

NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

NHSGGC COVID-19 Community Assessment Centres

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

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

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

The Service aims to provide local COVID-19 Assessment for residents with NHSGGC, experiencing symptoms of COVID-19 or other respiratory presentations where COVID-19 cannot be ruled out via telephone triage. The Service will be provided within in local assessment centres at the following locations:

Glasgow City: Barr Street (EQIA submitted separately)

West Dunbartonshire: Renton Integrated Healthy Living Centre and Clydebank Health Centre

Renfrewshire: Linwood Health Centre

Inverclyde: Greenock Health Centre

Barr Street is the only centre open evenings and weekends and serves the whole of NHSGGC during this time.

In order to access the system, patients will be directed either through their GP or NHS24:

GP – referred to patient referral management team then given an appointment within the CAC

NHS24 – referred to telephone triage hub where patient initially reviewed. If further assessment required patient is referred to CAC (in hours) or GPOOH (out hours). Patient will receive a call from patient referral management

Note: Barr Street CAC EQIA has been completed separately. This document focuses on the remaining centres.

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

Organisation priority to provide

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:

Ann Forsyth, Programme / Service manager

Janet Tobin, Operational Manager

Date of Lead Reviewer Training:

Sept 2019

In last 5 years

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):

Oversight:

Kaye Murphy, Corporate Planning

West Dunbartonshire:

Anna Crawford, Primary Care Development Lead

Jo Gibson, Head of Health & Community Care

Saied Pourghazi, Clinical Director

Fiona Taylor, Senior Nurse

Linwood:

Stuart Sutton, Clinical Lead

Jackie Dougall, Head of Health and Social Care

Greenock:

Emma Cummings, Service Manager

		<i>Example</i>	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.	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	<p>Data is collected per Community Assessment Centre using TrakCare and the COVID-19 App.</p> <p>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.</p> <p>COVID-19 Dashboard as part of Micro-strategy collects data on attendances including; assessment centre attended, time of attendance and patient outcome, including discharge, self-isolation or onward referral to SATA.</p> <p>TURAS – As part of patient assessment and as required by Scottish Government, the centres collect the required demographic information. This has recently had ethnicity added as a mandatory requirement.</p>	<p>Whilst TrakCare offers data fields capturing some protected characteristic data, not all are mandatory. To ensure information is routinely captured for monitoring purposes, a communication to all staff will help highlight the need to ensure all appropriate fields are used.</p> <p>Information collated is not able to say if there are any particular groups not using the service.</p> <p>Patient information systems allows basic demographic information to be collated as part of micro strategy report on request to inform future service provision.</p>

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design. Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>Data is routinely used to inform the increase and decrease in capacity at the various local Community Assessment Centres. HSCP Senior Management have access to real time data through the microstrategy dashboard. Review of the CAC data forms part of the NHSGGC Operational & Hub group which is chaired by Chief Officer and used to inform planning across the CACs in NHSGGC.</p> <p>The data has been utilised to open and close centres (temporarily) when patient demand is low. Ongoing review locally and nationally to review and inform clinic pathways. When Centre in a local area is closed clear pathways are available to ensure equality of access to other centres and transport is available.</p> <p>Referral process is required for CAC and this is open to everyone who accesses primary care through their GP practice or NHS24. There is no promotional or advertising of the service. Interpreters will be made available should this be necessary for access.</p> <p>Renton & Clydebank: Local deprivation has also been a factor in West Dunbartonshire for the CAC remaining open to date.</p>	<p>Currently do not set longer appointment for patients who require interpreter and should consider at part of NHSGGC CAC/Hub operational group. Action – appointments are not by strict time and patient dependent and therefore will be extended should this be required by patient.</p>

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination,</i></p>	<p>In general used evidence from primary care and health care settings to develop services which meet the needs of all age groups, geographical spread and communication needs:</p> <p>Age – open to all age ranges Geographical – open to GCHSCP area and NHSGGC out of hours and patient transport available to those who do not have access to own transport Transport – available to all patients and meets varying physical needs with Hub providing HV for those unable to travel to the CAC Communication – Access to boards interpreting service and on all clinical area PC to provide telephone or visual interpreting</p> <p>Contribute to research through national surveillance i.e. testing and TURAS Locally ongoing reflections and learning through huddles, TL and Lead groups. Staff survey and follow up to agree joint action plan.</p> <p>Service debriefing session with service and</p>	

		<i>harassment and victimisation and fostering good relations).</i>	stakeholders to inform learning and lessons learned Limited research available given nature of new and emerging response to Covid-19	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, <input type="checkbox"/></p>	<i>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</i>	<p>Currently, a survey has been created and distribution started which will document patient experience of the pathway. This is supported by the Patient Experience Team and centres will act on anything raised locally as a result.</p> <p>Service developed in response to instruction from Scottish Government to develop Covid-19 pathway therefore limited input from patient in relation to the development of the CAC service</p> <p>NHSGGC and supported the expansion of the server user involvement feedback in Out of Hours to include CACs. Barr St will support access to information in line with information governance but will not directly be involved in collation of feedback.</p> <p>Formal feedback through GCHSCP</p>	

	<p>harassment and victimisation</p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>Complaints process</p> <p>Informal feedback from patient who have issued the service i.e. social media, verbal and mailings i.e. thankyou cards and letters.</p> <p>Stakeholders – held debriefing session for all involved in the setup of Barr St CAC and testing service. Comments via generic mailbox and service undertook staff survey over the summer and working with staff to agree priorities for the service</p> <p>Unable to follow routine engagement processes given the nature of CAC developments directed at national level within very short timeframe</p>	
		<i>Example</i>	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?	<i>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</i>	<p>Renton: Community assessment centre runs within 'Renton Integrated Healthy Living Centre'. Postcode G82 4PD. Prior to COVID-19 and its current use, the centre held 2 GP practices, a podiatry service and YES (Your Enablement Service) which is a service for disabled people aged 16-85. Therefore, the CAC is accessible via ramp with no physical barriers. There is a one way system in place within the centre.</p> <p>Clydebank: Community Assessment centre runs within</p>	<p>Clydebank: Patients within Clydebank who are not able to use a centre without a lift, and when Renton CAC is closed, will be re-directed to a CAC out-with their HSCP. Action – patients are re-directed to alternative CAC within GGC and patient</p>

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>Clydebank Health Centre. Postcode: G81 2TQ. Prior to COVID-19 and its current use the centre was used for a wide range of services including GP practices, district nursing, physiotherapy and podiatry. The CAC is accessible via back stair case with no lift access. If patient has limited functional ability then the patient referral management team who allocate appointments will refer the patient to an appointment within Barr Street. Currently Renton and Clydebank operate on alternative days however if both were open the patient would be re-directed to Renton.</p> <p>Linwood: Linwood CAC runs from the community wing of Linwood Health Centre. Postcode PA3 3DB Prior to COVID-19 and its current use the centre was used for a wide range of community health services clinics such as community child immunisation, physiotherapy, and podiatry, and was an office base for District Nursing and Health Visiting Service. The opposite end of the building there is two GP practices, which have a separate entrance. There is ample car parking spaces including disabled parking. There is a ramp down from the car park to the entrance of the building. There are large yellow signage to direct the patients to the correct door and a doorman who is watching out for the arrivals.</p> <p>Greenock: Greenock assessment centre runs within Greenock Health centre Wing H, previously GP OOH area. Postcode: PA15 4LY. This has level access</p>	<p>transport is provided.</p> <p>Greenock: The centre is currently on pause and due to re-open on 2nd November as part of a soft launch. This therefore means patients currently within Inverclyde HSCP are required to travel to an alternative HSCP for an appointment. This would require the patient to travel, and the patient may not have access to their own transport and need to use public transport. The use of public transport during the pandemic is advised against therefore possibly putting the patient in an unsafe environment. To help this, a Referral pathway has been made available to support patients within one HSCP transport to other CACs and this is supported by patient transport – complete.</p>
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			with remote sliding door. Patients are escorted in and out of the centre by staff at all times.	The above also applies at weekends when Barr Street is the only centre currently open.
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
6.	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p>	<p><i>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.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination,</i></p>	<p>All Patients, regardless of Age will be referred to the CAC if they meet the clinical criteria.</p> <p>Clydebank: If patient is physically unable to climb stairs in Clydebank due to they would be referred to Barr Street (or alternative) clinic with transport available.</p> <p>On appointment by medical records patients are advised of what to expect when attending the centre i.e. Patients remain in car and are telephoned when the centre is ready for them to approach for their appointment. Where an individual does not have a mobile or is unable to engage with this process for whatever reason we will have been informed of that and ensure a process is in place for that person.</p> <p>Due to the nature of the CAC they are asked to approach the centre alone. If the patient is a child or have a cognitive impairment one adult is permitted to accompany them, following the same principles as the patient</p>	Video not interpreted using BSL

	<div>3) Foster good relations between protected characteristics <input type="checkbox"/></div> <div>4) Not applicable <input type="checkbox"/></div> <div>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.</div>	<div><i>harassment and victimisation and promote equality of opportunity).</i></div>	<div>around hand sanitiser and wear a mask.</div> <div>Take home information has been developed at NHSGGC level as reminder to patient on take home advise for Covid-19 and summary sent to Patient GP. Information translated in to top 10 languages for Glasgow.</div>	
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	

(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Age: There is no age selection. The Community Assessment Centres are part of Primary Care which is a universal service. The services are accessible to people of all ages and there is a home visiting service to support patients who are housebound.</p>	
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p>	<p>Clydebank: Clydebank CAC is only accessible via stair case. Therefore physically disabled patients will not be able to use the service. Patients will be re-directed to Barr Street.</p> <p>All:</p>	<p>Clydebank: Patients who are physically disabled will be negatively impacted as they will be required to travel to another HSCP for treatment and may be</p>

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>If the patient has a cognitive impairment, one adult is permitted to accompany them, following the same principles as the patient around hand sanitiser and wear a mask. Patients are advised to attend the assessment centres alone due to social distancing rules.</p>	<p>negatively impacted through travel restrictions. The pathway has therefore been amended to ensure available support by patient transport is provided to access COVID assessment in another CAC. – complete process in place.</p> <p>All: Where patients are required to attend alone however they need care to access services this will discriminate against certain users accessing the service. As a response, individual cases are reviewed where someone requires the support of a carer or other form of support to access the service. An alternative support will be provided where suitable. If not, carers/support will be able to attend with the patient in individual</p>
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			circumstances.
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Identity</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	No impact identified, all patients would access the service.	N/A
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have</p>	No impact identified – all patients regardless of their marital/ civil partnership status would access the service.	N/A

	<p>a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p>	No impact – the service caters for pregnancy/maternity	

	4) Not applicable <input type="checkbox"/>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>No impact identified – all patients regardless of their Race would access the Service, staff would access an interpreter in the normal way for patients requiring support of a translator through the GGC Interpreting Service.</p>	
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the</p>	<p>No impact identified – all patients regardless of their religion and beliefs would access the service.</p>	N/A

	<p>3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	No impact identified – all patients regardless of their sex would access the service.	N/A

(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>No impact identified – all patients regardless of their sexual orientation would access the service.</p>	N/A
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on the people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p>	<p>All patients regardless of their socio-economic status and social class have access to the service.</p> <p>The service can be accessed either through GP Practice referral or NHS 111 (free phone number)</p> <p>Where a person does not have access to</p>	

	<p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage in strategic planning. You should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.</p>	<p>their own transport. A transport service is available.</p> <p>Where an individual does not have a mobile or is unable to engage with this process for whatever reason we will have been informed of that and ensure a process is in place for that person</p>	
(k)	<p>Other marginalised groups</p> <p>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?</p>	<p>All patients would access the CAC service for COVID related illness. The impact of their specific circumstances would be considered as part of the overall assessment and decision making process.</p>	
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p>No cost savings are included in the Service development</p>	

	2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable <input type="checkbox"/>		
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.	HSCP Staff covering the centres are compliant with the Boards Statutory and mandatory training and this is monitored via their line manager and reported to HSCP. GPs learning is monitored through their revalidation process on a 3 yearly basis.	

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. All Patients are assessed using clinical criteria of presenting symptoms.

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* .

N/A

*

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

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

- ☒ Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- ☐ 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)

Ensure Access to alternative CAC, supported by transport, for patients unable to climb stairs.

Complete – patients are appointed to a different clinic.

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

31/03/2021

**Lead Reviewer:
EQIA Sign Off:**

**Name
Job Title
Signature
Date**

**Kaye Murphy
Planning Officer

11/11/20**

Quality Assurance Sign Off:
**Name
Job Title
Signature
Date**

**Noreen Shields
Planning & Development Manager, EHRT

11/11/20**

NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL

MEETING THE NEEDS OF DIVERSE COMMUNITIES

6 MONTHLY REVIEW SHEET

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

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

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			

Reason:			
Action:			
Reason:			

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

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

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