

S 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:

Travel Vaccination Provision

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

From April 2022 General Practitioners will no longer deliver travel vaccinations to their patients as part of the proposed changes in the Vaccine Transformation Programme (VTP). Announced in early 2017, the VTP, as part of the wider Primary Care Transformation Programme (PCTP), aims to ensure the health of the Scottish public through the modernisation of the delivery of all vaccination programmes, empowering local decision making and supporting the transformation of the role of the General Practitioner. It recognises the need to modernise and empower Health Boards/Health and Social Care Partnerships (HSCPs) to deliver all vaccination programmes including travel health.

On 2nd August 2021 an updated Memorandum of Understanding (MoU) 2

(GMS Contract Implementation for Primary Care Improvement – Agreement between Scottish Government, British Medical Association (BMA), Integration Authorities (IAs) and NHS Boards) was issued. This stated that:

“The Travel Health sub-group will be reconvened to develop a Once for Scotland solution with substantial input from local areas, particularly on delivery of travel vaccinations. This solution will be determined by October 2021 and put in place by April 2022. This will also be covered by transitional arrangements in the regulations.

GPs will retain responsibility for providing travel advice to patients where their clinical condition requires individual consideration. “

Travel risk assessments, advice and vaccinations (if required) are provided to reduce the risk of transmission of diseases amongst patients and their families including children travelling to countries where these diseases are still prevalent, to contribute to the protection of individuals who may have a suboptimal response to their own immunisations, or to avoid disruption to services that provide their care. The

four vaccinations provided by the NHS and included in this service offering are Revaxis, Hepatitis A, Typhoid and Cholera.

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

The objective of the NHS Greater Glasgow and Clyde Travel Health Service is to provide a “one-stop” patient-centred, comprehensive, consistent and accessible travel advice and vaccination service for patients.

The Service is available to all travellers who require advice and / or vaccinations for travelling to a destination considered at risk of tropical disease. This service includes the provision of vaccinations to children. More generic advice on travel can be sought on line for those patients who have IT access and literacy.

Travel Vaccinations provided by the NHS will be available, as required, to eligible patients under the terms of the NHSGGC Patient Group Directions (PGD's) for Hepatitis A, Typhoid, Cholera and Revaxis.

The vaccinations specified in the Scottish Statement of Financial Entitlements (SFE) or subsequent legislation must be provided as free to the traveller as part of NHS provision. The vaccinations or oral medication listed in the SFE will be subject to subsequent legislation.

The vaccinations or oral medication not listed in the SFE, but otherwise indicated as appropriate in the provision of travel health prophylaxis, will be charged for as a private prescription

Treatment offered must not be restricted to that available on the NHS, but should include that which would incur a fee payable by the traveller, e.g. for malaria, rabies, yellow fever, Japanese Encephalitis Meningitis ACWY, Hepatitis B and tick-born encephalitis. The aim is to provide a complete travel advice service that incorporates those elements available on the NHS with the opportunity to access and pay for those not available through the NHS. It is important to also note the provision of extended opening hours, including Saturdays, as the commissioners have tried to maximise opportunities allowing everyone to access the service which previously did not routinely offer Saturday appointments. This was not routinely available under previous provision.

The Provider will be responsible for the provision of immunisation advice (both written and verbal) to the patient and / or parent / guardian of a

child.

The providers for NHS GGC went through a competitive tendering process and were appointed accordingly:
The contract will be split into geographical lots as follows:

Lot 1	Glasgow North East	City Doc
Lot 2	Glasgow North West	Emcare
Lot 3	Glasgow South	City Doc
Lot 4	Inverclyde	City Doc
Lot 5	Renfrewshire	City Doc
Lot 6	East Renfrewshire	City Doc
Lot 7	East Dunbartonshire	City Doc
Lot 8	West Dunbartonshire	City Doc

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.)

It is a required of boards as part of the new Scottish GP Contract to provide access to travel vaccinations. Therefore NHS GGC appointed two providers City Doc and Emcare following a competitive tendering process. The tendering process included adhering to the Equality Act 2010. It was deemed good practice that as a new service an EQIA should be undertaken

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: Jane Beresford	Date of Lead Reviewer Training: 2010
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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):

Margaret Fender
Alan Harrison
Carolyn MacInnes
Michelle Roberts
Aileen Begley
Susan Middleton

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>1. What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>Both Services currently collect age, sex, pregnancy and maternity and disability (e.g. long term condition which may impact on vaccines given)</p> <p>This Service provides four travel vaccinations that are available on the NHS – Typhoid, Hep A, Cholera, DTP. Additional vaccinations are available privately at a cost to the individual either from the providers appointed or a provider of the individual’s choosing. This is not new and has always been the case</p>	<p>Collection of Race required</p>
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>2. Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p><i>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</i></p>	<p>Currently age, sex and pregnancy and maternity are routinely collected. Whilst race is not currently collected it will be as soon as the Vaccine Management Tool (VMT) goes live for travel vaccinations.</p> <ul style="list-style-type: none"> - Using the model that Equality and Human Right Team had developed for COVID. - Learning from the COVID work that we have done and how we would ensure that marginalized groups are aware of travel health service 	<p>Consider outreach to our BME communities to make them aware of the service</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>result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<ul style="list-style-type: none"> - Using interpreting services - Using manual pulled before the new travel health providers started by JB - We need a flexibility to ensure we meet everybody's needs eg. To provide urgent appointment for someone who needs to go abroad for family emergency. - 	
	<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>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected <input type="checkbox"/></p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and</i></p>	<p>There is research from PHS on Vaccine uptake related to Covid. There is learning from getting messages to key communities in NHS GGC as part of Covid</p> <p>All GP Practices have information on the new Service also and there is information on the NHS GGC website.</p> <p>Travel Health previously sat as part of the GP contract and there has been no research regarding experience of equality groups. This is a self-select service if you are travelling abroad and does not require a referral.</p>	<p>Possible outreach work to key communities to inform them of the service</p>

	<p>characteristics</p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p><i>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?</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 checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>
<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>As this is a new service, no work has been undertaken with regard to a service review. The service previously sat within the GP contract and any review would have been done by individual practices</p> <p>There is a plan at 6 months to undertake a mini clinical audit with the Brownlee to ensure learning is applied to practice. This could also be extended to equality groups.</p>	<p>Consider outreach to communities to inform of service</p>		

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>Both Services have premises which are accessible including a lift as well as parking at or near premises. Clients have a choice as to which clinic they attend. E.g. You can live in Kirkintilloch but attend the clinic in North East if that is more convenient.</p> <p>All consultations are done in private rooms with wheelchair access</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>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</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 City Doc and Emcare. Both Services have been given information on how to use telephone interpreting with clients. Services have been informed that using relatives to interpret is not appropriate. Where the client insists on this it should be recorded in the patient's notes. Written information is available in other languages on request.</p> <p>Both providers are required to meet the requirements of the 2010 equality act as part of the tendering process.</p> <p>6 month review of interpreting service use will be included as part of the 6 month contract review</p>	

	review or policy has taken note of this.			
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Age is collected routinely as age influences particularly where children are concerned the dose and vaccine that may be given.</p> <p>There are no age restrictions to accessing this service.</p>		
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected</p>	<p>All service premises are accessible for those with a disability including wheelchair access. Where there are stairs a lift is provided. All consultations are done within a private consulting room to ensure confidentiality and are wheelchair accessible.</p>		

	<p>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>Both providers are required to meet the duties of the 2010 equality act as part of the tendering process and this would extend to providing BSL communication support for Deaf service users and working with carers where required.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(c)</p>	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>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 service change should not have any disproportionate impact.</p>	

	4) Not applicable <input type="checkbox"/>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>This data is not routinely collected. The service change should not have any disproportionate impact.</p>	
(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the</p>	<p>The service change should not have any impact. This data is collected for clinical safety reasons due to some vaccines not being recommended during pregnancy.</p>	

	<p>General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The service will be in a different location from GPs and therefore communication about locations of services is important and outreach work will help to address this.</p> <p>Race is not routinely collected at present due to the delay in the VMT being available. As soon as this goes live then race data will be routinely collected. This is expected in July 2022</p>	
(g)	<p>Religion and Belief</p>	<p>This data is not routinely collected and should not have a</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>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.</p> <p>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>
<p>(h)</p>	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected <input checked="" type="checkbox"/></p>	<p>Data on sex is routinely collected. Sex should not have any impact on access to the service</p> <p>Both Providers have safeguarding policies in place to protect children from exploitation and abuse E.g. Forced Marriage</p> <p>Both providers have been given the contact details for NHS GGC Child protection teams and Adult protection teams and the referral routes</p>	

	<p>characteristics.</p> <p>4) Not applicable <input type="checkbox"/></p>		
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>The service should not have any disproportionate impact on people with the protected characteristic of sexual orientation. This data is not routinely collected. A client may choose to self-disclose.</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</p>	<p>Post code data is routinely collated as part of this service. This is due to the fact that the services are delivered via HSCP for charging processes. Clients will have the opportunity to attend the service closest or most suitable for them.</p> <p>Contract holders offer other chargeable services e.g. private vaccinations not available on the NHS which they can offer to NHS patients. However, NHS patients do not have to receive</p>	

<p>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-economic disadvantage experienced disproportionately according to sex, race, 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? ‘Making Fair Financial Decisions’ 	<p>these from the providers and can go elsewhere for those</p>	
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	<p>(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.</p> <p>We have discussed prisoners and consider they would not require to access the service as they do not have freedom of movement.</p> <p>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>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>No cost savings have been made. Data from 2018 has been used to potentially estimate the demand on the service but as travel has been restricted over the last 2 years due to the pandemic it is difficult to estimate the demand for this financial year.</p> <p>Processes in place for clinical incidents using yellow card system as well as local reporting system (currently used by our community pharmacies)</p> <p> Medication Incident iForm - April 2022.pd</p>	

		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.	Service Provider's have access to all the Turas E Learning Modules. They have completed the immunisation e learning modules, anaphylaxis, cold chain and TREC Training as required as a minimum by Scottish Government. In addition Interpreting/BSL Services have been available to service providers. All providers as part of the tendering process have to meet the requirements of the Equality Act 2010	

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. Both providers have human rights, person centred care, equality and diversity, modern slavery statements, equal opps policies, statements and training for staff. Evidence of these were provided as part of the tendering process.

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* .

*

- **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.

Pathways in place for interpreting services, adult and child protection, cold chain and other service requirements. These were supplied to our service providers as part of the tendering process

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)
Depends on national development timeline	
Nov 22	JB
Oct 22	JB

- Monitor date for implementation of VMT recording
- Outreach to communities
- Learning session on equalities as part of clinical review

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

November 2022

Lead Reviewer:

Name : Jane Beresford

EQIA Sign Off:

Job Title: Programme Manager: Vaccinations

Signature

Date 23/05/2022

Quality Assurance Sign Off:

Name Alastair Low

Job Title Planning and Development Manager

Signature Alastair Low

Date 16/09/22

**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