



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 Out-of-Hours Service Resilience

Is this a: Current Service Service Development Service Redesign X 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.

In 2015 a National Review of Primary Care Out-of-Hours Services (OOH), led by Professor Sir Lewis Ritchie was agreed in full by the Scottish Government. The aim of the review was to ensure resilient, high quality and safe Out-Of-Hours services providing the best urgent and emergency care for the people of Scotland on a 24/7 basis. In the summer of 2019, NHS GG&C Board asked Professor Sir Lewis Ritchie to conduct a review of the OOH service in GG&C, to assess progress in relation to the 28 recommendations of his review. During this review, it became clear that strategic and operational issues within the service required immediate attention. In December 2019 Sir Lewis outlined his findings to the Board Chair. The key themes were as follows:

GP engagement. There were concerns about the environment and facilities in some of the centres. It was felt relationships between those working in the service and management at times were strained and communications poor.

Workload. The workload in day-time general practice has substantially increased, contributing to fewer GPs who feel able to commit to working out-of-hours. In addition to this, there is increasing workload and complexity in the out-of-hours service. This is further exacerbated by patients “walking in” to the centres with the expectation to be seen without going through an NHS 24 triage process. Although not entirely confined to GG&C, “walk in” patients constitute a small proportion but significant number to be assessed and treated. We are working to support the public to make best use of services and to first access NHS 24 (111 telephone helpline and/or NHS inform online) or community pharmacies for assistance.

Workforce. As fewer GPs have been working within the service there has been increasing lone working for clinicians causing professional isolation. Issues were raised around support, advice and managing workload. While progress had been made in the development in multidisciplinary teams (MDTs) in OOHs and some additional Advanced Nurse Practitioners (ANPs) had been appointed, the numbers of salaried GPs, despite significant recruitment efforts, has not increased. The net effect is that present service capacity is insufficient to meet current demand.

All of the above has culminated in fewer GPs working for the service. There are many of the GP shifts across the week and weekends being left unfilled. This has resulted in temporary suspensions, daily decision making around whether sites can be opened safely, which then requires significant operational work in moving staff, often at late notice, which raises concerns to the local communities as it was difficult to determine which centres were going to be open and when. The temporary suspensions were taking place on an increasingly regular basis and all communities were negatively impacted.

As a business contingency to ensure delivery of safe and effective continuation of Out-of-Hours services, NHSGGC has moved to temporarily consolidate services from 8 out-of-hours geographical centres to 3 core centres offering out-of-hours services (including overnight provision) and one reduced Out-of-Hours centre offering a service between 11pm-8am. The core sites have been identified as Victoria Hospital, Stobhill Hospital, Royal Alexandra Hospital and Vale of Leven Hospital (which delivers an OOH GP service from 11pm-8am). The temporarily suspended services are Easterhouse Health Centre, Inverclyde Royal Hospital, Queen Elizabeth University Hospital and Gartnavel Hospital. The new core centres have been identified due to access, capacity in terms of available treatment space, available staff and geographical location across GGC.

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.)

NHSGGC is primarily concerned with delivering safe, timely and effective care. While the GP Out-of-Hours Service suspensions support these underpinning principles, 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 the business contingency to temporarily suspend services from some centres is a proportionate means of achieving a legitimate aim (safe and effective care) and will offer all mitigating evidence where required.

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: Susan Manion	Date of Lead Reviewer Training: March 2020
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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):

In the context of the Escalation of the GP Out-Of-Hours service, Calum Campbell the turnaround Director Chairs a GP Out-of-Hours Leadership Group leading the Improvement Plan. Membership as follows: - Susan Manion, Interim Chief Officer, GP Out -of -Hours. Jacqui McGeoch, Planning Manager. Jonathan Best, Chief Operating Officer. Sandra Bustillo, Director of Communications. David Leese, Chief Officer, Renfrewshire HSCP. Keith MacIntyre, Clinical Director, GP Out-of-Hours, Raylene Maclagan, Clinical Services Manager GP Out-of-Hours. Kerri Neylon, Primary Care Clinical Lead. Mags Smith, Lead Nurse, GP-Out-of-Hours. Alison Noonan, Programme Manager. Kirsty Orr, Planning Manager Out-of-Hours review. The draft EQIA has been circulated to the above group for comment.

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>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.</p>		<p>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. The clinical system used to capture the patient information is recorded on the GP patient information systems (Astra) which is a non GGC NHS record system.</p> <p>Demographic data was used to identify viable Out of Hours services that can support additional demand created by the temporary suspension of those named services.</p>	<p>There is no identified negative impact in not having comprehensive data for protected characteristic groups accessing those GP Out –of- Hours Services temporarily suspended. The overriding requirement to provide safe and effective services means that all patients currently at risk of service failure will be supported to access safe and effective treatment at another Out of Hours service until local solutions can be put in place.</p>

	<i>Example</i>	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.</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>Population analysis shows non-suspended 'core services' have been situated in areas of high population density with the highest expected patient flow and with the best resilience to meet increased demand from suspended service areas. Core sites are situated in areas that are accessible and sit within SIMD 1&2 data zones on the grounds that poor health is patterned by experience of poverty.</p> <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>There are no 'catchment areas' for the use of the Primary Care Centres. When a patient contacts NHS 24 which centre a patient goes to is agreed in discussion between the clinical advisor on the call and the patient, dependant the most convenient for the patient.</p>	<p>Patients in areas with suspended OOH services may be required to travel further to attend for assessment and treatment. This may incur additional cost and other barriers including time away from personal commitments. While this will be a consideration for all patients and not limited to those who face barriers as a result of their protected characteristics, any detriment will be offset through the increase in capacity of free patient transport and home visits where patients are unable to travel to OOH services.</p> <p>During this period of Business Continuity we will audit patient experience and use of transport to assess any unforeseen detriment.</p> <p>In developing an in improved infrastructure for the service going</p>	

	4) Not applicable <input type="checkbox"/>			forward we will develop an information system able to systematically track patient flow to inform future service delivery models.
	<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 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 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>As previously stated, some patients will be required to travel further in order to access safe and effective Out of Hours care. NHSGGC will monitor any access issues and transport arrangements to ensure there are no impediments to the delivery of the services while solutions to local care limitations are sought.</p> <p>The possible additional burden of travel can be further offset through the effective use of the Attend Anywhere virtual patient consultation tool. This will reduce risk of unnecessary travel for face to face consultations. The expansion of the GP triage as part of the current COVID emergency response will be reviewed, it has evidenced that it reduces the need for face to face consultations.</p> <p>We will introduce Attend Anywhere into our operating model and expand GP triage.</p>

		<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).</p> <p>1) Remove discrimination, harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<p>The urgent requirement to put in place immediate measures to ensure the continuation of safe and effective out of hour's services has limited the scope to engage with specific protected characteristic groups around the decision to suspend some out-of-hours services.</p> <p>However, provision to ensure patients are supported to attend out of hours services where access may create challenges remains in place and will be enhanced where required. This means that someone who previously required transport to access one of the 8 original out-of-hours services would still receive this support to travel to and from one of the realigned core services. In addition to this, patients who are unable to travel to one of the realigned out of hours services could be seen in their home by the peripatetic GP home visit team.</p> <p>Throughout the time available to put in place business contingency plans and the urgency of the requirement for change in order to continue the safe and effective delivery of out-of-hours services, NHSGGC has worked alongside the existing group engaged in discussions for information regarding Out -of Hours , that is Hospital Watch, a local advocacy service that brings rigour and robust overview to decisions being made. NHSGGC has also worked closely with MSPs with responsibility for those areas where services have been temporarily suspended.</p> <p>At the start of the review of the GGC Health and Social Care Out -of -Hours Services in 2019 a service user engagement exercise took place and the outcomes from that will be built into the</p>	<p>As part of the updated performance framework there will be a regular review of patient feedback paying particular focus on any access issues and patient flow into the service centres.</p> <p>There is possible negative impact on the public perception of the service and resultant impact on community relations. We must continue to work with local community groups regarding access to continuing services and ensure engagement as the service moves forward.</p>

			revised model of delivery as the service moves out of the existing business continuity arrangements.	
		<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>Although 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>Where required, patient transport will extend to transporting a carer with the patient if appropriate. Transport will be offered to and from the Out- of -Hours service as part of the NHS24 triage discussion.</p> <p>Through the robust provision of person-centred patient transport that takes into account the needs of those who do not have access to their own transport NHSGGC can evidence that people with protected characteristics that limit ability to travel are having their needs met and are being offered equity in terms of rights to access to health care.</p>	<p>The temporary suspension of some OOH service centres due to concerns related to safety will mean some patients will have further to travel and this may present some barriers.</p> <p>In addition to patient triage through NHS 24 with prompts regarding transport requirements, through this period of business continuity we have strengthened and extended our GP patient triage arrangements to ensure that appropriate clinical advice is given bases on a detailed one to one discussion between the clinician and the patient, meaning that only those who really need to attend a centres will need to do so.</p> <p>Attend anywhere has been installed in all of the sites and will be utilised in full as we move out of business continuity arrangements. 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. An appointment system will be introduced at the same time to</p>

				ensure this is managed for the benefit of the patients.
		<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 X</p> <p>2) Promote equality of opportunity X</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>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 paid in your evidence to show how the service review or policy has taken note of this.</p>			
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>There is no anticipated unfair impact on the grounds of age, with the business contingency plan including the continuation of a robust 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 existing GP home visit service can ensure patients are seen.</p> <p>Provision of person-centred patient transport and home visits to mitigate any impact of temporary move of service 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>		

	<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>		
(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>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 disability, with the business contingency plan including the 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.</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>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>	

		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.	
	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 X</p>	No unfair disadvantage anticipated for the protected characteristic of Gender Reassignment.	

	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>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 Marriage and Civil Partnership.</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>There is no anticipated unfair impact on the grounds of pregnancy and maternity, 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 pregnancy and maternity restricts mobility resulting in barriers to getting to an out of hours service, the existing GP</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>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>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>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>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> <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>	

(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 Marriage and Civil Partnership.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
(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 checked="" 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 provision of robust person-centred patient transport and home visiting services, NHSGGC can demonstrate appropriate assessment of risk and proportionate measures to remove the</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>risk of discrimination while using resources fairly to promote equality of access.</p>	
(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 checked="" type="checkbox"/></p>	<p>No unfair disadvantage anticipated for the protected characteristic of Marriage and Civil Partnership.</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 the 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 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>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>While the temporary nature of the business contingency planning may not meet the specific strategic planning requirement threshold for a Fairer Scotland Duty assessment, the continuation of person centred support will ensure experience of socio-economic disadvantage is not compounded by decisions made.</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</p>	<p>There are no anticipated cost savings from the temporary suspension of some out-of-hours services. The service will be provided within the existing financial allocation.</p>	

	<p>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>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 X</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. Workforce uptake currently sits at over 93%.</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 NHSGGC and has been the primary factor in implementing the business contingency 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 temporarily suspend out-of-hours services in 4 of 8 service locations, NHSGGC has considered at length the requirement to uphold people's right to safe and effective health care. The suspension is considered a proportionate means of achieving this legitimate aim 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.

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)
Audit patient experience as described Audit travel usage	August 2020 (SM)	

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

August 2020

Lead Reviewer:	Name	Susan Manion
EQIA Sign Off:	Job Title	Interim Chief Officer, GP Out-Of-Hours
	Signature	
	Date	15 th April 2020
Quality Assurance Sign Off:	Name	Alastair Low
	Job Title	Planning and Development Manager
	Signature	Alastair Low
	Date	15 th April 2020

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:

Business Continuity arrangements GP Out-Of-Hours

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