| • Environment          | <b><u>Neutral</u></b> impact  |

## **6. Engagement & Communications**

**The issues addressed in this paper were subject to the following engagement and communications activity:**

The report has been written following lengthy engagement with a diverse range of stakeholders (both community and staff). Our Specific outcomes reflect engagement with more than 1200 community members and a range of 3rd sector organisations. Mainstreaming measures have been discussed with relevant NHSGGC senior leaders prior to inclusion in the Strategy.

## **7. Governance Route**

**This paper has been previously considered by the following groups as part of its development:**

- Public Health SMT
- Corporate Management Team
- Population Health and Wellbeing Committee

## **8. Date Prepared & Issued**

Prepared on 8 April 20225

Issued on 17 April 2025

**DRAFT**

## **Meeting the Requirements of Equality Legislation**

### **A FAIRER NHS GREATER GLASGOW & CLYDE 2025 - 2029**

Foreword/Joint Statement [PHOTOS] Holding quote by EHRT

We are delighted to present our Fairer NHS Greater Glasgow & Clyde equality report which, in line with our legal duties as set out in the Public Sector Equality Duty and Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, describes our mainstreaming and specific equality outcomes for the next four years.

We will demonstrate how our corporate priorities of Better Care, Better Health, Better Workplace and Better Value reflect our commitment to deliver fair and inclusive practices that put the needs of people first. To achieve this we will work proactively to create the conditions where people feel cared for, are treated with dignity and respect and are truly valued - in both their care and in their workplace.

Our report's mainstreaming actions aim to benefit all our staff and patient groups and will include:

- A Workforce Equality Plan to ensure staff are treated fairly and consistently, with dignity and respect in an environment where diversity is a valued resource and the workplace is assessed to ensure safety and inclusion
- A programme of frontline equality assessments designed to support our staff to deliver inclusive and legally compliant care
- Actions to ensure that investment in digital solutions also reduce barriers for people accessing care
- Measures to equality proof proposed sustainability and value schemes to guard against poorer outcomes for protected characteristic groups
- Enhance engagement approaches and consider feedback as valuable intelligence that allows us to assess needs and issues on a case by case basis aligned to legislative responsibilities
- Carrying out access audits in our buildings to identify and address barriers for disabled people

Our report also includes a number of specific equality outcomes. These outcomes are designed to make a positive difference for patient groups who are facing particular barriers to accessing fair and equitable care.

Our specific outcomes reflect evidence from extensive research including direct engagement with our patients and staff. Over 4200 people from a range of communities discussed their care experiences and helped shape our outcomes.

This work is part of a much broader landscape that is underpinned by our unwavering commitment to deliver the highest quality services in the right place, at the right time and with best possible outcomes. We will hold equality at the very core of the exciting journey of reform that NHSGGC is embarking on, transforming our services to improve population health and better meet the needs of our patients now and in the future. In acknowledgement of the central importance of equality and diversity for NHSGGC, we are establishing a dedicated Board committee to provide transparency, oversight and governance.

**Dr Lesley Thomson Thomson KC, Chair, NHS Greater Glasgow & Clyde**  
**Professor Jann Gardner, Chief Executive, NHS Greater Glasgow & Clyde**

## 1. Introduction

Over the last 4 years, NHSGGC has demonstrated our commitment to addressing discrimination and delivering services that are fair and equitable to all. We have done this by meeting our responsibilities as required by the Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012. Details of the wide range of work undertaken across all services and with our workforce can be found on our [website](#).

Our work continues to ensure that in our day-to-day business we:-

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between groups of people with different 'protected characteristics';
- Foster good relations between these different groups.

The protected characteristics referred to, as listed in the Equality Act 2010 are;

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race, religion and belief
- sex and sexual orientation

We will all have more than one protected characteristic which shape up our individual identities.

Since the launch of the Equality Act 2010, other related legislation and duties have been introduced to meet the needs of specific equality groups. These include:-

- The British Sign Language (BSL) (Scotland) Act 2015
- The Fairer Scotland Duty (2018) which requires the Board to consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions.
- United Nations Convention of the Rights of the Child (Scotland) Act (2024)
- The Child Poverty (Scotland) Act 2018

A review of the Public Sector Equality Duty by the Scottish Government in 2023 has identified some areas for enhancement. We will apply available regulatory guidance to ensure NHSGGC is in step with any and all regulatory changes across the life of this report.

## **2. Engaging with Communities to develop the outcomes and activities for 2025-29**

NHSGGC must show due regard to developing specific outcomes that will improve the experiences of protected characteristic groups where there is a noted deficit.

To develop the 2025-29 specific outcomes NHSGGC's Equality and Human Rights Team (EHRT) used two approaches to better understand the care needs and possible gaps for different protected characteristic groups. The team organised engagement sessions to ask people what was important to them when they are using NHS services and how their protected characteristics affected the health care they received. In addition, evidence was drawn from inclusive patient engagement activities designed by our Patient Experience Patient Involvement team (PEPI). Overall, more than 1200 people were involved in the process.

The EHRT combined this feedback and evidence captured in previous engagement activity, with a literature review of the health care experiences of different protected characteristic groups. The findings shaped our outcomes for 2025-29 and we will use this and new emerging evidence to inform our work over the next 4 years. Many of the groups and individuals we engaged with have agreed to remain involved and provide feedback on the improvements we make.

The engagement is summarised below:

### **BME communities including Asylum Seekers and Refugees**

Engagement was carried out with over 1100 community members who provided feedback on the issues that were concerning them. To facilitate discussions, when required, NHSGGC accessed communication support provided by our in-house interpreting and translation services.

Previous issues raised by BME communities were used to shape the engagement sessions. These included perceived experience of discrimination on the grounds of ethnicity and access to unscheduled care services.

A range of experiences were shared which highlighted particular concerns in relation to: access to interpreting support; limited awareness of the NHS system (e.g. minor injuries units and Out of Hours GP services), remote triage services and associated language barriers (e.g. calling NHS 24 via 111) and people feeling discriminated against when they don't speak English well. Asylum seekers expressed feelings that staff thought they did not deserve NHS services.

## **Autistic People**

Finding the right engagement methodology to meet the needs of a diverse community who experience different and sometimes complex barriers to engaging was challenging. Our discussions with Autistic people were supported through partnership working with the National Autistic Society and Glasgow Disability Alliance and further strengthened by a literature review. In total we engaged with approximately 80 Autistic and Neurodivergent people. Common themes emerging included the need for improved awareness and sensitivity of frontline staff when working with Autistic people and Autism-sensitive reviews of key patient service areas.

## **LGBTQ+ People**

NHSGGC attended Glasgow's 2024 Mardi Gla – the city's annual Pride event - and engaged directly with more than 100 LGBTQ+ people. Emerging themes included the need for improved awareness of LGBTQ+ identities amongst staff and continued fears about mis-gendering patients. These will inform the delivery plan of the Equality and Human Rights Team across the 4-year period, including review of our LGBTQ+ staff e-learning module and further promotion of inclusive policy frameworks such as the workforce facing NHS Scotland Gender Transitioning Guide.

## **People with a Learning Disability**

NHSGGC has continued to nurture strong partnership working with 3<sup>rd</sup> Sector support organisations who come together quarterly as the **Life I Want Group** to consider experiences of health care and share ideas for improvement. The Group is co-chaired by an engagement specialist from NHSGGC's Equality and Human Rights Team, ensuring people's voices have a direct route into NHSGGC planning arrangements.

Our organisational response to better meeting the needs of people with a Learning Disability will be co-ordinated through our Acute Learning Disability and Autism Group. The group support and analyse feedback from patients, carers and 3<sup>rd</sup> Sector organisations into tangible outcomes that will be tracked across the life of the Fairer NHSGGC report.

### 3. Mainstreaming Report

In 2025/29 we aim to deliver a fair and equitable service across all of our Corporate Plan priorities:-

- Better care
- Better health
- Better workplace.
- Better value

We will deliver actions under each of these priorities which are summarised below:-

Embedded graphic here with the following points under each heading:

#### **Better Care**

**Communication Support**

**Enhanced inclusive mainstream engagement**

**Inclusive person-centred care**

**Equity assurance in delivering digital solutions**

**Assess service transitions from acute to primary care settings**

#### **Better Health**

**Deliver improvements in health for people with a learning disability**

**Fully implement the NHSGGC Anti-Racism Action Plan**

#### **Better Workplace**

**Deliver Workforce Equality Group Action Plan**

#### **Better Value**

**Equality-proofed sustainability and value schemes**

**Equality-proofed procurement**

**DDA Audits**

**Fairer Scotland Duty**

Progress against these actions will be reported via annual monitoring reports to show where we are making a difference across the protected characteristics. These reports will be available on our website.

## Better Care

[PHOTO]

‘Delivering better care involves a constant cycle of practice review and improvement underpinned by robust quality standards. We are committed to delivering those standards through mainstream adoption of fair and equitable practice’.

**Professor Angela Wallace, Director of Nursing**

### Communication support for patients

Ensuring that patients have effective communication support underpins better care. NHSGGC has the largest in-house spoken language interpreting service in Scotland and delivers 5000 face-to-face interpreting supported appointments each month. We have encouraged growth in telephone interpreting to better accommodate unscheduled care and shorter outpatient appointments and have seen a significant uptake with over 13,000 telephone interpreting bookings each month. The scale of our interpreting programme reflects the growing demand (primarily within the city of Glasgow) and the 60+ different languages spoken across our health board area

We also provided a broader range of communication support such as note-takers, British Sign Language Interpreters and Deaf Blind Communicators.

Written information including appointment letters, instructions for self-care and health improvement resources are available to patients in appropriate formats e.g. Braille, easy read or audio via our dedicated Clear to All accessible information service, ensuring everyone has access to the information they need.

Over the life of the report we will:-

- Review our provision of telephone interpreting to ensure best value is measured equally with best quality
- Provide effective and timely interpreting to all patients who require communication support for NHS-related appointments
- Engage with patients to gather feedback and make continuous improvements
- Enhance access to our complaints and other feedback mechanisms for Deaf BSL users to ensure experiences are recorded and improvements made
- Develop quality translation of mainstream online patient-facing information

## **Listening to patients**

‘We are committed to engaging with our diverse communities to better understand and inform service change. We will work to mainstream inclusion in our engagement processes and ensure everyone has the opportunity to be heard.’

**Sandra Bustillo – Director of Communication and Public Involvement**

Capturing service feedback from patients with lived experience of discrimination is essential if NHSGGC is to continue to make positive changes to the way care is provided. We will strengthen relationships with third sector partners who provide a collective voice for our under-served communities and ensure engagement findings are visible in the service decisions we make.

Over the life of the report we will:-

- Ensure our patient engagement and public involvement function (PEPI) establishes sustainable connections to a broad range of 3<sup>rd</sup> sector organisations representing our under-served communities
- Ensure NHSGGC is prepared to meet inclusive communication requirements as directed nationally

## **Inclusive person-centred care**

If our care is to better meet the needs of people with protected characteristics, it must be truly person-centred and configured in a way that responds to people’s experience of marginalisation, stigma, poverty and discrimination. Patients from equality groups have told us that barriers to equitable, high quality care, are often most evident at predictable points in their care journey.

Our Person-Centred Care programme and Quality Strategy will deliver a mainstream inclusive approach to meeting the needs of protected characteristic groups and ensure barriers described by those affected are fully understood and removed.

Over the life of the report we will:-

- Test and embed a person-centred care standard designed to measure how well we are meeting the needs of different protected characteristic groups in our care.

- Ensure that our Quality Strategy is embedded in all relevant functions and supports the delivery of aligned equality impact assessments (policy and process) and frontline equality assessments (learned practice).

### **Assurance of equity in delivering digital solutions**

‘We will ensure that changes to the way patients’ access care involving digital applications will not disadvantage anyone who is digitally excluded’.

**Denise Brown, Director of Digital Services**

For some people, digital solutions designed to make access to health care easier may create additional barriers. Furthermore, where digital solutions replace existing and more traditional routes into services, there is potential for a negative impact on people with certain protected characteristics – most notably age, disability and race.

Glasgow Disability Alliance’s ‘Disabled People’s Mental Health Matters’ report (2021) highlights that of the 2500 disabled people engaged in supporting research, 1500 faced digital exclusion with no access to devices, Wi-Fi and/or lacked the confidence to use it.

Over the life of the report we will:-

- Equality impact assess all proposed service redesigns where digital solutions feature as alternatives to pre-existing care pathways
- Engage with protected characteristic groups to better understand their experience of using digitally supported pathways into service provision and make appropriate adjustments.

### **Assess service transitions from acute to community-based health and social care settings**

‘Our ambitious Reform programme will see a positive change in the way we access some services. Our approach will secure safe, effective and person-centred care that meets the current and future needs of our diverse communities’

**Scott Davidson, Medical Director**

NHSGGC’s ‘Reform’ programme will shift the reliance on hospital care towards proactive and coordinated care and support in the community. The scale of service change will be significant and involve staff from across the organisation. It is vital that the voices of people from protected characteristic groups, often most at risk of not being heard during service change, are actively sought to ensure transition of services results in provision that is accessible, equitable and fair.

Over the life of the report we will:-

- Ensure all proposed service changes are robustly examined using the NHSGGC Equality Impact Assessment tool
- All re-purposed buildings will be assessed to ensure they are accessible for our patients, staff, carers and visitors

# BETTER HEALTH

[PHOTO]

‘Successful delivery of our corporate public health priorities can only be achieved through innovative practice based on a commitment to inclusion and anti-discriminatory practice. We have a duty to gather and use the experiences of protected characteristic groups to make sure we deliver improvements that are fair for all’.

**Dr Emilia Crighton, Director of Public Health**

## **Identify and remove barriers to accessing Screening Services for people with protected characteristics -**

- Review and apply improved engagement methodologies to assess and promote awareness of screening and vaccination programmes with protected characteristic groups
- Work with a range of community groups to co-produce appropriate community-focused learning resources

## **Improving experiences and health outcomes for patients with a Learning Disability**

In 2020, NHSGGC committed to a specific equality outcome designed to bring improvements to both overall health experiences and health outcomes for patients with a learning disability. We now have the internal structures embedded in NHSGGC to ensure our initial commitment can flourish as a mainstreamed programme.

Our Acute Learning Disability and Autism Group will have oversight of this programme and across the life of the report will:-

- Work with local LD groups, patients, carers and families to improve hospital inpatient experience including (but not limited to)
  - Admission process, including providing thorough background information/hospital passport
  - Reduced length of stay
  - Reduced hospital complications
  - Carer involvement

## **Fully Implement the NHSGGC British Sign Language Action Plan**

"We have taken significant steps to improve the experience of Deaf people coming into our care. However, we are aware that we have a long way to go before we can claim that our Deaf BSL patients have equity of access to healthcare. Our BSL Action Plan will ensure that we stay focussed on this goal and identify ways to achieve it."

**Paul Hull, Health Improvement Practitioner, Mental Health/Deaf Community**

In line with the requirements of the British Sign Language (BSL) (Scotland) Act 2015, NHSGGC has developed a BSL Action Plan that translates the reporting requirements for legislation into tangible actions. These will improve the health experiences and outcomes for Deaf patients.

The Plan aligns to the reporting framework of this report and will:-

- Enhance opportunities for best health outcomes for Deaf and Deafblind patients through mainstream delivery of the 11 actions detailed in the NHSGGC [BSL Action Plan](#)

## BETTER WORKPLACE

[PHOTO]

“We firmly believe that a diverse and inclusive workforce is essential to providing the best possible care for our diverse patient population. Our staff-led equality forums are invaluable in helping us understand the lived experiences of our colleagues and ensuring that our policies and practices reflect the needs of everyone. We are committed to continuing to work in partnership with these forums to build a truly inclusive workplace where everyone feels valued and respected.”

**Natalie Smith, Interim Director of Human Resources & Organisational Development, NHSGGC**

The Board Workforce Equality Group (WEG) leads the development of NHSGGC as an inclusive organisation that engages with staff across all aspects of employment, aligning to our organisational values and exceeding our legal requirements as an equal opportunities employer.

The WEG is responsible for the development and delivery of the NHSGGC Workforce Equality Plan. The group works in partnership and includes representatives from the Staff Disability Forum, the Black and Minority Ethnic Staff Network and the LGBTQ+ Staff Forum, plus three non-Executive Diversity champions demonstrating leadership from the very top of the organisation.

The NHSGGC Workforce Equality Plan covers the following overarching ambitions, which have been updated for the new report in partnership and working with our staff-led equality groups:

- Our staff are treated fairly and consistently, with dignity and respect, in an environment where diversity is valued
- Our data collection is legally compliant and is used to improve equality and diversity of our workforce
- Continuing to build an inclusive culture, where all staff feel listened to and are confident in speaking up.
- We have taken all the actions in our control to reduce equal pay gaps by sex, disability and ethnicity
- Attract, develop, and retain a workforce at all levels that reflects the communities we serve.

Annually, the WEG translates these ambitions into a programme of key deliverables, with outcomes reported through the WEG, Area Partnership Forum and Staff Governance Committee. Read the [in-year action plan](#).

Over the life of the report, we will:-

- Deliver the workforce-facing element of NHSGGC's anti-racism plan in partnership with our BME Staff Network, Staff-side partners and broader Workforce Equality Group membership
- Deliver the 'Sexual Harassment: Cut it Out' programme, to create an inclusive culture where there is zero tolerance for sexual harassment and everyone at work feels safe.
- Mainstream our reasonable adjustment guidance and workforce adjustment passport to ensure a 'Think Yes' culture in every part of NHSGGC
- Continue to promote an inclusive culture through a programme of events, learning and activities that recognises the contribution of all our staff.

## **BETTER VALUE**

[PHOTO]

‘Public sector bodies are going through a period of unprecedented financial pressure. Against this backdrop, our focus will be on protecting the rights of our diverse patient groups to receive fair and equitable service provision.’

**Colin Neil, Director of Finance, NHSGGC**

### **Equality Proofing our Sustainability and Value Schemes**

NHSGGC is committed to deliver efficiency savings that have been robustly assessed to ensure they will not create an adverse and disproportionate impact on protected characteristic groups. While the majority of our proposed Sustainability and Value schemes will have little or no risk of non-compliance with our Public Sector Equality Duty, there may be some areas of service re-designs that will need further scrutiny.

Over the life of the report we will:-

- Apply an assurance template to all proposed sustainability and value schemes and use the NHSGGC EQIA template to further examine any schemes that indicate risk of impact to protected characteristic groups.

### **Equality Proofed Procurement**

We want to ensure processes used to facilitate the purchase of goods and services from public funds are subject to robust review and can show compliance with the Equality Act (Specific Duties) (Scotland) Regulations 2012. Over the life of the report we will:-

- Equality impact assess our Procurement Strategy and ensure mechanisms are in place to maintain the transparency and integrity of fair procurement practice.

### **Fairer Scotland Duty**

The Fairer Scotland Duty requires NHSGGC to consider how we can reduce inequalities caused by socioeconomic disadvantage, when making strategic decisions.

Over the life of the report we will:-

- Equality impact assess key work programmes and service redesign and where proportionate, apply specific Fairer Scotland Duty assessment templates to identify risk.

## **Disability Discrimination Audits**

'We know that some aspects of the physical environment can still present barriers for some people who use our buildings. We are committed to a programme of ongoing improvement works as well as designing space that will act as an enabler to staff, patients, carers and visitors. We will seek advice and implement solutions to adapt any physical aspects that limit this expectation.

**Professor Tom Steele, Director of Estates and Facilities, NHSGGC**

NHSGGC has a duty to remove access barriers for disabled patients. This takes the form of Disability Discrimination Audits (DDA) which involve conducting access audits in partnership with disabled people. In addition to DDA audits, NHSGGC has developed a Frontline Equality Assessment (FEA) programme which includes a rapid assessment of a physical environment with proposed enhancements reported back to our Estates and Facilities Directorate.

Over the life of the report we will:-

- Carry out DDAs and FEA reviews in Acute settings and create aligned action plans identifying any adaptations required.

## **Equality Outcomes 2025-26**

NHSGGC's equality outcomes for 2025-29 are based on evidence gathered since 2024 which has highlighted where we should aim to make a significant difference for specific groups of patients. This evidence includes research, policy and direct engagement with patients. We believe that this set of outcomes combined with our mainstreaming actions will make a tangible difference to patients by eliminating unlawful discrimination, increasing equal opportunities and fostering good relations. Each outcome describes:-

- The reason we have developed the outcome;
- Which general duty and protected characteristic it covers;
- What actions will be taken; and
- How these actions will be measured.

The outcomes have relevance for all protected characteristic groups and each outcome will create opportunities for learning that can be mainstreamed to improve health care for all. Actions to achieve each outcome will be sensitive to people's differential needs and experiences and will directly involve community representatives as partners in inclusive design.

## Equality Outcome 1

### **Autistic and Neurodivergent People**

“Autistic and Neurodivergent people experience some of the greatest inequalities in society. We are committed to delivering action that will close the Autism health gap and create an NHS that is fit for all.”

**Sara Quinn, Associate Chief Nurse, South Sector**

It is estimated that 1 in 100 people in Scotland are Autistic or Neurodivergent. NHS Inform goes on to suggest that while 1 in 3 people diagnosed with Autism are assigned female at birth, there is recognition that Autism is underdiagnosed in females, and in fact, often misdiagnosed. Research also suggests Autism and Neurodivergence are underdiagnosed within BME communities and that older Autistic people may require additional supports. Autistic people report poorer health and quality of NHS care. The reasons Autistic people face barriers in accessing healthcare include:

- Executive functioning differences: including working memory; decision making; time management. These differences can lead to professionals perceiving Autistic people as being unwilling to engage with services or not requiring them.
- Sensory differences: Autistic people are very likely to experience the sensory world in a way that is different to Neurotypical people. Healthcare environments may have unusual smells, unusual noises, or unusual lighting. Sensory differences may also be increased if autistic people are anxious or stressed
- Double Empathy: lack of understanding and resultant stigma felt by Autistic people when engaging with Neurotypical people impacts on health service access. This can lead to attempts to mask autistic symptoms which may then contribute to poor patient experience and, ultimately, poor health.

[PHOTO]

“Everyone’s experience of being autistic is different, so it’s vital that NHS staff understand the importance of a person-centred approach. There are lots of different kinds of reasonable adjustments that can be put in place depending on an individual autistic person’s needs, from providing detailed information in advance and extending appointment times to help with information processing, to allowing someone to bring a supporter to an appointment and providing dedicated quiet spaces within NHS settings to help with sensory overwhelm.”

**Sandra Buckley, Programme Manager Scotland, National Autistic Society Scotland**

NHSGGC engaged with approximately 80 Autistic and Neurodivergent people to better understand experiences of health services and developed the following outcome.

## **Equality Outcome 1**

The Needs of Autistic and Neurodivergent people are better met in Acute services.

How the outcome meets the General Duty:

Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.

Protected Characteristic(s) covered:

Disability with intersection to Age, Race and Sex

Activities that will support achieving this outcome

- Test and implement an 'Autism Passport' that can be used as a shared resource between Autistic patients and NHSGGC staff. The Passport will help explain what needs to be considered when delivering inclusive and sensitive care
- Support Autistic and Neurodivergent people to 'sense check' service pathways as part of our DDA audits
- Produce an Autism and Neurodivergence pathway app as a resource for NHGGC staff. The app will provide useful information for staff to better understand and meet the needs of Autistic and non-neuro typical people

### **How we will measure success:**

- Number of recorded 'Autism Passports' in use
- Recorded use of Right Decisions Autism and Neurodivergent Pathway app
- An improvement in patient and staff feedback
- Numbers of staff accessing training

## **Equality Outcome 2 – Supporting Urgent Care to meet the needs of People with Protected Characteristics**

[PHOTO]

‘Our focus is on ensuring fair and equitable access to the right care in the right place at the right time. This means making sure that our patients understand the range of services available and can make an informed decision that best meets their care needs’.

**William Edwards, Chief Operating Officer**

For many people, emergency departments are perceived as the primary route into NHS care. Departments are open 24 hours per day, offer a level of anonymity and are relatively easy to use, with limited requirement for negotiating skills to access care. These factors can make emergency departments a preferred destination for a number of protected characteristic groups who may experience barriers elsewhere to receiving the care they need.

Engagement to inform this outcome highlighted some of the influencing factors that may inadvertently direct people to emergency care:

- Lack of accessible information explaining the emergency care system, especially alternatives to emergency departments like minor injury units and GP Out of Hours services
- Negative staff attitudes experienced within scheduled care settings
- Perceived complexity in negotiating primary care appointments
- Barriers negotiating NHS 24 111 service and Virtual A&E (Flow Navigation Centre)

Our engagement across 2024 included NHSGGC’s Patient Engagement and Public Involvement Team emergency care survey (1060 responses); a maternity services survey (1022); a Children’s Services survey (932), GP Out of Hours survey (524) and engagement with 164 people in focus groups.

‘A&E departments are often the only service people are aware of that they can walk into to get help when they are worried and in pain. This means that they are often in the wrong place to get the proper care for their ailment. It is imperative to provide accessible information and routes to care for those who don’t know the system.’

**Florence Dioka, Development Manager, Central and West Integration Network**

## **Equality Outcome 2**

Protected characteristic groups will receive the support they need to access the right care in the right place and avoid unnecessary attendance at emergency departments.

How the outcome meets the General Duty:

Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct

Advance equality of opportunity between groups of people with different protected characteristics

Protected characteristics covered:

All.

### **How we will achieve this outcome:**

- Work with protected characteristic groups to create accessible information describing access routes into NHSGGC services, highlighting more appropriate alternatives to emergency care
- Work with a range of unscheduled care services and protected characteristic groups to capture experiences of accessing alternatives to emergency departments and use as motivational case studies
- Work with emergency departments and 3<sup>rd</sup> sector agencies to create liaison opportunities to engage directly with protected characteristic groups
- Deliver a range of Frontline Equality Assessments in unscheduled care settings with representatives from protected characteristic groups

### **How we will measure success:**

- Evaluate impact of inclusive resource design
- Improved patient feedback on needs being met
- Undertake follow-up Frontline Equality Assessments to capture staff experience in unscheduled care services.

### **Equality Outcome 3 - Deliver an Anti-Racism Plan for NHSGGC**

“NHSGGC is committed to becoming a leading anti-racist organisation, ensuring our workforce at every level represents the communities we serve, and that we are inclusive and welcoming to all patients and staff. To meet this imperative, we will actively seek out and remove racist and discriminatory practice and the systems and behaviours that perpetuate it.”

**Dr Emila Crighton, Director of Public Health and Natalie Smith, Interim Director of Human Resources & Organisational Development, NHSGGC**

A statement from the Cabinet Secretary on 6<sup>th</sup> September 2024 confirmed that all NHS Boards were required to develop and implement anti-racism plans. The directive sought to accelerate national progress in tackling the impact of racism on colleagues, service users and health outcomes.

NHSGGC welcomed the addition of a national anti-racist planning and delivery mechanism which could be used to better capture and track ongoing and developing programmes of local work.

The national context has been informed by a comprehensive evidence base which secures acknowledgment that racialised health inequalities are a reality for our BME communities. To further support the adoption of an Anti-Racist plan as a specific outcome, NHSGGC received feedback from over 1100 members of our BME communities during 2024. To achieve this we worked in partnership with a number of representative agencies including:

Govanhill Regeneration Agency; Govan Integration Network; East Glasgow Regeneration Network; Maryhill Integration Network; Centre West Integration Network; African & Caribbean Women’s Association; NEC; Minority communities addiction support services; Gala Women; Central Mosque; Red Cross; Scottish Minority Ethnic Deaf Club; Minority Ethnic Carers of People Project (MECOPP).

Engagement findings highlighted:

- A lack of clarity on how the NHS operates
- Experience of negative attitudes and assumptions including ‘othering’ based on assumed stereotypes
- Barriers to accessing health care while travelling (Show and Travelling communities)

Our Anti-Racism Plan is built on the lived experiences of racism experienced within our workforce and across our patient groups. Aligned workforce outcomes will be reported via the Workforce Equality Group with patient/service outcomes reported via our Population Health and Wellbeing Committee as part of our annual scheme monitoring report. All progress will be reported to the Scottish Government.

The experiences - and impact - of racism will manifest differently depending on age, disability, gender reassignment, race, sex and sexual orientation. Any plan to ‘root out’

and remove racism must also consider the intersection of multiple characteristics that may contribute to this.

[PHOTO]

“Many Gypsy Travellers have had poor experiences in the past which have led to a real lack of trust towards services. Many people in the community are also unaware of the range of services available to them and even if they are, they don't feel confident accessing them. We need to provide the appropriate information and support for the Gypsy Traveller community to do this.”

**Bernie McPhee, Community Health Worker, Gypsy/Traveller Community Team, Minority Ethnic Carers of People Project (MECOPP)**

## **Equality Outcome 3**

### **How the outcome meets the General Duty:**

Eliminate unlawful discrimination, harassment and victimization and other prohibited conduct

Advance equality of opportunity between groups of people with different protected characteristics

Protected characteristics covered:

Race with an intersection of all characteristics

### **Activities that will support achieving this outcome include:**

- Iterative ongoing development of the Anti-Racism Plan, collaboratively with (and monitored by) staff and patients.
- Deliver a BME 'boosted' NHSGGC-wide Health and Wellbeing Survey to better understand self-reported health and wellbeing concerns patterned by ethnicity and ensure that this informs how we deliver our services
- Deliver all anti-racism elements of our HR Workforce Equality Plan
- Test and implement a range of anti-racism learning resources
- Undertake a comprehensive review of accessible and translated patient facing information
- Undertake collaborative work with MECOPP to enhance positive health outcomes for our Gypsy, Roma and Travelling communities
- Deliver focused anti-racist work across key service areas including Perinatal Care, Type 2 Diabetes, Coronary Heart Disease and Mental Health

A comprehensive list of activities is available in our [Anti-racism Action Plan](#)

### **How we will measure success:**

- Successful delivery of Workforce Action Plan including
  - BME staff numbers completing BME Leadership Programme and ascension to promoted posts
  - Improvement in workforce data capture (ethnicity)
  - Evaluation of participation in and impact of 'Stand Against Racism' Campaign
  - Completed delivery of face-to-face training for all NHSGGC managers and aligned evaluation
  - Feedback from community members and 3<sup>rd</sup> sector partners with lived experience of racism

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[W jaki sposób nawiązać połączenie telefoniczne, aby skontaktować się z naszymi usługami korzystając z pomocy tłumacza ustnego? – How to Make a Call Using an Interpreter](#)

### **Mandarin**

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### **Arabic**

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[كيفية إجراء مكالمة إلى خدماتنا باستخدام مترجم – How to Make a Call Using an Interpreter](#)

## Urdu

یہ اشاعت این ایچ ایس گریٹر گلاسگو اینڈ کلائڈ کی قابل رسائی معلومات کے رہنما اصولوں کے مطابق تیار کی گئی ہے۔ یہ متعدد شکلوں اور زبانوں میں دستیاب ہے۔ براہ مہربانی اپنی درخواست کے ساتھ ہم سے رابطہ کریں۔ اگر آپ کسی اور بولی جانے والی زبان میں اس کی نقل چاہتے ہیں، تو براہ کرم ٹیلی فون کے ذریعے ہمارے ترجمانی سروس کو اس نمبر پر 0141 201 4874 کال کریں۔

[How to Make a Call Using an Interpreter – ایک مترجم کا استعمال کر کے ہماری خدمات پر کال کیسے کریں۔](#)

## Farsi

این نشریہ مطابق با دستور العمل های اطلاعاتی قابل دسترس خدمات بهداشت ملی گلاسگو بزرگ و کلاید تہیہ شدہ است۔ این مطلب در قالبها و زبانهای مختلف در دسترس است۔ لطفاً برای درخواست خود با ما تماس بگیرید۔ اگر مایل به دریافت تماس 0141 201 4874 نسخہای به زبان گفتاری دیگری هستید، لطفاً با استفاده از خدمات ترجمہ تلفنی ما با شمارہ بگیرید۔

[How to Make a Call Using an Interpreter – چگونه با استفاده از مترجم با ما تماس بگیرید](#)

For more information please contact us.

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