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NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool

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

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

Post Diagnostic Support Workers

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).

This EQIA aligns with the IJB Financial Allocations and Budgets 2025-26 paper, being presented to IJB members in March 2025.

Alzheimer's Scotland (AS) are currently commissioned by Glasgow HSCP to provide Post Diagnostic Support (PDS) following a dementia diagnosis. Post diagnostic support is guided by the Dementia 5 pillars model, noted below

- Planning for future care
- Planning for future decision making
- Peer support
- Understanding the illness and managing the symptoms
- Supporting community connections

[Five Pillars Model of Post Diagnostic Support | Alzheimer Scotland](#)

Post diagnostic support for a year post diagnosis, is a Scottish Government commitment and realised through Local Delivery Plans. This links to the Scottish Government Mental Health and Dementia Strategy "Everyone's Story".

[New dementia strategy for Scotland: Everyone's Story - gov.scot](#)

Currently Alzheimer's Scotland employ 15.4 wte workers to deliver this within Glasgow HSCP. 6 wte staff are retained on permanent contracts. 9.4 wte staff are on temporary contract due to end March 2025. This proposal would be no longer retain these temporary PDS workers into next financial year. 6 wte will be retained on a permanent contract.

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PDS would continue to be delivered by the existing PDS Link Worker model and will be supported via increased input and collaboration from mental health staff within this HSCP. Primarily this will be the Community Older People Mental Health teams, in line with business as usual. PDS will move from entirely one to one intervention to incorporate more group work supported within HSCP buildings by both HSCP and AS staff working in collaboration.

Further collaboration between HSCP will be required to monitor waiting lists, adhere to the NHS 'referral to treatment' standard of 18 weeks, and prioritise patient need.

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: Elizabeth Lochrie	Date of Lead Reviewer Training:
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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):

Carol Boddie- Service Manager, Older People and Primary care (inclusion as PDS Lead for Glasgow City HSCP)
Lynn Haughey- Change and Development Manager, Older People Planning Team

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		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	<p>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>Alzheimer's Scotland collects protected characteristic data where it is necessary to provide person centred care and support.</p>	<p>Data collection will continue as per current practice</p>
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	<p>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</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</i></p>	<p>Data collected has driven service delivery An example off this is the recent work around translation of leaflets into 6 different most prevalently used languages for the post diagnostic support service information.</p>	

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	<p>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 type="checkbox"/></p>	<p><i>promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>		
	<p><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 <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.</i></p>	<p>Post diagnostic support for a year post diagnosis is a Scottish Government commitment. This is inked to the Scottish Government Mental Health and Dementia Strategy ‘Everyone’s Story’</p> <p>New dementia strategy for Scotland: Everyone's Story - gov.scot</p>	

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	<p>opportunity</p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>(Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>		
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>4.</p>	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <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</i></p>	<p>Engagement will be required with Alzheimer’s Scotland in relation to future service provision</p> <p>Engagement has not been undertaken with service users to date however as the current provision will remain in place for existing service users on a needs led basis, thereby ensuring that existing service users should experience little to no change in their service delivery.</p> <p>In addition. Fortnightly PDS drop-in groups are running in Parkhead CMHT to support people on the PDS waiting list.</p> <p>Access to HSCP local day centres across the city to offer accessible PDS education and information groups, will be implemented</p> <p>Alzheimer’s Scotland regularly capture service user feedback. This is reported quarterly via contract management and includes qualitative data via case studies. The feedback is generally positive.</p>	

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	<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 type="checkbox"/></p>	<p><i>poverty for children in households at risk of low incomes.</i></p>	<p>Ongoing engagement with service users will continue as part of service delivery</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>5.</p>	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input 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><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>Service delivery tends to be face to face contact within patients home</p> <p>In addition. Fortnightly PDS drop-in groups running in Parkhead CMHT to support people on the PDS waiting list.</p> <p>Access to HSCP local day centres across the city to offer accessible PDS education/information groups will be implemented. These are bespoke buildings for Older People under previous GCHSCP strategy and therefore accessible and barrier free</p>	<p>The model will continue to be guided by the 5 pillars and delivered via a variety of method and, locations, including patients homes.</p>

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	4) Not applicable <input type="checkbox"/>			
	<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 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 type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British</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>Post Diagnostic Support Information leaflets have been translated and available in 6 different languages.</p> <p>Service users will have access to interpreters, translations and alternative formats in line with business as usual</p> <p>Contacts are made by Alzheimer Scotland Link Workers in the way that best meets service users needs, including</p> <ul style="list-style-type: none"> • Face to face meetings • Phone calls • Letters • Video Support Calls • Emails <p>Service users also experience</p> <ul style="list-style-type: none"> • Contact with other professionals • A 6 monthly review of their needs 	

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	<p>Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>																			
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required																	
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Due to the targeted nature of the condition the service is designed to assist, as per the population age data, Older people will be primarily affected by any change. Detail below is a capture of existing PDS patient age profile</p> <table border="1"> <tr> <td>Age:</td> <td><65</td> <td>65/69</td> <td>70/74</td> <td>75/79</td> <td>80/84</td> <td>85/89</td> <td>90+</td> </tr> <tr> <td></td> <td>11</td> <td>59</td> <td>100</td> <td>162</td> <td>156</td> <td>160</td> <td>55</td> </tr> </table>	Age:	<65	65/69	70/74	75/79	80/84	85/89	90+		11	59	100	162	156	160	55	<p>6 wte will be retained on a permanent contract.</p> <p>PDS would continue to be delivered by the existing PDS workers and will be supported with increase input and collaboration from mental health staff within this HSCP. Primarily the Community Older People Mental Health teams, in line with business as usual. PDS will move from entirely one to one visits to some group work supported within HSCP buildings by both HSCP and Alzheimer's Scotland staff working in collaboration. One to one support input will continue where it is more appropriate or preferred by the individual.</p>	
Age:	<65	65/69	70/74	75/79	80/84	85/89	90+													
	11	59	100	162	156	160	55													

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			Further collaboration between HSCP and Alzheimer's Scotland will be required to monitor waiting lists, adhere to 18 weeks target and prioritise patient need
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input 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 type="checkbox"/></p>	Due to the targeted nature of the condition the service is designed to assist, plus population age data ,Older People will be primarily affected. This is because service is targeted to people with a dementia diagnosis	<p>As above</p> <p>Contacts will continue to be made by Alzheimer Scotland Link Workers in the way that best meets service users needs, including</p> <ul style="list-style-type: none"> • Face to face meetings • Phone calls • Letters • Video Support Calls • Emails <p>Service users also experience</p> <ul style="list-style-type: none"> • Contact with other professionals • 6 monthly review of their needs
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p>	No impact anticipated	As above

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	<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 type="checkbox"/></p>		
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(d)</p>	<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>No impact anticipated</p>	<p>As above</p>

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	<p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></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 General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment <input type="checkbox"/> victimisation</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 type="checkbox"/></p>	<p>No impact anticipated</p>	<p>As above</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</p>	<p>No impact anticipated</p>	<p>As above</p> <p>Post Diagnostic Support Information leaflets have been translated and available in 6 different languages, this will continue.</p>

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	<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 type="checkbox"/></p>		<p>Service users will have access to interpreters, translations and alternative formats in line with business as usual</p>
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input 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 type="checkbox"/></p>	<p>No impact anticipated</p>	<p>As above</p>
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>

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<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 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 type="checkbox"/></p>	<p>The service profile indicates that more women are accessing the service.</p> <p>Women have a greater risk of developing dementia during their lifetime. In fact, around twice as many women have Alzheimer's disease compared to men. The main reason for this is because women live longer than men, and old age is the biggest risk factor for this disease.</p> <p>Population data shows that life expectancy of women in Glasgow is higher and therefore the likelihood of accessing service is also higher. https://glasgowcity.hscp.scot/performance-and-demographics.</p> <p>Specific data from current PDS 6 month data 266 MALE 437 FEMALE</p> <p>It is recognised that the majority of carer are women. This service includes support for carers.</p> <p>This will continue including onward referral for carers and liaison with other relevant HSCP Carers services On average 240 carer referrals are made annually</p>	<p>As above</p>
<p>(i)</p>	<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>No impact anticipated</p>	<p>As above</p>

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	<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 type="checkbox"/></p>		
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(j)</p>	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Seven useful questions to consider when seeking to</p>	<p>The service assists patients and their families to access any welfare support to which they are entitled This service will continue to provide benefits advice and referrals for more complex welfare support where appropriate</p>	<p>As above</p>

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	<p>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’ (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. 		
(k)	Other marginalised groups	No impact anticipated	As above

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	<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>		
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 type="checkbox"/></p>	<p>This EQIA aligns with the IJB Financial Allocations and Budgets 2025-26 paper, being presented to IJB members in March 2025.</p> <p>Currently Alzheimer's Scotland employ 15.4 wte workers to deliver this. 6 wte staff are retained on permanent contracts. 9.4 wte staff are on temporary contract due to end March 2025.</p> <p>Five Pillars Model of Post Diagnostic Support Alzheimer Scotland</p> <p>This proposal would be no longer retain the temporary PDS workers into next financial year. 6 wte will be retained on a permanent contract.</p> <p>PDS would continue to be delivered by the existing PDS Link Worker model and will be supported via increased input and collaboration from mental health staff within this HSCP. Primarily this will be the Community Older People Mental Health teams, in line with business as usual. PDS will move from entirely one to one intervention to incorporate more group work supported within HSCP buildings by both HSCP and AS staff working in collaboration.</p>	As above

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		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.	It is recognised AS are a specialist service to provide support for people with a dementia diagnosis. Relevant Statutory training as required is undertaken- eg Future Care Planning	Specialist support and training will continue.

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 anticipated impact on human rights

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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.

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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)

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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)
April 2025	

Engagement will be commenced with AS to advised of reduction in workforce in due course

Further collaboration between HSCP and AS will be required to monitor waiting lists, adhere to 18 weeks target and prioritise patient need.

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

**Lead Reviewer:
EQIA Sign Off:**

Name Elizabeth Lochrie
Job Title Interim Head of Service, North West Locality, Older People and Primary Care
Signature



Date 27/02/2025

Quality Assurance Sign Off:

Name
Job Title
Signature

Date

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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:			

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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