NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool

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

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

Remobilisation Plan – Virtual Patient Management

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.
NHS Greater Glasgow and Clyde submitted a Remobilisation Plan to the Scottish Government covering the period to July 2020 and a further plan covering the period to March 2021, describing how NHS GGC will safely resume activity whilst continuing to treat patients with Covid-19 and ensuring there is capacity to deal with any future surges in infection and increases in activity normally experienced over the winter period. The Remobilisation Plan contains several aspects of service redesign. Virtual Patient Management (VPM) is a key area where remobilisation related redesign is taking place. Remobilising outpatient activity by expanding use of virtual patient management is a GGC remobilisation priority.

During the Covid-19 response a number of ongoing innovation projects were scaled up and accelerated. Digital support for the remobilisation of services in NHSGGC is essential and builds on the significant response since March 2020. All services are considering a Digital First approach to their remobilisation plans to embed digital approaches, integrations and innovations, supported by the eHealth directorate. The eHealth Delivery Plan has been reviewed and re-prioritised to ensure alignment with the Board's Remobilisation Plan focussing on virtual patient pathways, enabling better access and new ways of working.

Virtual Patient Management (VPM) includes all patient pathways where attendance is not face to face, including telephone and video consultations (Near Me), leaflets and letters and redirection to alternative services.

Services initiated a range of solutions to ensure that, where possible, outpatient appointments and GP Practice appointments can continue while not face to face. This included telephone and also video using the Near Me system. All GP Practices were enabled with additional equipment (dual screens and camera and speaker bundles) and were set up on the Near Me system with training and support provided. GP Practice staff were also enabled with the ability to use Near Me to hold patient appointments remotely from home.

IT equipment was also provided to a number of acute specialties either in outpatient clinic areas or for clinicians to use remotely at home.
This facilitated a rapid increase from March 2020 in patient consultations carried out using video technology (Near Me).
GP practices have adopted the system at scale and over 90% of the 235 practices use the system on a daily basis across all HSCP areas.
In addition to acute services other areas that were scaled up as a priority included community mental health services, interpreter services, ante-natal and maternity clinics, cancer consultations and cancer MDT, optometrists, dental practices and community pharmacies.

One of the barriers to remote out-patient consultation was the requirement for concurrent clinical investigations, especially blood sampling (phlebotomy). Work is being progressed, accessible blood testing is now in place on existing hospital sites and the aim is to move this to community settings. A separate EQIA was performed for acute phlebotomy in February 2021.

The recovery plan across all services will increase use of virtual patient management further as services are supported to adopt Active Clinical Referral Triage (ACRT) using senior clinician vetting to reduce unnecessary face to face appointments and with video or telephone appointments being one of the vetting outcomes. There will be a need for more IT equipment in outpatient and clinic areas which can be booked and used on a flexible basis to ensure virtual consultations are booked to the appropriate clinic area.

In addition, Patient Initiated Review (PIR) is being implemented more widely whereby, if routine follow up is not required, selected patients can be discharged with the opportunity to re-engage directly with the service if circumstances change, i.e. there is no requirement to return to the GP for a further referral for the same condition.

PIR will be used in conjunction with virtual consultations and therefore if patients do choose to re-engage, they may firstly be assessed virtually if this is clinically appropriate and face to face consultation will only be arranged where absolutely necessary. Our recovery templates used a digital first approach and have enabled us to establish targets for improving performance which we will monitor over the recovery period.

Update November 2020

In November 2020 35% of acute outpatient consultations were virtual and 65% were face to face. This does not include GP or other community consultations.

NHSGGC Acute Weekly face to face and virtual outpatient consultations (8.11.20)

	Face to face	Virtual	Total
New	3834	1423	5257
Return	8343	5046	13389
Total	12177	6469	18646
%	65%	35%	

Scottish 'Near Me' Public and Clinician Engagement and EQIA

Although Attend Anywhere has been available nationally since December 2016, use prior to the Covid-19 pandemic was relatively small and focused in rural and island areas. At the start of the pandemic (March 2020), a rapid scale up plan was introduced to accelerate the use of Near Me across Scotland. In February 2020, there were around 300 Near Me consultations per week in Scotland. By June, this figure had reached 17,000 per week, and this high level of use has been maintained ever since.

Over 5,000 people responded to the public engagement and consistent themes emerged across all types of feedback received Strong support for the use of video consulting was found: 87% of the public and 94% of clinicians thought video consulting should be used for health and care appointments, providing it is appropriate for the consultation.

The public stated a small preference for use of video over phone consulting both during periods of physical distancing for Covid-19 and afterwards

Health professionals identified a clear preference for using video consulting within the ongoing management of conditions, rather

than in undifferentiated diagnosis
The public and clinicians identified a wide range of benefits and some barriers of using video consulting
Main benefits identified: improving access and convenience, and reducing the risk of infection
Main barriers identified: digital connectivity (and other issues relating to digital exclusion) and lack of private space for video calls
Service providers should stop making generalised assumptions about the groups of people who can or cannot use video consulting
Public responses were analysed to control for gender, disability, age band, health board and previous use of Near Me. There was little difference in views between females and males (87% vs 88%) or for people with or without a self-reported disability (83% v 82%). Although a drop off in support for video consulting was seen in older age groups, it was a relatively small reduction.
An important part of the engagement exercise was the co-production of an Equality Impact Assessment (EQIA). This was to assess the potential impacts of protected characteristics, socio-economic factors, and remote and rural factors on the use of Near Me video consulting. Both the engagement activities and EQIA examined how video consulting could be made more accessible, both for specific protected characteristic groups and for the general public as a whole. It was not possible to find an EQIA for other consultations types (eg, phone, face to face) which makes it difficult to compare the impacts on those with protected characteristics across the different consultation types. The EQIA identified the following barriers with Near Me:
Attitudinal barriers resulting in limited use of Near Me for certain groups where clinicians or organisations may make general assumptions about video appointments not being appropriate for certain cohorts.
Lack of a safe and confidential space to conduct a video appointment, particularly for younger people in a house with others, carers or those with disabilities and situations where domestic violence occurs.
Lack of inclusive communication of Near Me information and patient resources limits use, especially for people where English is not their first language, have a learning disability or low literacy skills.
People who are digitally excluded for whatever reason. Particularly for younger and older people, minority ethnic populations including gypsy travellers, homeless people, rural and remote communities, and those from low socio-economic backgrounds.
Suggestions for improving access were:
Improve digital access, both in terms of internet connectivity and access to devices.
Consider introducing or expanding the idea of local hubs (such as those used in the Highlands), clinics or community based spaces where people can access Near Me if they do not have their own device or private space for a consultation, or they lack skills to use video.
Ensure there is choice over how consultations are provided, so that Near Me is used where it is both clinically appropriate and socially appropriate for an individual patient's situation.
Improve patient information about Near Me, for example, translated leaflets, awareness about how to make test calls, and clearer

information about how to involve interpreters or family members for support in video calls.
For staff the following would improve accessibility:
Continue to maintain choice and appropriate deployment of consultation type including face to face appointments.
Consider the need for local hubs/clinics to access Near Me.
Establish processes to enable interpreters to join Near Me appointments where appropriate. This would include both service-provided interpreters and informal interpreters/support for appointments, such as from family members.
Establish and communicate processes to enable patients to do a test call.
Raise awareness about consultation options including the appointments by video.
Continue to build links with Connecting Scotland, Public Health Scotland, and Scottish Council of Voluntary Organisations to understand the scope and impact of digital exclusion on use of Near Me and provide advice to ensure compatibility.
Develop inclusive communication and guidance materials for using Near Me, including easy read, languages other than English, visual, and bespoke to groups as required (eg young carers).
Share best practice inclusive guides/ resources with health boards across Scotland.

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.)

These are significant service redesign initiatives that change the ways in which patients interact with services. For example, outpatient activity is being remobilised through expanded virtual patient management, using video or telephone consultations instead of face to face appointments where possible. As such it is proportionate and relevant to apply an EQIA.

In this EQIA we have reviewed the 2019 Attend Anywhere / Near Me EQIA in light of increased patient use and recent engagement.

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:	Date of Lead Reviewer Training:
Ali Marshall, Planning Manager	August 2020

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):

Jac Ross, Equality and Human Rights Manager Ann Lees, Health Economist, Corporate Planning Ali Marshall, Planning Manager, Corporate 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	*A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.*	Data collected will vary service by service. Data are collected via Trak, EMIS. These systems allow additional information relating to support needs to be recorded. Information relating to additional needs such as hearing loss and learning disability is recorded on Trakcare. For example we collect age, sex, social class via postcode related data. BME recording is currently 46% recorded, but is now mandatory for all acute services. Other items relating to EQIA are not currently recorded. TrakCare, the patient information management	

	this data in your submitted evidence and an explanation for any protected characteristic data omitted.		system used across NHSGGC has options to record a patients age, sex, postcode, religion and belief, and whether the patient required interpreting support.	
		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 X 2) Promote equality ☐ opportunity	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. Engagemen t activity found promotional material for the interventions was not representative. As a result an adapted range of materials	Data will help us measure waiting times and DNAs. The data collected will enable us to analyse service use and do not attend disaggregated by some protected characteristics. We plan to review disaggregated data including surveys of patient and staff experience in 2022 and to review the disaggregated data available on Trakcare in 2021.	

	3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)		
		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 X 2) Promote equality of opportunity X 3) Foster good relations	Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Rese arch 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	A literature research on virtual consultations was performed by the planning department in July 2020. This considered potential barriers to virtual consultations and how these are being addressed. Overall the findings were in favour of virtual consultations rather than face to face due to convenience and the saving on travel. Barriers such as difficulties with using the technology could be overcome, sometimes by having available a centre in local communities where people could go to access their virtual appointment, still saving on time and travel. This research provided evidence to persuade some clinicians to try video consultations or to encourage their patients.	

	between protected characteristics ☐ 4) Not applicable ☐	asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).		
		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? Your evidence should show which of the 3	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	See appendices for GGC and national engagement reports. The PEPI team performed an online survey asking people about their experiences of using Near Me. The summary of learning points is below. NHSGGC Near Me Views and Experiences September 2020. Key learning points for how we embed Near Me going forward Engagement was carried out using various methods and from those who participated; 71% were female, 97% were between 45 – 74 years	

	parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation X 2) Promote equality of opportunity X 3) Foster good relations between protected characteristics X 4) Not applicable ☐	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 households at risk of low incomes.	old and 64% self-defined as disabled. On the whole, the majority of patients have welcomed this innovative way of working and viewed it as a positive change in how they access healthcare appointments. It was also evident that the Near Me system has proven to be a valuable tool during Cocid-19 as it has enabled patients to access care and treatment safely and there is strong support for Near Me to continue to be used beyond the pandemic. However patients emphasised that there are various barriers and challenges that need to be acknowledged by health providers when rolling out Near Me and that it may not be suitable or accessible for every patient. There are also concerns that Near Me would replace all healthcare appointments in the future which would prevent people from accessing the care and support they need. Going forward, it is important that we alleviate these concerns through a public awareness campaign to help inform patients how Near Me is being used within NHSGGC. We also need to recognise that for some patients it is important to them to have their healthcare appointments in person rather than virtually. Technical issues do have a negative impact on the patient experience when using Near Me to	

			access healthcare appointments and it is vital that service leads look to explore how best to address these issues. Additional engagement was carried out specifically with disabled groups and BAME communities to augment the participation in the above engagement. Twenty two people were interviewed whose first language wasn't English involving 12 different languages and 12 people interviewed were living with a disability. One organisation, PAMIS who support people with profound and multiple learning disabilities and their carers also responded as an organisation and shared the collated views gathered from some of the carers they support. The key themes from the interviews conducted with both protected characteristics groups are provided below: Views and experiences captured from people with disabilities. Key themes: Participants shared that felt safe and comfortable using Near Me and the main benefits were that it saved time and stress. It was highlighted that some people may require support and guidance on how to use Near Me and may not have the option of a support worker or carer supporting them during the virtual consultation. One participant commented	

			"It was great to have support from my staff team as I would not feel comfortable to use this online appointment on my own." Carers did feel fully involved during the virtual consultation however it was acknowledged that carers had established a relationship with the healthcare professionals they were seeing which made them feel comfortable and confident during the video call. All participants felt they did have enough time during the virtual consultation. Most would recommend the use of Near Me for general appointments that did not require physical examinations or treatment. Views and experiences of people whose first language is not English. Key themes: Overall, participant's views and experiences in relation to the use of Near Me were positive. Perceived benefits of accessing their appointment virtually included feeling safe during COVID, saved them time, travel and preparation. Challenges identified included technical difficulties and poor connection which resulted in their consultation taking place over the phone or abandoning the consultation. Participants also felt that it wasn't suitable if you required a physical examination and concern that they will not receive a physical examination when they need it.	

			Instructions for how to set up the Near Me video call were described as 'complicated' for those who don't have English as their first language, with one patient commenting "Connection instructions needs simplified and produced in different languages." Additional suggestions on how we can shape and improve the use of Near Me in the future that would merit further consideration by Near Me service leads and the Virtual Patient Management Group include: Improve accessibility issues for patients who require an interpreter or other communication support Provide information and support for patients prior to and during their virtual consultation Increase the use of Near Me across different specialities Ensure staff have access to the technology and equipment required to deliver Near Me appointments effectively Explore how Near Me could be better utilised for certain stages of a patient's clinical journey. For example; follow up and aftercare The views and experiences of patients captured during this engagement demonstrate that a person centred approach is required when using Near Me, with services needing to take into account each individual's needs and preferences,	

			clinical condition and support needs when offering a virtual consultation. It is also fundamental for patients to have a choice in how they wish to access their healthcare appointments and that Near Me should be offered in addition to other methods. The results of a national survey are also available and provide similar points regarding use of Near Me to access health services. Formal feedback will be through the Board's complaints process Informal feedback from patients who have issued messages to the service.	

		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	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	Virtual patient management service will reduce the burden of travel for patients who can attend from their home or workplace without having to attend in person at an outpatient clinic.	

	show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation X 2) Promote equality of opportunity X 3) Foster good relations between protected characteristics☐ 4) Not applicable☐	the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).		
		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?**	***Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied***	Information has been communicated to staff involved in virtual patient management at department level and via Core Brief for all staff. Communication issues in the service (see also the race and disability sections): On appointment patients will be advised of what to expect when attending their appointment whether face to face, video or telephone.	

	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 X** **2) Promote equality of opportunity X** **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐ **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**	***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 victimisation and promote equality of opportunity).***	The repeat survey will ask about any issues with using virtual systems.	

	show how the service review or policy has taken note of this.			
7	Protected Characteristic		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	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 (tick relevant boxes). 1) Remove discrimination, harassment and victimisation X 2) Promote equality of opportunity X 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐		Older people with a communication barrier e.g. hearing impairment or age-related dementia may have more difficulty using this service. Involvement of carers should be written in to the communication plan and included in the patient's record. Some older people may not be able to use virtual appointing systems due to lack of technology or ability to use technology. In the consultation work on Near Me there was a slight reduction in support for video consultation in older age groups. This service change may positively impact on older patients who may have reduced mobility or are frail where travel can be difficult as there will not be a need to travel and the infection risk will be reduced.	Include carer details in the patient record where required

(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 X 2) Promote equality of opportunity X 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	Near Me could be difficult to access for people with some disabilities, such as sensory impairments and learning disabilities. This service change may positively impact on some disabled patients who may have reduced mobility where travel can be difficult as there will not be a need to travel and the infection risk will be reduced. Some people with autism may be impacted positively by the service change enabling people to access from home rather than wait in an environment which could be detrimental to their well-being. Initial access by telephone and video appointments could be more difficult to access for some disabled people. Telephone is a particular issue for people with a hearing loss or other communication issues. Those with a hearing loss may benefit from a video appointment as being able to see the person speaking would help understanding. Access by telephone and video appointments may also be more difficult for people with learning disabilities and visual impaired people. Disabled people experience high levels of digital exclusion. Disabled people are more likely to	Additional needs recording should indicate whether telephone or video calls would be better for individual patients

		experience poverty as a consequence of their disability and may not have access to internet or devices. Deaf / BSL users can access the telephone service through contact Scotland and can use Near Me appointments with an interpreter. Some older BSL users however may not have access to the technology needed to use contact Scotland or video appointments.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	Gender Identity Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity? 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 X 2) Promote equality of opportunity X 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	Virtual patient management is unlikely to have a disproportionate impact on people with the protected characteristic of gender identity, in fact some aspects such as Near Me may be preferred.	

	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 (tick relevant boxes). 1) Remove discrimination, harassment and victimisation X 2) Promote equality of opportunity X 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	Virtual patient management is unlikely to affect the protected characteristics of marriage and civil partnership	
(e)	Pregnancy and Maternity Could the service change or policy have a disproportionate impact on the people with	Virtual patient management is unlikely to have a disproportionate impact on people with the protected characteristics of pregnancy and maternity. Near Me may be preferred as	

	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 X 2) Promote equality of opportunity X 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	consultations can be from home or the workplace. A safe private space for consultations will be required. Face to face consultations will be required for some appointments during pregnancy and maternity.	
	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 X 2) Promote equality of opportunity X 3) Foster good relations between protected	Virtual patient management may have a disproportionate impact on people with the protected characteristics of race, particularly for those whose first language is not English. People who do not speak English as a first language are likely to have difficulty with receiving accurate information about how to access the new service and with their initial telephone contact with the service. NHSGGC has more than 80 spoken languages in our patient population. Access to interpreting and translated information is necessary to ensure	F2F consultation if required. Access to interpreting and translated information in the usual ways through health records information sent to patients and access to interpreter or communication support.

	characteristics X 4) Not applicable ☐	equitable access to all services. Systems are in place in GGC Current feedback from Test and Protect GGC has highlighted significant gaps in knowledge from some patient whose first language is not English in terms of basic COVID prevention information. Information sent to patients by the health records department includes how to access information in other languages. Staff would access an interpreter in the normal way for patients requiring communication support through the GGC interpreting service for a Near Me appointment and our telephone interpreting provider – Capita for a telephone appointment. This is possible for telephone and video appointments as for face to face.	
(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	Virtual patient management is unlikely to have a disproportionate impact on people with the protected characteristics of religion and belief.	

	victimisation X 2) Promote equality of opportunity X 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 X 2) Promote equality of opportunity X 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	Virtual patient management may have a disproportionate impact on people experiencing domestic violence which affects women more than men. A safe private space for consultation is required. Face to face consultations will remain an option and individuals should be able to request this and to alert staff that it may not be a suitable time to talk.	F2F consultation if staff suspect any issues requiring a private space for the consultation. Staff awareness will help with this.
(i)	Sexual Orientation	Virtual patient management is unlikely to have a	

	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 X 2) Promote equality of opportunity X 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	disproportionate impact on people with the protected characteristics of sexual orientation.	
	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 the 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	There could be more difficulties in engaging with virtual patient management for some people with lower socio economic status and social class. Some people in these groups may not have easy access to a phone or the apps needed for video consultation as this requires money for an account, electricity for charging and WiFi. Telephone and video appointments would avoid the need for travel to appointments. NHS24 is a	F2F consultation if required.

	consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage in strategic planning. You should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.	free number. It would be possible to provide telephone and video in local centres for people; however this is more difficult in the current Covid-19 situation.	
(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?	There could be more difficulties in engaging with Near Me for some people experiencing homelessness who may not have money for a phone, electricity for charging or a suitable private place or technology to use for virtual consultations. Asylum Seekers with no resource to public money may not be able to access money for a phone, electricity for charging or a suitable place or technology to use for virtual consultations. Gypsy Travellers may not have money for a phone, electricity for charging or a suitable place or technology to use for virtual consultations. It would be possible to provide telephone and video in hostels and local centres for people; however this is more difficult in the current Covid-19 situation. The police would also offer use of a phone in an urgent situation.	F2F consultation if required.
8.	Does the service change or policy development include an element of cost	Virtual patient management requires fewer face to face appointments in clinics and will reduce	

	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). 1) Remove discrimination, harassment and victimisation X 2) Promote equality of opportunity X 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	travel costs for patients, however this is not driven by cost savings. The change to service is driven by the Covid 19 pandemic and patient safety.	
		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.	All GGC staff are required to complete learning programmes covering equality, diversity and human rights and current compliance is over 90%.	

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 ofdefaultDataPlaceholder**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* .**

*

- **F**acts: What is the experience of the individuals involved and what are the important facts to understand?
- **A**nalyse rights: Develop an analysis of the human rights at stake
- **I**dentify responsibilities: Identify what needs to be done and who is responsible for doing it
- **R**eview 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)

X Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)

☐ Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

☐ Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)
Face to face consultations will remain an option for people who have difficulty with virtual consultations.	31/7/21	AM
Access to interpreting and translated information for patients who need this for VPM.	31/7/21	AM
Include carer details in the patient record where required.	31/7/21	AM
Include in additional needs recording whether telephone or video calls would be better for individual patients.	31/7/21	AM
Staff awareness is required to ensure that individuals have a safe private space for the virtual consultation.	31/7/21	AM
Review of disaggregated data including surveys of patient and staff experience – annual snapshot.	31/7/22	AM/ EHRT/ PEPI
Review of data available on Trakcare	31/7/21	AM

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

31/07/2021

Lead Reviewer:	Name	Ali Marshall
EQIA Sign Off:	Job Title	Planning Manager, Corporate Planning
	Signature	Ali Marshall
	Date	5/3/21
Quality Assurance Sign Off:	Name	Noreen Shields
Job Title	Planning and Development Manager, Equalities and Human rights team	
	Signature	Noreen Shields
	Date	5/3/21

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

Appendices

Appendix 1. Near Me Views and Experiences – Online Survey Report

Near Me views and experiences - Online

Appendix 2. Near Me Stakeholder Evaluation Summary Report

Near Me Stakeholder Evaluat

Appendix 3. Near Me National Public Engagement Summary

Near Me National public engagement su