

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. Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

NHSGGC GP Out-of-Hours Current Services Provision Review

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.

This EQIA aligns with the business continuity arrangements put in place with the Board in [February 2020](#). This was based on Sir Lewis Ritchie recommendations to the Board on the review of GP Out-of-Hours (GPOOH) service in NHS GGC in 2019 – insert link to paper. The review highlighted strategic and operational issues within the service that required immediate attention.

At present GPOOHs service remains in business continuity. The NHSGGC Out-of-Hours current services provision review sets out the measures to be taken for providing resilient, high quality and safe urgent care for the people of NHSGGC during the Out-of-hours period and to deliver a permanent model following several years' operating under a temporary 'business continuity' arrangement. This version replaces the NHS GGC Out of Hours Service Resilience EQIA.

As a result, the following changes were made with the GPOOHs service:

- Consolidation of the Primary Care Emergency Centres (PCEC) from eight sites to three sites based at Stobhill Ambulatory Care Hospital, New Victoria Ambulatory Hospital and Royal Alexandra Hospital. (These were the sites that offered overnight cover with the other sites previously providing a service in the evening (until midnight)). The new core centres were identified due to access, capacity in terms of available treatment space, available staff and geographical location across GGC.
- The sites at Easterhouse Health Centre, Gartnavel General Hospital, Queen Elizabeth University Hospital and Greenock Health Centre were closed to concentrate services and resources on a smaller number of sites.

- Development of a full Integrated Care service based at the Vale of Leven Hospital which covers GPOOHs, Minor Injuries, acute medical receiving and hospital ward cover.
- Reintroduction of a PCEC in the Inverclyde area on Saturday mornings and public holidays (and now co-located with the Emergency Department in Inverclyde Royal Hospital)
- Continuation of a comprehensive House Visiting service across NHS Greater Glasgow and Clyde.
- Continued provision of patient transport to ensure all patients are supported to access the PCECs when required.
- Provision of video consultation technology.
- Introduction of an appropriate appointment and scheduling system for each of the PCECs to support and manage workload for clinicians and manage patient flow.
- Stop 'walk in' patients, to support and manage clinician workload in line with practice nationally.
- Focus on a recruitment campaign for salaried GPs, ANPs, AHPs and nurses to develop a multi-disciplinary service model similar to in-hours Primary Care.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.

NHSGGC is primarily concerned with delivering safe, timely and effective care. NHSGGC seeks to identify any unintended consequences of this decision that may disproportionately impact on protected characteristic groups in an unfair way. Through completion of this EQIA, NHSGGC seeks to clarify that taking steps to deliver a permanent model following years operating under a business continuity arrangement will provide a safe, timely effective sustainable and proportionate service across NHSGGC.

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: Raylene Mclaggan	Date of Lead Reviewer Training: 27/04/2023
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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):

Membership as follows: - Allen Stevenson, Interim Director Primary Care, GP OOHs Clinical Director Dr Isabelle Cullen and Dr Tom Gilhooly, Raylene Mclaggan Clinical Service Manager. The draft EQIA has been circulated to the GP OOHs Senior Management Team for comment.

		<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>Patients coming into GP OOHs service will be accompanied by limited protected characteristics captured on the AdastrA patient information system. NHSGGC has limited access to patient data given the flow of patients into the Out- of -Hours services is managed through an initial presentation through NHS 24.</p> <p>This information can be used proactively to better plan the service. The service review has the potential to affect any service user if their service is disrupted to a permanent change.</p> <p>Demographic data was used.</p> <p>The GP OOH performance framework has been updated to include quantitative and qualitative information which will ensure systematic review of patient/service user experience: Activity Data – outcomes, PCEC closures Capacity across the service.</p>	<p>The current service provision applies across the NHSGGC population and does specifically target groups or sections of society. However some groups are more likely to need urgent care and will have different needs and experiences.</p> <p>Work has also been undertaken to improve data input quality in AdastrA. This in turn will help improve analysis if information by protected characteristics.</p>
		<i>Example</i>	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	<i>A physical activity programme for people with long term conditions</i>	<p>Available patient information will help provide a person-centered approach. The data activity falls into the following categories - Telephone advice</p>	<p>As per above, work is underway to improve data quality, including information by protected</p>

<p>policy content or 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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" 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>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>PCEC for a face to face consultation</p> <p>Home visits</p> <p>The activity across this pathway is monitored on an ongoing basis to ensure it is commensurate with the service aim to ensure patients access the right service for them at the right time. The increase in telephone and video consultations has led to significant reductions in attendances at the PCECs.</p> <p>Qualitative standards are important measuring the real experience for patients. We regularly assess how well we are doing in the following ways:-</p> <ul style="list-style-type: none"> • Ensure compliance with agreed standards for complaint response times • Conduct reviews of complaints and incidents with a trend analysis, taking action required to improve • Regularly conduct patient surveys for feedback • Audit clinical records, including telephone advice calls, to review the clinical quality of the service and outcome. • Review and analyse Datix Incidents • Analysis of current demand on service ongoing • The GP OOH service currently has a Quality Assurance Group with active participation from the LMC. <p>By using population and access information to provide safe and accessible OOH services (and extended free patient transport to and from services) NHSGGC is ensuring protected characteristic groups will not experience discrimination in terms of barriers to services and will be provided with additional support where required</p>	<p>characteristics. However if necessary local audit may be undertaken.</p> <p>The provision of Patient Transport and home visits was increased to support patients in areas with reduced access to centres when face to face appointments were required and patients were unable to travel..The possible additional burden of travel can be offset in the new model through the effective use of video consultations, reducing unnecessary travel. The expansion of GP telephone consultations has also reduce the need for face to face consultations.</p> <p>This service was extended to widen the criteria for those able to access patient transport and allow for the transport of a carer to support the patient where required. If NHSGGC is unable to offer patient transport, and this is still required it can be arranged through the NHSGGC transport department, or through alternative appropriate transport arrangements.</p>
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	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>3. 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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" 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, harassment and victimisation and fostering good relations).</i></p>	<p>The Sir Lewis Ritchie review was focused on the delivery of the existing services as opposed to a review with the intent to redesign. In the course of the review, Sir Lewis Ritchie was very specific that our priority must be to ensure the continuation of the safe and effective delivery of care. In doing so we will ensure that protected characteristic groups and those people at most risk of poor health outcomes will continue to be supported.</p> <p>Through the provision of enhanced person centred transport arrangements and home visits those that require additional support to access safe and effective care will have their needs met. In this way, NHSGGC demonstrates appropriate assessment of risk and proportionate measures to remove the risk of discrimination while using resources fairly to promote equality of access.</p> <p>Nationally, the way patients access unscheduled care has changed to a more 'scheduled' approach with the introduction of the Flow Navigation Centre in GGC from 1st December 2020 and introduction of appointments for PCECs. Patients will be seen without an appointment only if there is an immediate need for care.</p>	<p>A telephone first model was introduced in March 2020 to provide remote triage and consultations for patients accessing the service. This new pathway means patients will either receive a telephone consultation from a clinician or will be asked to attend a Primary Care Emergency Centre at an allocated time. Video consultations using NHS Near-Me are also available.</p> <p>The service provision introduced at the Vale of Leven was fully reinstated in February 2021 to provide a full Integrated Care service from the centre.</p> <p>The GPOOH service and Inverclyde Health and Social Care Partnership worked together to identify a model that could provide a local primary care emergency centre. In May 2021, the primary care emergency centre was introduced on Saturday mornings and public holidays and moved to a co-located basis with the Emergency Department in Inverclyde Royal Hospital.</p>

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>4. Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</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 checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<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 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>In 2020 and 2021 NHSGGC's Patient Experience and Public Involvement Team conducted extensive engagement on the current GPOOH service model to inform developments. This included a survey to capture the experiences of 639 service users and engagement across the 6 Health and Social Care Partnerships.</p> <p>In 2023 NHSGGC's Patient Experience and Public Involvement Team conducted extensive engagement with service users with responses received from an additional 1148 people who had recently used the service.</p>	<p>Feedback from this work has been used on an ongoing basis to evolve the service development. Some feedback indicates a lack of clarity on the pathway, and on the component parts making up the model. The next steps in this work will support awareness and understanding on the pathway through communications, information, infographics, animations and short videos. A survey will also be undertaken which will capture feedback and awareness on the component parts of the model to further understand this.</p>

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	<p>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?</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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" 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>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>The current service provision will have an impact on everyone coming into contact with GP OOHs service. However with the introduction of remote consultation, extending the patient transport, maintaining the home visit service and expansion of Lomond and IRH PCECs, the service should be accessible to everyone. Attend Anywhere (telephone and video consultations) has been installed in all of the sites and will reduce the burden of travel for patients who can attend from their home or workplace without having to attend in person. This will ensure appropriate clinical advice is given and that only patients who must have a face to face consultation will need to attend a centre.</p> <p>Though some patients may be required to travel further to access an Out of Hours service, existing patient transport provision and peripatetic GP home visit teams will ensure there will be no physical barriers to accessing the realigned out of hours services. The confirmed core out of hours services have been identified on a range of criteria including ease of access and all are delivered on sites that are fully accessible.</p>	<p>Further distance to travel to PCEC however current mitigating actions in place to address:</p> <ul style="list-style-type: none"> • Accessing urgent care from the comfort of home, • avoiding or minimising the discomfort of attending PCEC • avoiding of unnecessary travel, • Avoiding the cost of transport. • Minimising risk of infection and crowding in waiting areas.

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>6. 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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>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</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, harassment and victimisation and promote equality of opportunity).</i></p>	<p>There would be no envisaged change in the way the service communicates with people requiring access to out of hours GP care. Patients would be required to dial 111 to be triaged through NHS24. The service will continue to advise on the closest out of hours service and make arrangements for patient transport or home visit where required.</p> <p>GP out of hours services will continue to offer communication support to all patients requiring it in line with NHSGGC's Clear to All information policy and Interpreting Policy. In addition, each site has a Chrome Book that has been designed to provide online BSL interpreting support for Deaf service users.</p> <p>Through continued provision of high quality communication support that is in line with NHSGGC's 'Clear to All' and Interpreting Support policies, the organisation is demonstrating proportionate actions to remove discrimination and promote equality of access.</p> <p>The programme of work will be undertaken and shared to ensure information is provided in an accessible way and format appropriate to individual's needs through a variety of methods for staff.</p>	

	paid in your evidence to show how the service review or policy has taken note of this.			
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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>There is no anticipated unfair impact on the grounds of age, with the current provision plan. Including the continuation of a robust and expansion of patient transport service for those who require it to and from the allocated out of hours service location. Where age restricts mobility resulting in barriers to getting to an out of hours service, the GP home visit service can ensure patients are seen.</p> <p>Ensuring patients with less digital engagement or ability are supported by a telephone consultation or PCEC attendance if appropriate.</p> <p>Through provision of person-centred patient transport that extends to inclusion of carers and continued provision of communication support, NHSGGC has assessed risk and has taken proportionate measures to remove the risk of discrimination while using resources fairly to promote equality of access.</p>	<p>Provision of person-centred patient transport and home visits to mitigate any impact of current service provision demonstrates NHSGGC has assessed risk and has taken proportionate measures to remove the risk of discrimination while using resources fairly to promote equality of access.</p>	
(b)	Disability	There is no anticipated unfair impact on the grounds of disability, with the current provision plan including the	Through provision of person-centred patient transport that extends to	

	<p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>continuation of a robust patient transport service for those who require it to and from the allocated out of hours service location. Where disability restricts mobility resulting in barriers to getting to an out of hours service, the existing GP home visit service can ensure patients are seen.</p> <p>Patient transport will extend to include a carer where this is a requirement and has also introduced patient transport with wheelchair access.</p> <p>GP Out -of -Hours services will continue to offer communication support to those who require it through compliance with NHSGGC's interpreting protocol and Clear to All Policy. Each Out of Hours service has a 'Chrome Book' which can offer Deaf BSL users instant access online BSL interpreting support.</p> <p>Increase awareness among clinicians and patients of functionality to enable conversations via near me and requirement to leave home.</p> <p>As the primary triage service feeding in to GP Out of Hours services, NHS24 offers a range of communication support in order to direct users to the most appropriate service location</p>	<p>inclusion of carers and continued provision of communication support, NHSGGC has assessed risk and has taken proportionate measures to remove the risk of discrimination while using resources fairly to promote equality of access.</p>
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(c)</p>	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p>	<p>No unfair disadvantage anticipated for the protected characteristic of Gender Reassignment.</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 checked="" type="checkbox"/></p>		
	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 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>No unfair disadvantage anticipated for the protected characteristic of marriage and civil partnership.</p>	

	<p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" 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 checked="" 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>There is no anticipated unfair impact on the grounds of pregnancy and maternity, under the current service provision including the continuation of a robust patient transport service for those who require it to and from the out of hours services.</p> <p>Where pregnancy and maternity restricts mobility resulting in barriers to getting to an out of hours service, the existing GP home visit service can step in to ensure timely and local care is offered.</p>	<p>Through provision of robust person-centred patient transport, NHSGGC demonstrate appropriate assessment of risk and proportionate measures to remove the risk of discrimination while using resources fairly to promote equality of access.</p>
	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>Existing booking pathways via NHS24 are supported by language line to support callers who cannot or prefer not to speak English. Language line is private, confidential and free to use.</p> <p>People arriving at GP Out -of -Hours services who require an interpreter will continue to have this provided through NHSGGC's telephone interpreter service.</p>	<p>Through continued provision of high quality communication support that is in line with NHSGGC's Clear to All and Interpreting Support policies, the organisation is demonstrating proportionate actions to remove discrimination and promote equality of access.</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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Any written materials for the patient that result from the consultation will be made available in a format or language that is required by the patient.</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 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 checked="" type="checkbox"/></p>	<p>No unfair disadvantage anticipated for the protected characteristic of religion and belief.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

<p>(h)</p>	<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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>There is no anticipated unfair impact on the grounds of sex, with the business contingency plan including the continuation of a robust patient transport service for those who require it to and from the out of hours services. Where patients are restricted in terms of travel due to child care or other caring responsibilities, the existing GP home visit service can step in to ensure timely and local care is offered. In this regard there is no change from existing provision.</p>	<p>Through continued provision of high quality communication support that is in line with NHSGGC's Clear to All and Interpreting Support policies, the organisation is demonstrating proportionate actions to remove discrimination and promote equality of access.</p>
<p>(i)</p>	<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>No unfair disadvantage anticipated for the protected characteristic of sexual orientation.</p>	

	<p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
	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 people because of their social class or experience of poverty and what mitigating action have you taken/planned?</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 when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <ol style="list-style-type: none"> 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)? 3. What does the evidence suggest about the actual or likely impacts of different options or measures on 	<p>NHSGGC will provide free patient transport to and from Out - of - Hours GP services for all patients who are unable to attend due to financial cost. There is no requirement for people to meet upfront travel costs and reclaim.</p>	

	<p>inequalities of outcome that are associated with socio-economic disadvantage?</p> <p>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</p> <p>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)²¹ provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</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>No unfair disadvantage anticipated for other marginalised groups. People who do not have recourse to private funds will be able to access out-of-hours services through the provision of free patient transport.</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>There are no anticipated cost savings from the permanent closure of some of the PCECs. The service will be provided within the existing financial allocation.</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 checked="" type="checkbox"/></p>		
	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
9.	<p>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.</p>	<p>Any aligned NHSGGC staff will be required to complete their statutory and mandatory equality and human rights module as a minimum.</p>	

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 risks have been identified in relation to possible breach of Human Rights Articles. The right to safe and effective health care remains the paramount concern of NHS GGC and has been the primary factor in implementing the current service provision in relation to GP Out-of-Hours services.

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* .

In making the decision to move the current provision of GPOOH from a business continuity to a permanent model, NHS GGC has considered at length the requirement to uphold people's right to safe and effective health care. The current model and therefore the permanent model is an enhancement of the GPOOHs service that is increasing the availability of service provision across NHS GGC while supporting a wider range of access options from within patients own home such as telephone and video appointments and providing enhanced support to access PCECs when necessary and as such is compatible with Human Rights legislation.

*

- 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:

- X 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)
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Audit patient experience and PTS usage.	
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Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

February 2024

Lead Reviewer:
EQIA Sign Off:

Name Raylene Mclaggan
Job Title Clinical Services Manager
Signature
Date

Quality Assurance Sign Off:

Name Alastair Low
Job Title Planning Manager
Signature Alastair Low
Date 28/09/2023

**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

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