

NHS Greater Glasgow & Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in 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 ggc.equality.team@nhs.scot for further details or call 0141 201 4874.

**Name of Policy/Service Review/Service Development/Service Redesign/New Service:
Advance Nurse Practitioner - Urgent Care Service in Care Homes**

Please tick the relevant box:-

- Current Service
- Service Development
- Service Redesign
- New Service
- New Policy
- Policy Review

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Description of the service & rationale for selection for EQIA. (Please state if this is part of a service-wide consideration 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.

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 Care Home Advanced Nurse Practitioner (ANP) team focuses on managing acute on-the-day presentations and referrals in Glasgow City Health and Social Care Partnership (HSCP) Residential Care Homes. Aligned with the Primary Care Improvement Plan (PCIP), the team review Care Home residents, to reduce the number of people referred to general practices. We currently cover five HSCP care homes. The team have an established handover system with Hospital at Home team, who provide service provision through call to convey service at weekends, to ensure continuity of care for care home residents.

As part of ongoing service development of our existing service, it would be beneficial for this service to reflect on its reach, performance and consider areas for improvement to enable equitable access to patients residing in the 5 HSCP Care Homes in Glasgow City HSCP.

The team require an EQIA to articulate how any proposed changes in service provision will meet the requirement to:

- Eliminating unlawful discrimination, harassment and victimisation
- Advancing equality of opportunity between groups of people with different protected characteristics
- Fostering good relations between these different groups

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: **Pauline Ward**

Date of Lead Reviewer Training: **7th August 2025**

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)

Pauline Ward - Professional Nurse Lead Advanced Practice – Older Peoples Service
Carolyn MacInnes – Primary Care Improvement and Development Manager

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 below any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.

Example: A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.

Service Evidence Provided:

Data is routinely collected using EMIS/Vision IT systems. This includes the patient's full name, address and CHI number.

When patients register with a GP practice, information is collated on age, disability, gender, pregnancy and maternity and ethnicity.

It doesn't include:

- Gender re-assignment
- Marriage and civil partnership
- Religion or belief
- Sexual orientation

Barriers to collecting the above data:

- The IT system used does not allow gathering of the other equalities data.
- Staff would need to search the patient records to gather the required information, that may or may not be available
- Time / staff required to manually gather the information

ANPs receive referrals of urgent care via care home staff, using the care home record which is collated separately from the GP IT system. This involves a telephone referral that includes whether an interpreter is required and notes the POA / Next of Kin details, if this as an adult with incapacity and provides an up-to-date medical history.

Possible negative impact and additional mitigating action required:

Data would need to be collected manually, impacting on the time staff have available for delivering urgent care.

A manual audit could be carried out over a set time.

The team would be dependent on the knowledge of the care home staff and what is saved within the GP IT systems, to gain the required information.

Options need to be explored to include the additional equalities information within new electronic patient system being scoped for future use within the service.

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. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Example

A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)

Service Evidence Provided:

The data captured is limited to those fields available on EMIS/Vision. Due to limitations of IT systems, the team is unable to collate data on all the protected characteristics.

ANPs working in urgent care are required to ensure consideration of equalities in all areas of service planning, development and implementation.

Referral criteria are based on patient presentation i.e. they have become acutely unwell.

Communication issues are clearly documented in the patients records with a note of preferred / effective communication methods, and whether the POA needs involved in decision making.

Disabilities are recorded in the patients records and any required adaptations noted.

All patients are treated in line with their individual requirements and wishes.

Possible negative impact and additional mitigating action required:

As this role is about acute and not chronic illness, health promotion leaflets are not used.

Verbal advice may be given to patients or carers unless the patient requires it to be written down.

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. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

While there are currently no specific examples of shared local equalities research and learning in practice, all ANPs engage in reflective practice. This ongoing reflection allows them to consider and address equality issues within their daily work, fostering continuous learning and improvement.

Scotland's disability rights are primarily governed by the UK-wide Equality Act 2010, which protects disabled people from discrimination in areas like employment, services, and education, defining disability as a long-term condition with substantial impact on daily activities.

The Equality Act covers nine protected characteristics, ensuring equal treatment and reasonable adjustments.

Care homes in Scotland operate under strict legal frameworks ensuring the rights, safety, and dignity of disabled residents, primarily guided by the Equality Act 2010, the Adults with Incapacity (Scotland) Act 2000, and the Adult Support and Protection (Scotland) Act 2007. These laws mandate care tailored to individual needs, preventing discrimination, protecting vulnerable adults, and upholding high care standards.

Possible negative impact and additional mitigating action required:

4. Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?

The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

The service supports care home residents who are complex and frail, the majority being moderately to severely frail. It is anticipated that an EQIA will have a positive impact for those accessing the service.

Engagement sessions have been held within the HSCP care homes – this was for care home staff, DNs and GPs, all providing care for this group of service users.

Regular communication and engagement with patients and/or POA ensuring informed consent and involvement in all decision making.

The service works closely with the Primary Care Improvement Team who carried out a large patient engagement project in 2022/2023. A finding was the need for patients / carers to have a clearer understanding of roles within Primary Care. Following this, the staff carried out some engagement with staff and carers within their 5 HSCP care homes to improve understanding of roles and referral pathways.

Following this, in 2025, the team produced a 7-minute briefing, informing health care professionals about the service in an easy-to-read format. In addition, a patient / carer information leaflet on the service was produced. Finally, a 2-minute video on the role of the ANP in Care homes has been produced, aimed at patients, families, carers and staff. These are available in different languages and formats, when required. The video has subtitles available, in differing languages.

If required, the team have access to the patient advocacy service. This hasn't been required to date, due to the urgent care nature of the service.

Possible negative impact and Additional Mitigating Action Required:

Could do a patient / family / carer evaluation of the service and include how this addresses the protected characteristics.

5. Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

Staff and service users have access to interpreting services and British Sign Language services as per HSCP / NHS GG&C Interpreting and Communication Support Policy.

Any additional communication support requirements are noted on the clinical record so needs can be met.

As many of this service's users have varying levels of cognitive decline, it is taken into consideration and the patients POA or carer assists as required.

Additionally, some service users have vision / hearing impairment. The staff have access to BSL interpreters and any visual aids that the care home uses for effective communication.

In 2025, the team produced a 7-minute briefing, informing health care professionals about the service in an easy-to-read format. In addition, a patient / carer information leaflet on the service is available. Finally, a 2-minute video on the role of the ANP in Care homes has been produced, aimed at patients, families, carers and staff. These are available in different languages and formats, when required. The video has subtitles available, in differing languages.

The service is physically accessible as all our service users reside in one of five HSCP care homes, that have been adapted to meet multiple disabilities e.g. wheelchair accessible, hoists, specialised beds, bathing aids, disabled toilets,

commodes, lifts etc are already in place. Patients are mainly seen in their rooms or if preferred, within a treatment room in the care home.

Possible negative impact and additional mitigating action required:

6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 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 show how the service review or policy has taken note of this.

Service Evidence Provided:

Staff and service users have access to interpretation services as per HSCP / NHS GG&C Interpreting and Communication Support Policy.

If a patient requires an interpreter, this is identified at the triage call and F2F or telephone interpreters get used.

In 2025, the team produced a 7-minute briefing, informing health care professionals about the service in an easy-to-read format. In addition, a patient / carer information leaflet on the service is available. Finally, a 2-minute video on the role of the ANP in Care homes has been produced, aimed at patients, families, carers and staff. These are available in different languages and formats, when required. The video has subtitles available, in differing languages.

If a patient uses visual aids for communication, these are supplied by the care home and can be used by the team.

The team are about to commence a 12-week pilot of the 'Near Me' system (video consultation services). This provides crucial advantages for disabled individuals, including improved access to healthcare and reduced physical exertion. These digital,

accessible platforms allow for remote consultations. This also means that the patients POA / family can join the consultation if desired.

Possible negative impact and additional mitigating action required :

Don't have a lot of need for interpreters or BSL within this service.

7. Protected Characteristic

(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).

If this decision is likely to impact on children and young people (below the age of 18) you will need to evidence how you have considered the General Principles of the United Nations Convention on the Rights of the Child. Please include this in Section 10 of the form.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided:

The Urgent Care service does not have a lower or upper age limit. It is available for all residents within HSCP care homes, regardless of age. Most of the service users are elderly.

All staff have completed the *Once for Scotland: Understanding, Equality, Diversity and Human Rights* on Learnpro.

This is an equality friendly service that helps treat patients in a timely manner, reduces GP input and prevent hospital admissions.

Possible negative impact and additional mitigating action 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. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided:

All the care homes are Disability Discrimination Act compliant. Our service is physically accessible as all our service users reside in HSCP care homes. They have been adapted to meet multiple disabilities e.g. wheelchair accessible, hoists, specialised beds, bathing aids, disabled toilets, commodes, lifts etc are already in place.

Staff are highly trained on working with patients who have cognitive impairment or mental health issues. Staff have attended training in Mental Health and disability awareness.

All staff have completed the

Learnpro have the following modules: *Once for Scotland: Understanding, Equality, Diversity and Human Rights*

Capacity and Consent Module GGC 117
Sensory impairment module GGC 179
Dementia and learning disability module GGC 222
Adults with incapacity GGC 024

This is an equality friendly service that helps treat patients in a timely manner, reduces GP input and prevents hospital admissions.

The team are about to commence a 12-week pilot of the 'Near Me' system (video consultation services). This provides crucial advantages for disabled individuals,

including improved access to healthcare and reduced physical exertion. These digital, accessible platforms allow for remote consultations. This also means that the patients POA / family can join the consultation if desired.

Possible negative impact and additional mitigating action required:

(c) Gender Reassignment

Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

ANPs are required to work within the legal framework protecting information sharing in relation to people with the protected characteristic of Gender Reassignment and would seek permissions to share information where appropriate.

All the ANPs have access to information regarding Gender Reassignment. Staff will use correct / preferred terms/pronouns when communication with or about the patient.

The nursing team are aware of issues relating to the CHI for transgender patients. This is not a protected characteristic the team have come across.

ANPs are registered with the NMC, working under The Code i.e. clearly defined professional standards of practice and behaviour for nurses that must be upheld in order to be registered to practise in the UK. [nmc-code.pdf](#)

All staff have completed the *Once for Scotland: Understanding, Equality, Diversity and Human Rights module* on Learnpro.

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. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

All patients are treated equally, with regards to their marriage or civil partnership status, as this does not affect how health care is delivered.

Staff will refer to patients using their preferred title. This is documented in the patient's records.

Possible negative impact and additional mitigating action required:

(e) Pregnancy and Maternity

Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

Patients who are pregnant or post-natal would not access this service, as it is for Care Home residents with acute presentation. If this was to occur, the patient would be under the care of maternity services.

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. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

Residents in care homes come from an increasingly diverse community.

There is a range of free awareness raising equality and diversity online training for health staff. Current available LearnPro (e-learning) Training modules for staff are:

- Once for Scotland: Understanding, Equality, Diversity and Human Rights
- Hate Crime

Specialist E&D training is available via TURAS.

All staff have completed the *Once for Scotland: Understanding, Equality, Diversity and Human Rights* module on Learnpro.

Possible negative impact and additional mitigating action required:

(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. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided:

Staff are aware of cultural and religious differences and are accustomed to asking patients their preferences if their cultural beliefs may have an impact on how they use/receive the service. An example of this being ensuring a female Muslim patient has the option of a female interpreter.

During Ramadan, staff consider the patients' needs regarding food, fluids and medications.

If a patient is not comfortable with a female nurse, the team can pass the care over to a male GP, as no male ANPs are in the team at present.

All staff have completed the *Once for Scotland: Understanding, Equality, Diversity and Human Rights* module on Learnpro.

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. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

Urgent Care service is available for all residents within HSCP care homes, regardless of sex.

All staff have completed the *Once for Scotland: Understanding, Equality, Diversity and Human Rights* module on Learnpro.

Possible negative impact and additional mitigating action required:

(i) Sexual Orientation

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. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided:

Urgent Care service is available for all residents within HSCP care homes, regardless of sexual orientation. This doesn't not impact on urgent care delivered.

All staff have completed the *Once for Scotland: Understanding, Equality, Diversity and Human Rights* module on Learnpro.

Possible negative impact and additional mitigating action required:

(j) Socio – Economic Status & Social Class

Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?

In addition to the above, if this constitutes a 'strategic decision' you should evidence below due regard to meeting the requirements of the Fairer Scotland Duty (2018). Public bodies in Scotland must actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions and complete a separate assessment. Additional information available from the [Fairer Scotland Duty: guidance for public bodies - gov.scot](#)

Service Evidence Provided:

All service users reside in a HSCP Care home, that supplies regular nutritious food, heat and a safe environment.

Patients' backgrounds will vary – some coming from low economic status and social class.

All HSCP homes sit in areas of high deprivation. Patients residing in the homes may come from varying areas across Glasgow City and therefore a background of varying socio-economic status and social class.

All staff have completed the *Once for Scotland: Understanding, Equality, Diversity and Human Rights* module on Learnpro.

Possible negative impact and additional mitigating action required:

(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?

Service Evidence Provided:

This is not relevant as all service users are in long term care receiving urgent health care.

All staff have completed the *Once for Scotland: Understanding, Equality, Diversity and Human Rights* module on Learnpro.

Possible negative impact and additional mitigating action required:

8. Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

Budgets are set to reflect the funding for 2025-26 and awaiting 2026-27, and anticipated funding for future years. This defines the number of staff employed to work in the team, thus creating limitations to delivery of the service.

The staff triage every referral received to assess the level of urgency for a visit. This is not defined by cost savings.

We do not expect the savings from the HSCP budget will impact equalities groups disproportionately.

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 below recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.

Service Evidence Provided:

All staff have completed mandatory learnpro module '*Once for Scotland: Understanding, Equality, Diversity and Human Rights*'

Possible negative impact and additional mitigating action required:

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 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.

- Funding is permanent for this service, although it is defined on a year-to-year basis.
- Recruitment of staff can be difficult
- A few years ago, the team had a concern regarding the turnover of staff. Since creating a new model including increased clinical support and a new management system, retention of staff has vastly improved.
- There is a risk of reduced clinical support to the staff – this originally was a concern and caused retention of staff issues. The team now have a Clinical Director supporting them.
- A few GP practices have declined access to the ANPs to the IT systems, meaning their patients can't access the ANP service and are therefore see their GP instead. This is out with the team's control.
- This is a small team of 6/7 staff. If sickness occurs, the minimum staffing level is 3 ANPs and a business continuity plan is in place.

Please explain 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* (see below).

PANEL principles were used as part of this Advance Nurse Practitioner / Urgent Care Service in Care Homes EQIA to ensure this service take a human rights-based approach with a focus on responding to and tackling inequality.

Participation- The ANP / Urgent Care Service seeks active participation and engagement of staff, patients and service users through direct engagement and planned service evaluation. Improved patient experience of primary care by protected characteristics and by those experiencing poverty is

Accountability- A dedicated equalities assessment of the ANP service is now being undertaken and will be reviewed on a six-monthly basis. As one of the PCIP funded workstreams, a progress report is also provided on equality outcomes and actions every six months.

Non-discrimination – the ANP service is open to all living in a Glasgow City HSCP care home setting.

Equality/Empowerment- The ANP service seeks to promote equality and equity within Glasgow City. The ANP is a funded service by the HSCP and benefits from the HSCP's commitment to commission and utilise research reports to raise awareness, plan, resource and act on the significant health inequality challenges for the city.

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

*FAIR is an acronym for the following -

- **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.

[11.](#) The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 came into force on the 16th July 2024. All public bodies may choose to evidence consideration of the possible impact of decisions on the rights of children (up to the age of 18). Evidence should be included below in relation to the General Principles of the Act. Go to the [full list of articles](#) to be considered for further information.

No Discrimination: Where the decision may have an impact, explain how the EQIA has considered discrimination on the grounds of protected characteristics for children. You may have considered children in each of the EQIA sections and returned relevant evidence.

Best Interests of the child: Where the decision may have an impact, explain how the EQIA has evaluated possible negative, positive or neutral impacts on children. You may find that options considered need to be reframed against the best possible outcome for children.

Life, survival and development: Where the decision may have an impact, explain how the EQIA has considered a child's right to health and more holistic development opportunities.

Respect of children's views: Where the decision may have an impact, explain how the views of children have been sought and responded to. You need to consider what steps were taken in Q4 in relation to this.

Having completed the EQIA template, please tick the relevant box that you, the 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: Full mitigation of identified risk not made, decision to continue without objective justification (Lead Reviewer to provide explanatory note here)

Option 5: 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)

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 space 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 sections completed above, please summarise the actions this service will be taking forward or tick the box next to 'No Actions Identified'

- a patient / family / carer evaluation of the service and include how this addresses the protected characteristics.
- Near Me review after 3-month pilot

No actions identified

Date for completion Lead ANP once in post
Approx Jan / Feb 2027

Who is responsible? PW and Gareth Williams

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

Lead Reviewer:

Name Pauline Ward

Job Title **Professional Nurse Lead Advanced Practice, Older People's services**

Signature *Pauline Ward*

Date **11/5/26**

Quality Assurance Sign Off:

Name Alastair Low

Job Title manager

Signature Alastair Low

Date 11/05/2026

Where unmitigated risk has been identified in this assessment, responsibility for appropriate follow-up actions sits with the Lead Reviewer and the associated delivery partner.

NHS Greater Glasgow & 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

Action:

Status:

Completed

Date

Initials

Action:

Status:

Completed

Date

Initials

Action:

Status:

Completed

Date

Initials

Action:

Status:

Completed

Date

Initials

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

Action:

Reason:

To be completed by

Date

Initials

Action:

Reason:

To be completed by

Date

Initials

Please detail any new actions required since completing the original EQIA and reasons:

Action:

Reason:

To be completed by

Date

Initials

Action:

Reason:

To be completed by

Date

Initials

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@nhs.scot