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 Primary Care Strategy

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.

NHSGGC's Primary Care Strategy: 2024 -2029 sets out our long term vision and approach to primary care transformation across NHSGGC.

The Strategy provides a set of principles and commitments which will support the long term future of primary care services to maintain and improve patient care. It will inform the Primary care delivery/ implementation plan which will detail the actions to maintain and develop the role of primary care as part of the patient's journey of care within the wider health & social care system. It will also provide a spotlight on primary care as a foundation on which to deliver more integrated care to patients throughout NHSGGC. Primary care services provide the first point of contact in the healthcare system, estimates suggest that around 90% of health care episodes start and finish in primary community care.

In addition to our principles and commitments, this strategy includes a set of initiatives that cover the NHSGCC wider responsibilities in relation to primary care, including responsibilities for managing the primary care prescribing budget, the interdependencies between NHSGGC, HSCPs in working with primary contractors i.e. GPs, optometrists, dentists and community pharmacists and support for promoting improvement and the sustainability of primary care in NHSGGC.

The Core principles are:

1. Within our overall Scottish Government funding implement the requirements of primary care contracted services in line with emerging guidance
2. Promoting the sustainability of primary care services
3. Making sure we have a high quality of engagement with primary care contractors, third sector networks, our locality engagement forums and equality groups
4. Progress our support for quality improvement (QI) in primary care
5. Ensuring that our primary care strategy is connected to the NHSGGC MFT programme, the 6 HSCP's strategic plans for other transformation programmes and to the policy developments by the health board and Scottish Government
6. Improving our performance management framework for those primary care functions where we have a responsibility

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.

The Primary Care Strategy is a key strategic document for NHSGGC and the 6 HSCPs which sets out how primary care service ambitions will be met in order to deliver the best possible care to our communities in the most efficient way.

The Strategy is a guide to how we will approach the development of primary care which has many work streams and covers a large number of primary care services and contractors. For context, NHSGGC hosts 188 optometrist practices; 225 general practices (GPs); 255 general dental practices (GDS) and 288 community pharmacies (CP) delivering primary care services to around 1.3 million GP registered patients.

The 2023-2028 strategy will set out how those care ambitions will be underpinned with due regard to meeting the legal requirements of the Public Sector Equality Duty (or general duty) of the Equality Act 2010 and the 2018 Fairer Scotland Duty (the duty). In the past a number of primary care programmes & services have conducted EQIAs to support the 3 parts of the General Duty. For example, the Mental Health Strategy & PCIP, HSCP PCIPs and travel health vaccination provision. Additional EQIAs will therefore be undertaken by individual services in the future as part of primary care implementation plan. These will be captured and tracked centrally to ensure coordination of assessments and identify any recurring or related risks to protected characteristic groups.

Our ambitions contained within the strategy are:

In the short term:

1. Shared purpose across a sustainable, sufficiently staffed and skilled workforce
2. Step-change innovations in data and digital technology to improve patient health and care outcomes
3. Integrated care and well-connected services, supported by effective teams, system working, leadership and planning

4. Improved understanding and navigation across our primary care

In the medium to long term:

5. People can access the right service at right time, more flexibly and in ways that suit them
6. Strengthened prevention, early intervention and wellness
7. Better access to trusted information on health and care
8. Strengthened contribution to reducing health inequalities.

The priorities to help realise the ambitions are:

Our priorities are:

1. Development and delivery of a five-year primary care workforce strategy
2. Development of a shared care record accessible to all primary care, both in- and out of hours
3. Improvements to the clarity, consistency and effectiveness of patient pathways
4. Improvements to primary care's access to the right advice at the right time

We will also work to deliver:

1. A five-year communications and engagement plan
2. A range of process and system improvements to enhance journeys into and through primary care
3. Public engagement around digital options to better access information and services
4. Strengthened prevention to better avoid ill-health, protect wellbeing, and improve supported self-management
5. Enhancements to our accommodation and property
6. A strengthened contribution to reducing health inequalities, including through targeted and tailored action.

We will proportionately increase activity around these areas in the event additional resource becomes available.

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, Head of Primary Care Support	Date of Lead Reviewer Training: Updated 2019

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):

PC Strategy Communications & engagement group:
Daniel Connelly, Deputy Director Public Engagement, Public Experience and Public Involvement (PEPI)
Lisa Martin, Manager, PEPI Team
Calum Lynch, Project Manager PEPI Team
Josh Kane, Senior Communications Officer, Communications Department
Alastair Low, Planning Manager, Equality and Human Rights
Helen Cadden, Public Partner Primary Care
Ronnie Nicol, Public Partners Primary Care
Gaynor Darling, Family Health Service Advisor, Primary Care Support
Debra Allen, Senior Planning & Policy Development Officer, Renfrewshire HSCP

Consultation with members of the: Primary Care Programme Board – Strategic group

Christine Laverty, Chief Officer Renfrewshire Health & Social Care Partnership
Gary Dover, Assistant Chief Officer, Primary Care and Early Intervention (Glasgow City HSCP)
Allen Stevenson, Director Primary Care
Ann Forsyth, Head of Primary Care Support
Dr Kerri Neylon, Deputy Medical Director Primary Care
Claire McArthur, Director of Planning

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.	*A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.*	Equalities data is collected to varying degrees by the primary care services. Where information is not routinely available, equalities data can be collected where necessary to inform the design of a service and the overall demographic trends in NHSGGC will also be taken into account. These are outlined in the NHSGGC Glasgow City Health and Social Care Partnership Demographic and Needs Profile June 2022. Primary care contractors do not routinely collect data on the nine protected characteristics. However, each pathway/service (either direct, public sector or contracted) has a duty to comply with any legislation relating to the nine protected characteristics and to ensure provision of goods and services complies with the Equality Act and Public Sector Equality Duty. As many primary care services are independent contractors in different services, data completeness and sharing practice and systems varies, and data is not owned by NHSGGC. The complexity of service pathways within the Primary Care (and their respective patient information systems) means it is not possible to create a single data repository that captures equality monitoring data across all nine protected characteristics.	We recognise the limitations of the data currently being collected by the varying services and contractors but continue to work on improving this in line with the recommendations made by the Scottish Government's Equalities Data Improvement Programme. Opportunities will be identified to encourage both primary care contractors and HSCP to gather data related to the nine protected characteristics. This will include incorporating the requirement for equalities data to be collected when commissioning services from other organisations.

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	Please provide details of how data captured has been/will be used to inform policy content or service design. Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	*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)* √	Services are required to ensure consideration of equalities in all areas of service planning, development and implementation, with evidence that some services have adapted their model of service design and delivery to ensure effective access for protected characteristic groups who may experience related barriers. A recent example of where service uptake data has been used to inform practice is the **Vaccination Transformation Programme (VTP).** Innovative ways of engaging with disadvantaged communities and to increase uptake amongst underrepresented groups (Black, Asian and minority ethnic) providing various targeted provisions now includes; • Mass drop-in clinics across local community venues including the Central Mosque • Vaccination mobile bus • Older people & adult residential care homes • Patient home visiting service. Translated materials, NHS Inform, use of interpreting services and sign language are provided to support inclusive practice.	As described above, there is no single shared mainstream data collection system across all primary care service providers. While this hampers the ability to aggregate all service use data and understand access patterning by protected characteristic, each system can be interrogated independently where data fields allow. We recognise that that collection of quantitative data is not uniform across all services but within primary care there are a number of opportunities to share good practice, case studies and reporting mechanisms in place through operational & strategic groups.
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

3.	How have you applied learning from research evidence about the experience of equality groups to the service or Policy? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ■ 2) Promote equality of opportunity ■ 3) Foster good relations between protected characteristics ■ 4) Not applicable ☐	*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).*	Related recent research has been reviewed to learn and understand what matters to people from equality groups as detailed in section 4 below. Research recommendations for Primary Care are currently being considered. Some of our PCIP programmes and services have been developed as the result of applied research learning. The original need for the community link worker programme came from GPs working in Glasgow's most deprived neighbourhoods (Deep End GPs). The research evidence clearly recognised the additional health needs and barriers to engagement with services among those living in areas of high deprivation. The CLW was therefore developed as a deprivation based targeted service to remove discrimination and promote equality of opportunity. The Glasgow Disability Alliance published a Disabled People's Mental Health Matters report in October 2022. The findings from this paper align with some of the feedback from public engagement sessions held across Glasgow during development of this strategy. This strategy (and in its alignment to the NHSGGC Mental Health and Public Health strategies) will begin to address some specific barriers experienced by those facing discrimination, exclusion and hardship.	Nationally, public research has been carried out on public views and experiences of primary care services to learn and monitor trends. For example, the Health and Care Experience survey (2024) is conducted every 2 years. The Public understanding and expectations of primary care in Scotland: Survey Analysis Report was published in May 2024. We recognise that these surveys do not provide local data on protected characteristics. To inform future direction of local Primary Care service the Patient Engagement & Public Involvement team (PEPI) have conducted local engagement (detailed below) and is also currently leading board wide engagement as part of the strategy development. We are actively monitoring and reviewing emerging equalities learning to ensure this can be incorporated into the Primary Care Strategy development.

				Protected characteristic data is not collected as part of the National Health & Social Care survey therefore unable to extract NHSGGC data.
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support. Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).	*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.* *(Due regard to promoting equality of opportunity)* ** The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in*	In 2022/23, the strategy project team, supported by the Patient Engagement and Public Involvement (PEPI) Team undertook a wide variety of in-person and virtual events to understand the experiences of primary care contractors, HSCP staff and service users on primary care services. There was no exclusion criteria and the team engaged with a broad spectrum of community groups, across Greater Glasgow, many of which represented people with protected characteristics with a total of 324 members of the public engaging in the sessions. Specific protected characteristics were represented by some of the groups listed below: BME people; new Scots; asylum seekers; refugees; older people; carers; disabled people; men and women. **Primary Care Strategy Public Engagement Sessions**: 27/04/23 Inverclyde Your Voice Community Forum 22/05/23 Renfrewshire In-Ren Network 25/05/23 East Dunbartonshire Senior Carers Forum	We recognise that due to the scale and scope of primary care services and for the reasons outlined, we were unable to capture all staff & service users' experiences. The findings will be proactively taken into consideration to shape the direction for primary care services. We will take into account all aspects of the General Duty i.e.: remove discrimination, harassment and victimisation, promote equality of opportunity and foster good relations between protected characteristics.

	1) Remove discrimination, harassment and victimisation ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics ☒ 4) Not applicable ☐	*households at risk of low incomes.*	30/05/23 Public virtual/online open session 01/06/23 Public virtual/online session 07/06/23 Glasgow The Life I Want Group 08/06/23 HSCP Locality Engagement Forum 09/06/23 East Renfrewshire Big Lunch Event 13/06/23 West Dunbartonshire Clydebank Pop-up Session 19/06/23 West Dunbartonshire Locality Group, Community Representatives 19/06/23 Glasgow, Chance2change Expert Reference Group 22/06/23 Inverclyde Your Voice Community Forum 29/06/23 West Dunbartonshire Pop-up Session 16/08/23 Public virtual/online session 18/08/23 Public Online/virtual session To ensure the engagement sessions and meetings were easily accessible, several methods were used to engage including presentations and discussions via Microsoft Teams, open discussions during some HSCP meetings, a social media survey and face to face discussions with local community groups. In summary, engagement findings with the stakeholders and staff suggest the NHSGGC should address the sustainability of primary care, quality improvement, communication and engagement, collaborative working and property. The patient and service user findings suggest improvements in access to primary care services, in particular GPs and dentists, and effective communication from and between primary care services. Patients also identified a clear need for improved mental health services.	

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed? Your evidence should show which of the 3 parts of the General Duty have been considered. 1) Remove discrimination, harassment and victimisation ■ 2) Promote equality of opportunity ■ 3) Foster good relations between protected characteristics. ■ 4) Not applicable ☐	*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).*	Primary care services are universal services delivered from community-based premises and are compliant with the Public Sector Duty in terms of physical accessibility, understanding the need to make any reasonable adjustments where barriers may exist. Where services are delivered from premises belonging to primary care contractors, all premises should aim to be DDA Compliant. The location and accessibility of community based premises is a key component of the design of services. For example, with the new integrated social and primary care, mental health and community hub at Parkhead, inequalities have been considered as part of the design. The building will meet the accessibility requirements, be DDA compliant and have a dementia friendly design. Engagement will continue with a wide range of people to ensure that people with protected characteristics can participate in the consultation activities. Work will take place with equalities groups to seek their input in the proposed development and the community facilities within the hub will be designed and managed to support access by all groups, inclusive of those with protected characteristics. In addition to ensuring physical accessibility, the continued investment in patient-facing digital access	

			solutions needs to ensure it does not inadvertently contribute to widening the health gap. Primary care services will ensure that where a digital solution is identified, developed and integrated into access pathways, it will not be to the detriment of those who experience digital exclusion and are unable to benefit from the investment. Access will be underpinned with the principle that no one will be left behind and that digital access to appointments as the first option will not be the default position.	We will work to generate, share, and draw upon learning from engagement and grey/black literature to support the organisational equality outcome agreed for 2024/25 that *'Over the life of the interim scheme we will contribute to assessing the impact of digital exclusion on our patients ability to access digital developments and identify a standardised approach to mitigation*'.
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
6.	How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐	*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.* *Written materials were offered in other languages and formats.* *(Due regard to remove discrimination, harassment and*	Primary care services that are delivered to NHSGGC patients/service users are supported by mainstream interpreting and translation resources. This means that where a communication support is identified for an individual, provision can be made, either in spoken language, BSL or alternative format. All NHSGGC Service in the development of communications should utilise the NHSGGC Clear to All guide. The guide has been developed to support creation of simple, clear and concise information that allows us to meet our legislative requirements and the needs of our patients. In this context, patient information refers to written information such as leaflets, flyers and posters, as well as video and audio recordings.	We will continue to engage with patients around access to services and how we can improve this equally and equitably

	2) Promote equality of opportunity ■ 3) Foster good relations between protected characteristics ■ 4) Not applicable ☐	*victimisation and promote equality of opportunity).*	Many patient information systems will highlight communication support to allow for pro-active planning. Where patients who require communication support access a service where additional needs are unknown, telephone interpreting can be accessed immediately.	
7	Protected Characteristic		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	Age Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design). Your evidence should show which of the 3 parts of the General Duty have been considered. 1) Remove discrimination, harassment and victimisation ■ 2) Promote equality of opportunity ■ 3) Foster good relations between protected characteristics. ■		The Primary Care Strategy Team and PEPI team engaged with groups of primary care contractors, HSCP staff and members of the public. Primary care services are universal, so open to all members of the population regardless of age. Feedback from engagement with the East Dunbartonshire Seniors and Carers Forum (31 attendees) showed that people were concerned about the equity of services and a need for improvement to the consistency and variations across the Greater Glasgow & Clyde area. The impact of such inconsistencies mean that people's experience of care can differ depending on where they live. A large number of primary care users are over 65 or under 5 years of age. The number of people aged over 65 in the population is due to increase by nearly 32% over the next 20 years. A key focus when	NHSGGC acknowledge that funding challenges have led to some inconsistencies in service availability across the 6 HSCP areas. This strategy seeks to take a proportionate approach to delivering services where it is needed most, tackling inequalities and promoting fairness across the system.

	4) Not applicable ☐	designing services will be availability and accessibility of services for this age group. Services will also be adapted for children under 5, where appropriate.	
(b)	Disability Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ■ 2) Promote equality of opportunity ■ 3) Foster good relations between protected characteristics. ■ 4) Not applicable ☐	'The Life I Want Group' is a social partnership covering Greater Glasgow to create opportunities for people with learning difficulties. An engagement session with this group highlighted mixed views and experiences of primary care. Digital developments were generally viewed as potentially helpful for people with disabilities but assumptions regarding access should be avoided and alternatives offered. Other feedback related to gaps in staff awareness of equalities and patient rights in general, a higher susceptibility (for people with disabilities) towards misleading health information and signposting to services should be accessible to all. A questionnaire was also specifically sent to members of the Involving People Network (IPN). Primary care services are open to all members of the population and the engagement undertaken didn't highlight any specific areas to be addressed in relation to disability that weren't expressed by those who engaged as a whole. All of the above will be taken into account when designing the Primary Care Strategy and implementation / delivery Plan with focused attention during service related specific review.	Through implementation of the strategy any redesign of service and /or policy redesign that impact on protected characteristics will be subject to EQIA process to identify potential and consequential impacts

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	Gender Reassignment Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ■ 2) Promote equality of opportunity ■ 3) Foster good relations between protected characteristics ■ 4) Not applicable ☐	The Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people (NHSGGC, NHS Lothian and Public Health Scotland, 2022) found that most participants were happy with their Primary Care experiences. Of those people using their GP in the previous year, 88% reported a positive experience. It is possible that where a service user is signposted to a health professional other than their own GP, that healthcare professional may not know the patient's trans history. Where any services are configured on a separate or single sex basis in a primary care setting, the EHRC document – Separate and Single Sex Service Providers – A Guide on the Equality Act Sex and Gender Reassignment Provisions will be referred to.	Staff training on gender re-assignment issues can support mitigation against any patient being discriminated against. Close links can be developed with the Sandyford Clinic to ensure that all aspects of the service take cognisance of gender re-assignment issues.
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	Marriage and Civil Partnership Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership? Your evidence should show which of the 3 parts of the General Duty have been considered	Not applicable to this strategy.	

	1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ■		
(e)	Pregnancy and Maternity Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ■ 2) Promote equality of opportunity ■ 3) Foster good relations between protected characteristics. ■ 4) Not applicable ☐	The Strategy project team and the Patient Engagement and Public Involvement (PEPI) Team engaged with groups of primary care contractors, HSCP staff and members of the public which were representative of the overall population. Primary care services are open to all members of the population and the engagement undertaken didn't highlight any specific areas in relation to pregnancy or maternity which needed addressed. However, Primary care service design will continue to consider pregnant women and maternity services. For example, the Vaccination Transformation Programme facilitated ease of access for pregnant women, by delivering vaccination within the maternity services which women were already attending.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	Race		

	Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ■ 2) Promote equality of opportunity ■ 3) Foster good relations between protected characteristics ■ 4) Not applicable □	Feedback from the In-Ren (Renfrewshire) network highlighted that New Scots communities can experience limited information on how the healthcare system in Scotland works compared to other countries. This group also noted a need to consider communication methods for non-English speaking individuals and communities. Currently alternative language formats for health information is available to all on request from members of staff.	Overall, NHSGGC has a higher proportion of people from a BAME backgrounds compared to the overall national average. Service design in all areas will need to take the needs of this group into account. For example, when providing interpreting services at healthcare appointments and providing information in different languages. The primary contractors currently use the interpreting service when required to book an interpreter over the phone or in person.
(g)	Religion and Belief Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ■ 2) Promote equality of opportunity ■	The health records of individual patients may contain information on religion or belief which could affect the care they wish to receive. However, in terms of the population as a whole, the strategy project team and the PEPI team engaged with groups of primary care contractors, HSCP staff and members of the public which were representative of the overall population. Primary care services are universal to all members of the population and the engagement undertaken didn't highlight any specific areas in relation to religion or belief which needed addressed.	

	3) Foster good relations between protected characteristics. ■ 4) Not applicable ☐		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	Sex Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ■ 2) Promote equality of opportunity ■ 3) Foster good relations between protected characteristics. ■ 4) Not applicable ☐	Primary care services are open to all members of the population. Health records of individual patients may contain information on sex which could affect the care they wish to receive. This may because certain sex specific services are due to biology, rather than any exclusion of service user e.g. cervical screening. In terms of the population as a whole, the strategy project team and the PEPI team engaged with a broad range of primary care contractors, HSCP staff and members of the public which were representative of the overall population. The engagement undertaken didn't highlight any specific areas in relation to sex which needed addressed.	
(i)	Sexual Orientation	In terms of the population as a whole, the strategy project team and the PEPI team engaged with a broad range of primary care contractors, HSCP staff	As part of implementation change require to consider engagement with LGB

	Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ■ 2) Promote equality of opportunity ■ 3) Foster good relations between protected characteristics. ■ 4) Not applicable ☐	and members of the public. Primary care services are open to all members of the population. Due to initial challenges identifying an appropriate LGBTQ group available to participate and subsequently securing suitable dates, we were unable to deliver this specific session within the agreed phase two engagement period. However, we have agreed to continue to engage with the identified group re further opportunities for participation as the strategy moves forward and in particular around any local or service-specific actions and improvements that arise from the implementation phase. Additionally, we will continue to develop our knowledge of and relationships with local LGBTQ groups and networks, to ensure that the programme of ongoing engagement provides accessible and appropriate opportunities that reflect peoples' lived experience. Recent recommendations from NHSGGC, NHS Lothian and Public Health Scotland's LGBTQ+ report will also be considered.	service users during implementation given limited engagement during strategy development
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

(j)	Socio – Economic Status & Social Class Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned? The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic 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). 7 Qs? 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 inequalities of outcome that are associated with socio-economic disadvantage 4. Are some communities of interest or communities of place more affected by disadvantage in this case than others? 5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race,	The strategy project team and the PEPI team engaged with many diverse groups of primary care contractors, HSCP staff and members of the public. The negative impact of health inequalities and poverty on health and wellbeing is immense. There is evidence that austerity measures and increases in the cost of living compound health inequality by affecting mental health, so as the cost of living increases, it is more important than ever to design services with this in mind. Furthermore, it is crucial to recognise this when designing services for Primary Care, as it has been recognised that strong primary care systems are positively associated with better health. Recent learning has highlighted digital exclusion as an issue to consider, particularly for people with less resource and/or older adults. With this in mind it is vital that an approach which prioritises investment in developing a digital 'front door' to primary care services does not inadvertently compound barriers to access for people living in poverty. Poverty is often a common denominator for protected characteristic groups most marginalised in society. To this end, digital exclusion will have the greatest impact on the frail/elderly, those with disabilities, transgender people and those from Black, Asian and/or ethnic minority communities. Due to Primary Care Improvement Plan funding, the Community Link Worker (CLW) service was	We will further explore prevalence and patterning of digital exclusion in NHSGGC and ensure that we retain patient choice around ways to access information, care and treatment and support that include non-digital routes. Impact of commitments will be monitored through the evaluation framework which will be developed to support monitoring of the strategy. Using the finalised implementation plan for the Strategy in 24/25 (and updated versions), we will consider the requirement for a separate fairer Scotland Duty assessment and progress this, if it meets the threshold.

	disability and other protected characteristics that we may need to factor into our decisions 6. How has the evidence been weighed up in reaching our final decision? 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?	established in some GP practices located some HSCPs in the most deprived areas of NHSGGC. One of the services offered by CLW's is financial advice and they also link clients to the Welfare Advice Health Partnership project located within some GP surgeries or Third sector financial inclusion organisations.	
(k)	Other marginalised groups How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?	The strategy project team and the Patient Engagement and Public Involvement (PEPI) Team engaged with many groups of primary care contractors, HSCP staff and members of the public. In addition to the feedback (as per section F) from public engagement which outlined the main concerns in relation to New scots and non-English speaking communities, the communication and engagement commitments and associated delivery plans will set out how we will work with marginalised groups in the future.	The strategy aligns with the NHSGGC mental health and public health strategies and all marginalised and/or underrepresented groups will be considered and included as part of development of this strategy and its associated implementation/delivery plans. All workstreams and change proposals will be subject to EQIA.
8.	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? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).	A draft budget for primary care services has been set which reflects the anticipated funding. We are following the Scottish Government guidance and anticipate delivery within current forecasted funds.	We recognise that if any service was removed due to financial constraints, consideration would need to be given to the impact and this would have on patients in terms of access and travel, for example.

	1) Remove discrimination, harassment and victimisation ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☒ 4) Not applicable ☐		Planning would be put in place to minimise or mitigate any foreseen adverse consequences.
		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.	Equalities Training and staff development for primary care staff deliver are being further developed. Work is ongoing to progress this action, including a newsletter and updates provided to all staff on primary care initiatives with requirement for equalities training, including undertaking of EQIAs. Mechanisms are in place to record statutory & mandatory equalities training for HSCP staff and contractor groups as employer responsible for providing and maintaining training of their staff.	

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.

Through the delivery of a coordinated EQIA programme for aligned service developments, the Primary Care Strategy and Implementation plan will ensure the right to protection from discrimination is upheld.

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* .

PANEL principles were used as part of this EQIA of the Primary Care Strategy 2023 – 2028 to ensure that services and programmes take a human rights-based approach with a focus on responding to and tackling inequality.

Participation- Primary care seeks active participation and engagement of patients and service users through direct engagement and evaluation. A comprehensive engagement exercise was undertaken from March - June 2023 with primary care contractors, HSCP staff and service users as detailed in Section 4.

Accountability- a dedicated equalities assessment of Primary Care Strategy 2023 – 2028 is now being undertaken and will be reviewed on a six monthly basis. Component programmes and services within the Primary Care have or will also produce EQIAs.

Non-discrimination - primary care services are universal services which are open to all.

Equality/Empowerment- The Primary Care Strategy seeks to promote equality and equity within NHSGGC and has continued to commission and utilise research reports to raise awareness, plan, resource and act on the significant health inequality challenges for the board. We have introduced and will embed patient and public involvement via the Communications and Engagement Sub-group.

Legality-The service is compliant with UK and Scottish Law.

- 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.

As part of GP contract and HSCPs associated PCIP 2019-21, the Community Links Worker programme was developed. The programme is a service that is in most HSCPs deprivation focused and operates within the GP practices. The enhanced support to patients within universal GP practices provides non-stigmatising targeted action against health inequalities. NHSGGC recognises the particular need to reduce inequalities of outcome caused by socioeconomic disadvantage, so the programme continues to request additional financial investment and further expansion at national level.

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)
Progress developing access to LearnPro community for the non HSCP workforce to provide opportunity for staff to complete the Equality and Human Rights modules to ensure competence with regard to the protected characteristics.	TBC with Implementation
Provide or support access to awareness sessions in the NHSGGC and wider primary care workforce on issues affecting marginalised groups to ensure staff are able to understand and recognise the needs of marginalised groups.	TBC with Implementation
Provide or support access to more specialist training in NHSGGC and wider primary care workforce on issues affecting specific marginalised groups to ensure staff are knowable and skilled at responding to the needs of specific marginalised groups.	TBC with Implementation
With an increasing BAME, asylum seeking and refugees population, 80 different languages are spoken within NHSGGC. We will: • Support the pathway for primary care contractors / practice requests for information in other languages and formats. • Provide information to practice staff with regard to the use of interpreters in primary care settings.	TBC with Implementation
Opportunities will be identified to encourage both primary care contractors and HSCP staff to gather standardised data related to the nine protected characteristics. This will also include incorporating the requirement for equalities data to be collected when commissioning services from other organisations.	TBC with Implementation

We will continue to look to other data sources in NHSGGC and nationally to benchmark and assess the equalities data as required.	TBC with Implementation
It is important that we understand the experience of equalities groups who access our service. We will build on our previous engagement events to gather the views of primary care contractors, HSCP staff and service users on primary care services. We will continue to progress our engagement work to seek to capture patient and service users experiences and perspectives across equalities groups. We will seek public health advice and support to ensure that Strategy actions do not negatively impact on equalities (and where possible, will positively impact on them).	TBC with Implementation
Throughout the duration of this Strategy and implementation phase, we have committed to build on and share learning from the PC services.	TBC with Implementation
We will continue to review and report on equalities performance to NHSGGC Primary Care programme Board – Strategic Group, on an as required basis.	TBC with Implementation

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

Dec 2024

Lead Reviewer:
EQIA Sign Off:

Name: Ann Forsyth
Job Title: Head of Primary Care Support
Signature:

Date: 04/07/2024

Quality Assurance Sign Off:

Name Alastair Low
Job Title Planning Manager
Signature Alastair Low
Date 10/7/2024

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