

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:

NHS Greater Glasgow and Clyde Travel Health Contingency Service

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.

Service Aims

The aims of the service are as follows:

- To provide a patient-centred, accessible, consistent and comprehensive travel service for patients requiring travel assessment, vaccination, medicines and advice.
- To provide access to NHS travel advice and vaccinations for all patient groups including children in order to protect patients while travelling to high risk destinations.
- To be able to provide accurate and up-to-date information about travel health risks and vaccine(s) to patients.

Service Delivery

In 2017, the Scottish Government and the Scottish General Practitioners Committee (SGPC) agreed vaccinations would move away from a model based on GP delivery to one based on NHS Board/Health and Social Care Partnership delivery through dedicated teams. This Vaccination Transformation Programme began on 1 April 2018 and concluded on April 2022. The redesign and implementation of vaccination delivery included Travel Health advice and travel vaccination services.

From April 2022, contracts for the delivery of Travel Health Services in Greater Glasgow and Clyde (GGC) were awarded following a competitive tendering process to two providers according to the following eight geographical lots:

- CityDoc – Lots 1 and 3-8 covering: Glasgow North East, Glasgow South, Inverclyde, Renfrewshire, East Renfrewshire, East Dunbartonshire, and West Dunbartonshire.
- Eincare – Lot 2 covering: Glasgow North West

However, in July 2023, CityDoc gave notice of their intent to withdraw from the contract. Subsequently, as of 31 August 2023, the provision of travel health services to the corresponding 7 of 8 geographical lots has been provided by the NHS GGC Travel Health Contingency Service (the Contingency Service) following a rapid planning and

implementation response. The Contingency Service is currently being delivered from Eastbank Conference and Training Centre, 22 Academy Street, Shettleston G32 9AA.

The objective of the Contingency Service remains to provide a patient-centred, comprehensive, consistent and accessible travel advice and vaccination service for patients. The Service remains available to all travellers who require advice and / or vaccinations for travelling to a destination considered at risk of tropical disease and includes the provision of vaccinations to children. More generic advice on travel can be sought online at <https://www.fitfortravel.nhs.uk> and <https://www.nhsinform.scot/care-support-and-rights/nhs-services/doctors/travel-health-and-vaccinations> for those patients who have IT access and literacy. Those without IT access can call the NHS Inform helpline on 0800 22 44 88 from Monday to Friday between 8.00am and 6.00pm.

The core aspects of the service are:

- A pre-travel risk assessment and management plan.
- Provision of pre-travel advice (both verbal and written) to include, but not limited to personal safety, environmental, and infection risk.
- The prescription and administration of vaccines that are currently available free of charge in the NHS: Diphtheria, Polio and Tetanus (combined booster), Hepatitis A, Typhoid, and Cholera.
- An assessment of malaria risk and provision of advice on malaria prevention if needed.
- Signposting to non-NHS provided travel health services, including prescription of anti-malarial prophylaxis and vaccines which are not available free of charge in the NHS.

General Practitioners retain responsibility for providing general travel advice to patients where their clinical condition requires individual consideration. Travellers with complex itineraries and/or underlying health conditions that may require specialist advice may be referred to The Brownlee Pre-Travel Clinic.

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 rapid nature of the planning and implementation of the Contingency Service may present a number of unforeseen risks regarding access, inclusion, equalities and the provision of a comprehensive 'one-stop' travel health service. The service was selected for EQIA as it will provide a standardised and transparent method of highlighting these risks and the additional mitigating actions required as well as informing the planning and implementation of a future permanent NHS GGC Travel Health Service.

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: Dr Jacob Asplin, Specialty Registrar in Public Health Medicine	Date of Lead Reviewer Training: 7 th February 2023
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Please list the staff involved in carrying out this EQIA

(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	<p>The Travel Health Risk Assessment Form is completed by each patient on arrival at the clinic. This includes information on age (DOB), pregnancy (current or planned) and disability (e.g. long-term conditions) as these factors may impact the choice of vaccines or medications administered/advised.</p> <p>Sex and ethnicity are not included on the Form as it is primarily used as a patient clinical record rather than for equalities monitoring purposes. CHI number is collected, which can be linked to the other patient electronic records to manually search for sex and ethnicity information.</p> <p>The changes in the delivery of travel health services is not expected to have any disproportionate impact on those with the following protected characteristics: gender reassignment, marriage and civil partnerships, religion or belief, and sexual orientation.</p>	<p>Data on sex and ethnicity are not routinely and robustly collected.</p> <p>Consider adopting an equalities monitoring procedure as part of the initial booking process with specific reference to sex and ethnicity.</p> <p>Alternatively, additional questions on sex and ethnicity could be added to the Risk Assessment Form.</p>
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	Please provide details of how data captured has been/will be used to inform policy content or service design.	<i>A physical activity programme for people with long term conditions reviewed service user data and found very low</i>	The current design and implementation of the Contingency Service has been necessarily implemented at considerable pace in order to maintain the provision of a travel health service in GGC. Consequently, there has been very limited opportunity to use equalities data to inform service design.	Consideration must be given, at an early stage, as to how equalities data will be captured, analysed and used to inform the planning of a future permanent service.

	<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><i>uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>The demographic and equalities data captured during the delivery of the Contingency Service will be used to inform the design of a future permanent service.</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>3.</p>	<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><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were</i></p>	<p>As above, there has been very limited opportunity to use research evidence to inform the design of the Contingency Service.</p> <p>Work performed at a national level by Public Health Scotland has explored public views of vaccination service delivery during the Vaccination Transformation Programme; (https://www.healthscotland.scot/health-topics/immunisation/vaccination-transformation-programme)</p> <p>There is also local institutional learning from the challenges in reaching key communities in GGC during the Covid-19 pandemic response.</p>	<p>It has not been possible to maximise the use of research evidence and institutional learning into the design of the Contingency Service.</p> <p>A review of this evidence and learning should be scheduled as part of the plans for developing a more permanent solution to delivering the Travel Health Service.</p>

	<p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>		
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>4.</p>	<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? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination,</p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations</i></p>	<p>Previous work on typhoid fever by the Public Health Protection Unit and the Equalities and Human Rights Team earlier in 2023 highlighted that certain minority ethnic groups appear to be both at a particular risk of travel-associated infection as well as having a very limited awareness of the NHS-funded travel health services.</p>	<p>Plans for further outreach, education and awareness-raising activity aiming to address these issues was curtailed by the requirement to rapidly implement the Contingency Service.</p> <p>This activity should be reinitiated at a time when it is likely to realise the greatest benefit.</p>



	<p>harassment and victimisation</p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>to take actions to reduce poverty for children in households at risk of low incomes.</i></p>		
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>5.</p>	<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><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>Due to the short notice with which the previous provider has withdrawn from the contract, the number of locations at which the service (for the relevant geographical lots) has reduced from three to one. However, these three previous locations were not spread evenly throughout the territorial area of NHS GGC. Therefore, the move to this Contingency Service is not assessed to have worsened geographical access to travel health services in GGC. However, this does represent a reduction in choice for the patient.</p> <p>The Contingency Service will initially offer in-person appointments from Monday to Friday between the hours of approximately 0900 and 1700.</p>	<p>Consider the feasibility of adopting a schedule of peripatetic travel health clinics using the existing NHS GGC infrastructure.</p> <p>Consider the feasibility of extended hours during weekdays or additional appointments on weekends to accommodate those clients less able to attend Mon-Fri 0900-1700hrs.</p> <p>Mitigating action could include the use of tele-consultations (e.g. via MS Teams) for the initial Risk Assessment consultation.</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>			
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
6.	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>NHS GGC Interpreting & BSL Services are available to all service users and staff of the Contingency Service. Written information is available in other languages on request.</p> <p>Furthermore, the following question has been included on the Risk Assessment Form: 'Do you require the use of an interpreter at your appointment?' All staff can subsequently access telephone interpreting at short notice.</p> <p>Staff are aware that using relatives to interpret is not appropriate. Where the client insists on this it should be recorded in the patient's notes.</p>	<p>Consider requesting information on the requirement for interpreting as part of the initial booking process.</p> <p>Consider scheduling an audit of the use of the interpreting service during the delivery of the Contingency Service in order to inform the planning and implementation of the future permanent service.</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>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>Age is collected routinely as age influences the dose and vaccine that may be given, particularly where children are concerned.</p> <p>There are no age restrictions to accessing this service.</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>Eastbank Conference and Training Centre is an NHS site that can cater for those who may have additional physical accessibility needs. For example, there are numerous disabled parking spaces located at the premises, there is ramp access to the front door, and all consultations occur in an open plan area that ensures wheelchair access (patients do have access to a private room for their consultation should this be requested or deemed necessary).</p> <p>Furthermore, the following question has been included on the Risk Assessment Form: 'Do you have an impairment or disability that you require support with at your appointment?'</p>	<p>Consider requesting information on the impairment or disability as part of the initial booking process.</p>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the</p>	<p>This data is not routinely collected. The move to this Contingency Service should not have any disproportionate impact.</p>	

	<p>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>		
	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 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>This data is not routinely collected. The move to this Contingency Service should not have any disproportionate impact.</p>	

	4) Not applicable <input type="checkbox"/>		
(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input 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 move to this Contingency Service should not have any disproportionate impact. This data is collected for clinical safety reasons due to some vaccines / medications not being recommended during pregnancy or conception.</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</p>	<p>Data on race and ethnicity is not currently routinely and robustly collected.</p> <p>Race and ethnicity is known to be associated with differing levels of vaccination uptake. Recent work on typhoid fever has indicated that certain minority ethnic groups may have a very limited awareness of the Travel Health Service. Whilst the move to a Contingency Service is not expected to add any additional disproportionate impact, the relocation away from sites in the Southside to the East End of Glasgow may be less convenient for minority ethnic communities that are known to live particular</p>	<p>As above, Consider adopting an equalities monitoring procedure as part of the initial booking process with specific reference to sex and ethnicity.</p> <p>Also as above, reinitiating plans to conduct outreach, education and awareness raising activity with minority ethnic groups should be considered at a time when it is likely</p>



	<p>victimisation</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>areas of GGC.</p>	<p>to realise the greatest benefit.</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 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>This data is not routinely collected and the move to a Contingency Service should not have a disproportionate impact on the protected characteristic of religion and belief. There may be an increase in some religious groups accessing the service at certain times of the year in relation to religious pilgrimage. Services will be able to provide details of the vaccination ingredients should these be of concern to an individual and their faith group.</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>Data on sex is not explicitly collected but can be determined from the patient's CHI.</p> <p>Sex should not have any impact on access to the service. As an NHS service, all staff have received training and are aware of</p>	<p>As above, consider adopting an equalities monitoring procedure as part of the initial booking process with specific reference to sex and ethnicity.</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>issues pertaining to both adult and child safeguarding and will have access to referral routes to the NHS GGC adult and child protection teams.</p> <p>Furthermore, the following question has been included on the clinician-facing element of the Risk Assessment Form: 'Are there any concerns regarding FGM identified for this person?'</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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The service should not have any disproportionate impact on people with the protected characteristic of sexual orientation.</p> <p>This data is not routinely collected. A client may choose to self-disclose if they wish to discuss any particular concerns whilst travelling and this would be recorded in the clinical note if deemed to be clinically relevant.</p> <p>Indeed, advice on sexual health whilst travelling may form part of the pre-travel risk assessment. However, this will be offered to clients of any sexual orientation, disclosed or undisclosed, where this is deemed to be appropriate.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and

			Additional Mitigating Action Required
(j)	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <ol style="list-style-type: none"> 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)? 3. What does the evidence suggest about the actual or likely impacts of different options or measures on 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- 	<p>The relationship between economic status and accessing the service is likely to be complex due in part to the availability of alternative private providers and in part that the need for travel health services relies on an intention to travel overseas, itself dependent on economic resources.</p> <p>Nevertheless, whilst the model of delivery of travel health services has changed, the elements of the service that are chargeable has not. The risk assessment, advice and management plan, as well as the four vaccinations detailed above, remain free of charge to any client accessing the service.</p> <p>Other services, such as additional vaccinations and malaria chemoprophylaxis, will no longer be available to purchase during the travel health clinic appointment. This has previously been assessed as a being applicable / recommended to approximately 20-30% of clients attending the service. Whilst the move to this Contingency Service will not incur any additional direct costs for an individual, it may impart an element of inconvenience for the clients as well as any indirect costs related to seeking a further appointment at a private clinic.</p>	

	<p>economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)²¹ provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		
(k)	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>The service is available for everyone, regardless of their personal circumstances. We have discussed prisoners and consider they would not require to access the service as they do not have freedom of movement. All other groups would be welcome to use the service.</p>	
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p>The move to a Contingency Service has not been married to any change in budgetary allocation. However, in the future, it may be possible that the service may include an element of income generation should chargeable services be offered at the point of delivery. An assessment of this, as yet hypothetical impact, lies outside the scope of this EQIA.</p>	

	2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable <input checked="" type="checkbox"/>		
	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
9.	What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.	As the Contingency Service is an NHS service, all staff are subject to the mandatory NHS training requirements. Furthermore, as travel health is a specialist clinical area, all clinical staff are required to have demonstrated their qualified expertise and abide by the relevant professional standards e.g. the RCN Travel Health Nursing: career and competence development.	

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 to human rights have been identified as a consequence of moving to a Contingency Service.

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* .

All clinical staff are trained specialists in travel health and are aware that issues pertaining to the human rights of both adults and children may surface during the process of the undertaking a travel health risk assessment, as detailed in the RCN Travel Health Nursing: career and competence development document. Examples include, but are not limited to, forced marriage and female genital mutilation (FGM). Clinical staff have access to a range of resources from which they can access guidance and support, including the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow's 'Resources for Travel Medicine Practitioners' document.

*

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

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

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)


11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.

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)
<ul style="list-style-type: none"> ▪ Adopt an equalities monitoring procedure as part of the appointment booking process, including questions regarding the need for interpreting services and any support required due to impairment or disability during the clinic appointment. ▪ Consider scheduling a review of any equalities data and use of interpreting services during delivery of the Contingency Service, integrating it with existing research evidence and previous institutional learning, as part of the development a more permanent solution to delivering the service. ▪ Reinitiate plans for outreach, education and awareness-raising activity amongst minority ethnic communities at a time when it is likely to realise the greatest benefit. ▪ Consider the feasibility of peripatetic travel health clinics using the existing NHS GGC infrastructure, offering extended hours/weekend appointments, and tele-consultations for initial risk assessments. 	31 Mar 24	JB/EF/JA

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

31 March 2024

Lead Reviewer:	Name	Jacob Asplin
EQIA Sign Off:	Job Title	Specialty Registrar in Public Health Medicine
	Signature	
	Date	18 October 2023
Quality Assurance Sign Off:	Name	Alastair Low
	Job Title	Planning Manager
	Signature	Alastair Low
	Date	13/11/2023

**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET**

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

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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