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:

Adult Autism Pathway

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).

Background - Introduction

The Adult Autism Team AAT has seen an unprecedented increase in referrals for people seeking assessment for Autism Spectrum Disorder (ASD) by a 570% increase in the last decade (260% in the last 2 years) There has been no accompanying increase in the staffing resource in that time, leading to a significant mismatch between demand and clinical capacity. This has led to an exponential increase in waiting times (see Table 1)

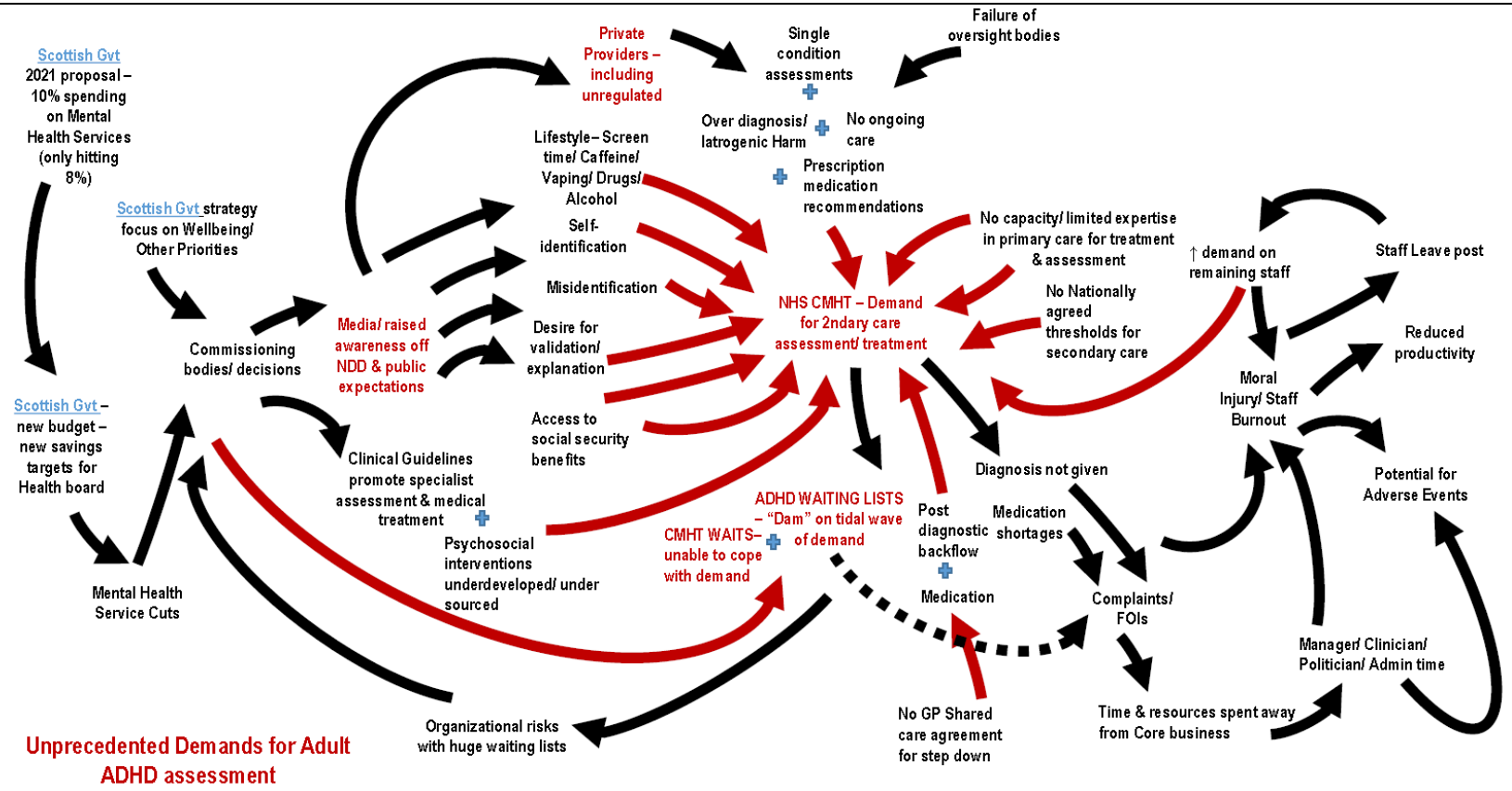
The Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028, dated 25 05 2023 states *"There has been a significant increase in demand for assessment for attention deficit hyperactivity disorder (ADHD) since 2018. This will require a review of the pathways for neurodevelopmental disorders (including Autism) and tie in with the neurodevelopmental specification for children and young people*."

In 2022, an NDD service (at that time costed at £1.5 million, it is anticipated that any new costings would be much higher due to ever increasing demand) was agreed in principle by the Mental Health Programme Board, which was contingent on the commissioning of third sector provision and development of a Shared care agreement with Primary Care to allow for a tiered treatment approach for individuals within a consultation, treatment and step down model. By November 2023, due to the changed financial landscape, funding was not available for the preferred option of an NDD service. Therefore what was hoped to be developed to support the Mental Health Strategy, is no longer possible.

The current scenario is underpinned by notable infrastructure and resource issues not just at secondary care level, but also at primary and G.P. level related to overwhelming new demand particularly for diagnostic assessment. It also needs to be noted that, in contrast to referrals for ADHD assessment referrals, the positive diagnostic outcomes (of ASD) is a significantly lower proportion of referrals, at around **25 %**

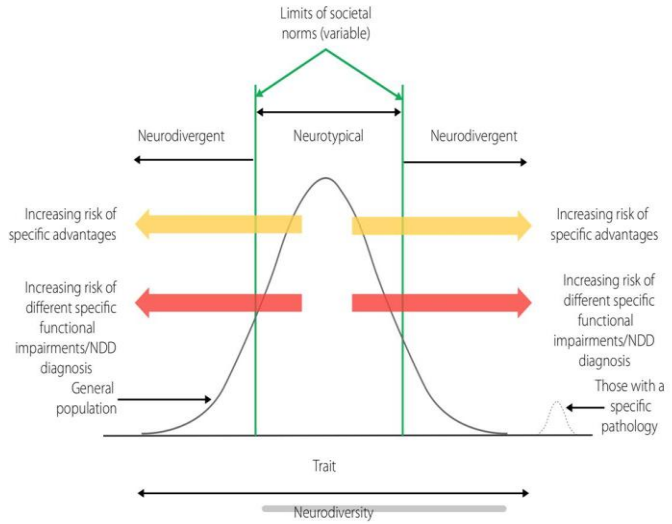
There are similar trends noted across not only NHS GG&C, but Scotland and the other devolved administrations in the United Kingdom. This links in to trying to understand the drivers of increasing demand for assessment for neurodevelopmental disorders which exist at a societal level, including increased awareness and social media coverage and access (See **Figure 1**below), but to a certain extent also require an understanding about the natural differences and divergences which occur in all of us as human beings (See **Figure 2**).

Figure 1:"Unprecedented demands for NDD" below highlighting the scale of the scenario in NHS GG&C. It can now be classified as one pocket of a National and International public health challenge fuelled by greater awareness, the influence of social media, and evolving societal attitudes towards neurodivergence.



Neurodivergence

Neurodivergence itself is a part of natural human diversity, and should not always be classified as pathological. The risk of overdiagnosis and misdiagnosis should also be noted as these can potentially be harmful. Approaches to assist individuals seeking care from services should span biopsychosocial and practical adjustments, but also a degree of psychoeducation and individual empowerment. This include helping individuals recognise not only their difficulties, but also their strengths and abilities. Please see **Figure 2**



While neurodivergence itself is not considered a protected characteristic, certain neurodivergent conditions under the Equality Act 2010[i] could meet the criteria for disability, if the condition itself it has had a long-term, substantial adverse effect on a person's ability to carry out normal day-to-day activities, which would meet the criteria for pathology. As noted above, not all those with neurodivergence will meet the threshold for pathology or significant impairment to functioning. The Learning Disabilities, Autism and Neurodivergence bill (LDAN)[ii] consultation report was published by The Scottish Parliament on 26.08.2024. It highlighted themes about the upcoming legislation which stated:

(1) *"It was felt that capacity issues (including funding, staffing and staff retention issues, training, and the general availability of services/facilities) would need to be addressed to ensure the proposals can be implemented in a meaningful way*[iii]*.*
(2) *"The status quo is not an option. It is not acceptable for our community to continue to face the discrimination and struggles that are sadly too commonly experienced by us all.*
(3) *"There must be accountability. We need a new mechanism to hold people and organisations to account and to uphold our rights. The form this takes will be informed by the responses to this public consultation".*
(4) *"People with lived experience must be included. For too long, decisions that impact us have been made without us. Once this proposed Bill passes into law, those with lived experience must have a significant role in its implementation and evaluation".*
(5) *Promotion of "inclusivity, understanding and acceptance" for those with Neurodivergence where there is awareness and understanding amongst employers in particular and the Social security system. "Clear information and guidance is available on the right to social security and how to apply, including for people without a formal diagnosis".*
(6) *"People without a formal diagnosis should know how the Bill applies to them"*

Waiting lists – Table 1

As at 29.06.2025, for ASD alone, the rate of incoming referrals board wide were c 40 per week. Waiting list numbers and waits are

summarised below.

Waiting list	No. of patients	Shortest- Longest wait
AAT	3202	2 weeks- 166 weeks 3.2 years

The "do nothing" option/ status quo

With current aligned resources if the status quo were to continue, projections are that by 2029, the ASD waiting list would sit with nearly 13000 people. There is a corporate risk that without more focussed waiting list validation and a rigorous re-examination and application of referral criteria (in the absence of a substantive service for NDD) individuals on the AAT diagnostic assessment waiting lists will have to wait many years for assessment. Current demand for diagnostic assessment has significantly eroded the AAT's ability to offer meaningful post diagnostic supports, which should be a core activity of the team. Regardless if referrals to the service were to be frozen it would take upwards of 10 year to clear the existing waiting list.

Extended waiting times for autism assessments pose significant risks and potential for harm, regardless of the eventual diagnostic outcome. For individuals who do meet criteria for Autism Spectrum Disorder (ASD), delays in assessment can result in prolonged periods without appropriate support? This can exacerbate existing difficulties and lead to secondary challenges such as:

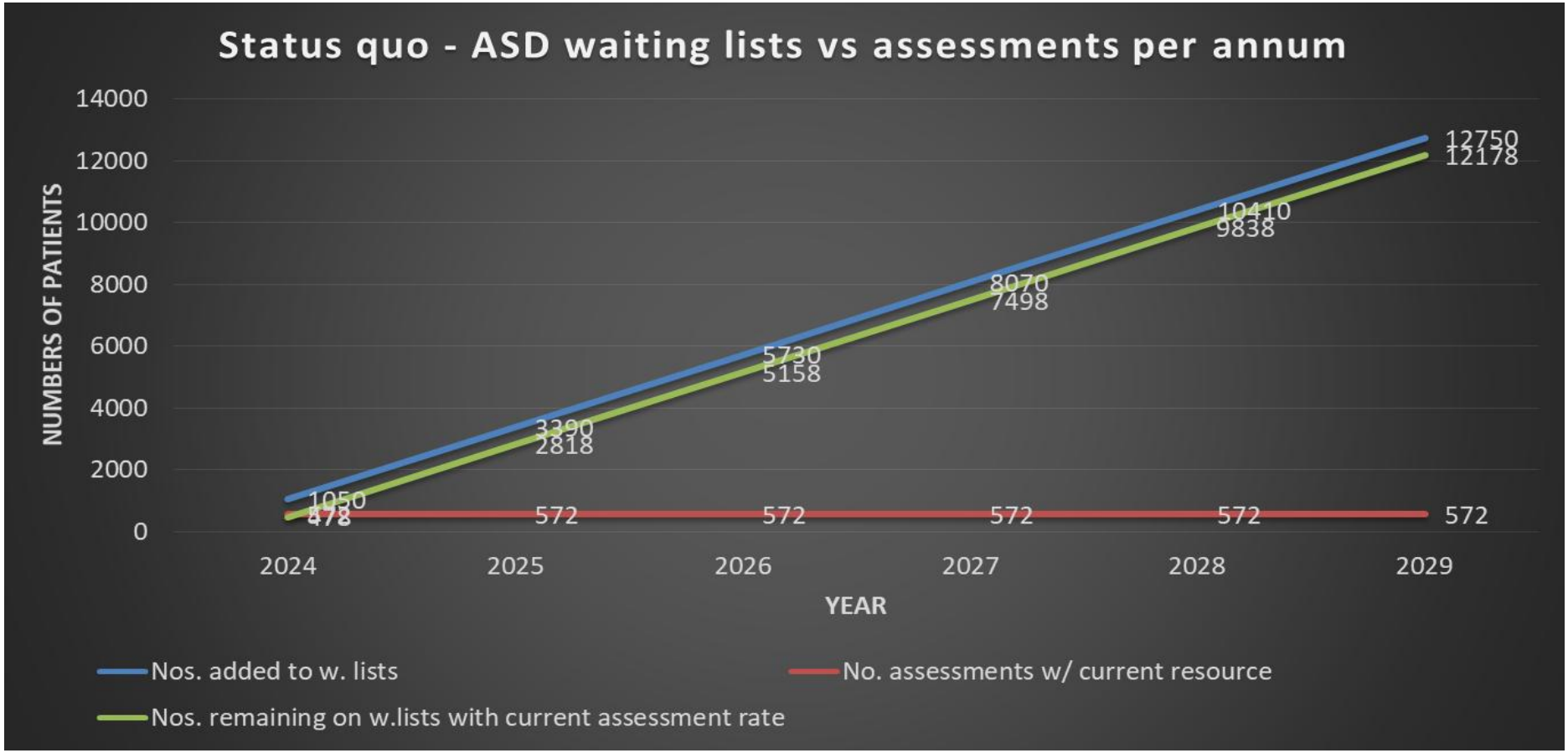
- Increased vulnerability to mental health issues (e.g., anxiety, depression)
- Deterioration in everyday functioning and quality of life
- Strain on families and support networks

For individuals who ultimately do not receive an ASD diagnosis, the consequences can be equally concerning. These individuals may have other underlying needs that remain unidentified and unsupported while awaiting assessment, leading to heightened risks. Furthermore, prolonged engagement with an inapposite diagnostic process can lead to:

- Heightened personal investment in an autistic identity
- Increased distress and confusion if the diagnosis is not confirmed
- Missed opportunities for timely intervention for more pertinent issues

In both scenarios, the longer the wait, the greater the potential for harm. Timely assessment is not only a matter of clinical efficiency—it is a matter of safeguarding wellbeing and ensuring that individuals receive appropriate support as early as possible.

See Figure 3, Projection graphs:



The status quo, underpinned by a lack of existing resource is significantly disadvantaging autistic people (and arguably those on the AAT's waiting list who will not meet the diagnostic threshold) but also creating false expectations of services for those seeking assessment for ASD who are sitting on lengthy waiting lists with increasing waiting times. There is no current scope to provide robust, timely, holistic etc. assessment and post diagnostic care for those seeking ASD assessment to a standard that staff feel is essential. There is also significant pressures and demands related to prioritising and expediting those with the most significant pathology, risks and functional impact.

The current autism assessment waiting list (WL) includes a significant proportion of individuals who may not present with any signs or symptoms of autism or are unlikely to meet the diagnostic threshold for Autism Spectrum Disorder (ASD). Many present with sub-clinical

symptomology or other conditions that would be better addressed through alternative pathways. Current data indicates that the majority of people referred to the AAT for diagnostic assessment will not meet the diagnostic threshold (around 70%). This misalignment results in inefficiencies and risks for both appropriate and inappropriate referrals

Proposals

With no funding to take forward the preferred option of a substantive NDD service previously agreed in principle by the Mental health programme board, the following proposals were escalated through all Mental health governance and leadership structures to Chief officers and the Corporate Management Team (CMT).

1: Reapplications of thresholds for Autism Spectrum Disorder (ASD) referrals from implementation date

The AAT is not intending to alter the current referral criteria, but to apply it more rigorously. This criteria requires evidence of :

- Social interaction difficulties across the lifespan
  and
- Social communication difficulties across the lifespan
  and
- Evidence of stereotypic (rigid and repetitive) behaviours, resistance to change and/or restricted interests across the lifespan
  and
- Significant detrimental impact on functioning in multiple domains and environments

By applying referral criteria more rigorously and implementing a robust triage process, the service can ensure that individuals on the WL are more likely to benefit from autism assessment. This will improve outcomes for those with ASD, reduce harm for those without, and enhance overall service efficiency.

3: Board wide agreement – it is recommended that validation and review of existing waiting lists be carried out within the framework described throughout this documentation

4: Waiting list All non-prioritised cases will undergo a review to determine whether they meet the core referral criteria. The review will be carried out by experienced clinicians who are members of the AAT. The review will focus on evidence of characteristic difficulties and differences in social communication, rigidity/repetitive behaviours, sensory sensitivities, and developmental history associated with evidence of significant impairments in multiple domains. Following the re-screening process, our clinicians may determine that some individuals do not meet the formal referral criteria. In such cases, they may be removed from the waiting list to allow the service to focus resources on those most likely to meet the diagnostic criteria and benefit from assessment. As above we will be unable to answer direct queries for individual

referrals for those on waiting lists during this time. Once the process is complete, individuals will receive an update about next steps regarding the original referral which will be copied to their General practitioner (GP) and, if different, the original referrer. Those who are not suitable for the autism pathway will, if appropriate, be redirected to more appropriate services earlier in their journey, reducing the risk of harm from misdiagnosis or delayed treatment. Ultimately, this approach will improve outcomes for individuals with ASD, minimise harm for those without, and enhance the overall efficiency and effectiveness of the service

The AAT currently utilises available data to identify whether additional supports or adaptations are required to communicate with someone referred to their service, including the use of interpreter services and alternate modes of communication, primarily the use of e-mail

5: Existing waiting lists-following review. The AAT will continue to maintain the refreshed referral criteria for referral to the service and will function as currently, with reduced waiting times for those remaining on the lists.

6: eHealth - to aid waiting list validation / re-triaging – To allow maximum efficiency, reduce burden on staff, undertake an administrative review and improve initial referral information from primary care, we are proposing input from eHealth to assist with waiting list validation.

7: Development of a Corporate communications plan– A central communications plan will be developed to communicate the change in current pathways with individuals newly referred, those already on existing waiting lists and those who may present to primary care seeking assessment. It will ensure consistent board wide communications and support primary care. Any changes will be clearly outlined on the Right Decisions website outlining the relevant dates for when provision changes occur. This will help communicate the changes to staff, the public and the continued effort to respond to complaints and FOIs.

This assessment applies only to adults over 18 years old. the approach to children and young people is being considered under a parallel process and will also have an EQIA

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name:	**Date of Lead Reviewer Training:**
Chris Cole, Adult Autism Team Service Manager	GCHSCP Lead for Equality and Fairer Scotland provided support and guidance with the EQIA process.

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):

Dr C Blayney, Clinical Lead for Mental Health Strategy, NHS GG&C
Ms A Hill, Lead for Equalities & Fairer Scotland, Health Improvement Team, NHS GG&C
Ms P McGoldrick, Change & Development Manager, NHS GG&C

		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	**What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.**	**<u>Individuals on ASD waiting lists</u>** • Referral information is held on EMIS (electronic record keeping system) and in includes basic demographics, sex, veteran status etc. Clinical information in the original referral and *decisions made at MDT level* are also held on EMIS. Any specific information about pre-assessment impaired functioning should be held in the referral and chronological account of care on EMIS. • Equalities data is not collated, analysed or reviewed regularly either locally or at a Boardwide level for this cohort. Individual cases would have to be reviewed for further profiling or commissioning of a Boardwide profiling audit • .waiting time data can be mined from the electronic record keeping system. • Diagnostic outcomes are recorded in the electronic record keeping system • .If evidence or data is available, where possible individuals covered by protected characteristics are identified and alterations and accommodations should be applied.	**<u>Individuals on ASD waiting lists</u>** **Negative impacts** –. **(1)** The lack of data is preventing a deeper understanding Boardwide about the varying different cohorts, in relation to intersectionality, of individuals on the AAT waiting list. Therefore tailored support or communication is also limited for those on waiting lists. See **Figure 3** for the potential for different cohorts. **(2)** Although there is a limited level of stratification and prioritisation in the List, it lacks nuance and reactivity, This is potentially contributing to frustrations among individuals who are waiting lengthy times to be seen, whose expectations and needs cannot be met timeously. The proposals will mean many of these individuals will not be assessed. The Health Board recognises that a certain cohort will wish to seek out other means of assessment and treatment this may cause distress for some individuals and their families. **Mitigating factors** – **(1)** development of an AAT dashboard section where this data will be collated centrally to help inform tailored approaches to support those on waiting lists. **(2)** Proposals will involve re-application of clinical criteria, re-triage of the waiting lists and signposting to the Right Decisions Website, and NHS GG&C website. **(3)** There is ongoing engagement with the Health Board, Scottish

			Government, and National Autism Implementation Team (NAIT) to advocate for more resources for AAT assessment via a tiered, multi-system approach. Previously agreed proposals for a Boardwide Neurodevelopmental Disorder service in NHS GG&C could be revisited with the right resourcing. The Royal college of psychiatrists have recently published (2025) a report[1] – ***"Multi-system solutions for meeting the needs of autistic people and people with ADHD in Scotland"*** which is in keeping with appropriate multi-system approaches for meeting the needs of individuals with ASD. **(3)** the AAT is working on a proposal to identify resources to manage their own data and analysis
		Service Evidence Provided	**Possible negative impact and Additional Mitigating Action Required**
2.	**Please provide details of how data captured has been/will be used to inform policy content or service design.** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐	**Individuals on ASD waiting lists** **(1)** Any equality data captured from initial referral information is held on EMIS will be used to re-triage all the waiting lists as a part of waiting list validation and triage. This will include other conditions including mental health and other neurodevelopmental conditions. **(2)** As the AAT is a specialist service with a circumscribed remit it will be restricted to general signposting to alternate service or supports. The presence, impact and significance of co-occurring or comorbid conditions are factored in at all phases of the assessment. **(3)** Data will be used to improve access to service by addressing challenges such as co-occurring disabilities and/or neourodivergence, challenges to physical access to services, cultural sensitivities and linguistic requirements, literacy issues	**Negative impacts** – Individuals may be removed from our waiting list after validation of list and/or retriage of waiting list This will cause distress for many individuals and their families. Due to the AAT's limited resource, there is challenges to maintaining good data capture and analysis **Mitigating factors** – **(1)** Signposting to appropriate alternative services and organisations via targeted communications and the Right Decisions Website. **2)** Ongoing and constantly evolving improvement in data capture is being progressed to gain a better understanding of caseload profiles (however see above) **(3)** Processes for non-urgent enquires and complaints

	2) Promote equality o opportunity ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐		are being set up for individuals if they wish to pursue further information about or appeal removal from waiting lists. **(3)** There is ongoing engagement with the Health Board, Scottish Government, and National Autism Implementation Team (NAIT) To advocate for more resources for ASD assessment. **(4)**Previous agreed proposals for an NDD Boardwide service in NHS GG&C should be revisited with the right resourcing. **(5)** The core-functions of the AAT relating to diagnostic assessment will remain continue to function, with the intention to improve efficacy and efficiency.
		Service Evidence Provided	**Possible negative impact and Additional Mitigating Action Required**
3.	**How have you applied learning from research evidence about the experience of equality groups to the service or Policy?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐	**(1)** This demand is not unique to NHS Greater Glasgow and Clyde but is an observed national and international trend and there is a requirement for a national public heath response to this. Nationally closures of adult autism services in Scotland have sparked significant policy debate and public concern. Local partnerships cite financial pressures, staffing challenges, and unsustainable demand as reasons for shutting down diagnostic pathways. Ministers have called for redesigned, not withdrawn, pathways and stress that support should be available even without a formal diagnosis. In response to widespread service gaps and multi-year waits, national solutions are being developed. These include proposals for Regional Neurodevelopmental Hubs, formal waiting-time standards, and a “no wrong door” approach to ensure equitable access across Scotland. Cross-party support in Parliament has grown, with MSPs and campaigners urging urgent reform and consistent national frameworks to	**Negative impacts** – **As above** -The proposals will mean some of these individuals on waiting lists may not be assessed... Individuals may be removed from our waiting list after validation of list and/or retriage of waiting list This may cause distress for many individuals and their families. **Mitigating factors** – **(1*)*** Due to the widespread National trends seen across Scotland, there is ongoing engagement with the Health Board, Scottish Government, and National Autism Implementation Team (NAIT) to advocate for more resources for ND assessments including ASD. ***(*2)** The LDAN bill consultation advocates for individuals gaining access to reasonable adjustments, social security etc. without the need for a diagnosis. Once the LDAN bill is published, this will provide a legal protections for access for individuals to these measures without the need for a diagnosis. This may

	3) Foster good relations between protected characteristics ☐ **4) Not applicable** ☐	replace the patchwork of failing local services. **(3)** The Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028, dated 25 05 2023 states *"There has been a significant increase in demand for assessment for attention deficit hyperactivity disorder (ADHD) since 2018. This will require a review of the pathways for neurodevelopmental disorders (including Autism) and tie in with the neurodevelopmental specification for children and young people*." **(4)** An accurate diagnosis in the current climate can support an individual to workplace supports in the form of reasonable adjustments, access to social security and other social supports e.g. household assistance, household assistance depending on the degrees of functional impairments and disability. These are underpinned by the evidence-based clinical guidelines for psychosocial interventions for ASD **(5)** The AAT's assessment processes are supported by the diagnostic criteria described in ICD 11, alongside guidance supplied by SIGN Guidelines and NAIT **(6)** Analysis and review of current assessment and diagnostic date continues to support the position that most referrals to the AAT do not meet the diagnostic criteria. However the introduction of more robust screening procedures is resulting in an increase in diagnoses of ASD as a proportion of the post screening assessments. This supports the aim of identifying the appropriate patients to proceed to formal assessment.	inform eligibility for disability related benefits and rights (the proposed LDAN bill suggests benefits should not be diagnosis dependent). If LDAN bill is not passed, we will review EQIA. **(3)** The Mental Health Strategy is progressing the ND proposals as a priority, being congnisant of the extremely difficult scenario. EQIAs completion and ongoing engagement via governance structures is a current priority. There will be separate EQIAs for ADHD related services and Children's services **(4)** The AAT is working on a proposal to identify resources to manage their own data and analysis
		Service Evidence Provided	**Possible negative impact and Additional Mitigating Action Required**
4.	**Can you give details of**	There has been regular engagement with all the	

	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 (tick relevant boxes).** **1) Remove discrimination, harassment an victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected** ☐	relevant stakeholders including: • AAT and allied health professionals. • Neurodevelopmental Disorder steering group • Heads of Service (HoS) • Clinical Directors • Allied Health Professional Leads (Occupational Therapy, Psychology and Pharmacy) • Specialist Children's Services. • Primary Care colleagues • GP Clinical Directors • the Local Medical Committee (LMC) • Public Health Consultant with remit for Mental Health • Chief Officers for all the HSCPs • Corporate Management Team, NHS GG&C Stakeholders recognise the wider demands of the Neurodevelopmental issues and how services have struggled to cope at all different levels with the new demands, including the AAT. Stakeholders are not in favour of the "do nothing" option given the pressures and demands, and are supportive of the recommendations proposed below in the absence of the previous preferred option of a commissioned NDD service. Lived and Living experience engagement has proceeded in terms of feedback from individuals who have completed the AAT's assessment pathway, via online questionnaires. In the absence of new funding to develop a specialist NDD service and/or an increase in the current AAT staff establishment there is a consensus view that the do nothing option is not	**Negative impacts** – **(1)** - The proposals will mean some of these individuals on waiting lists may not be assessed. This may cause distress for many individuals and their families. **(2)** It is anticipated that there could be a significant impact on primary care who may see repeated attendances by individuals seeking re-referral. in line with **NHSGGC's corporate aims**, approach to equality and diversity and environmental impact are assessed as follows: **(1) Better Health –** proposals may have a **Negative** impact for those on ASD waiting lists for the short-medium term in terms of frustration and distress for those that may be removed. However it may have a **Positive** impact for those individuals who are unlikely to receive an ASD diagnosis. This population may spend prolonged periods on the waiting list, during which they may engage with third-sector autism supports that are irrelevant or potentially harmful. This can lead to emotional distress, a sense of disinvestment, and the neglect of conditions that remain untreated while they await an assessment that may not be suitable for their needs. **(2) Better Care –** proposals may have a **Negative** impact for those on ASD waiting lists for the short-medium terms above – waiting times should decrease or similar. However there will be a **Positive** impact for those who are likely to meet the diagnostic criteria. Extended waiting times can delay access to appropriate interventions. This delay may intensify existing challenges and increase the risk of detrimental outcomes. **(3) Better Value -** proposals will have a **Positive** impact for core ASD populations, as it will prioritise

	characteristics **4) Not applicab**l	sustainable and represents a poor service for patients, staff and stakeholders.	those with the greatest clinical need., reduce unnecessary assessments that may not be clinically appropriate, and hence improve the overall efficiency and fairness of the service. **4) Better Workplace** – proposals will have a **Positive** impact on the AAT as staff will be able to focus on autism related work, this being the core purpose of the service **(5) Equality & Diversity – proposals will have an overall Positive** impact on autistic people as the aim is to identify them quicker and more effectively. Reduced waiting list and shorter waiting times, will allow appropriate patients to be identified and assessed quicker. Those who are not suitable for the autism pathway can be diverted to more appropriate services earlier in their journey, reducing the risk of harm from misdiagnosis or delayed treatment. **(6) Environment - Neutral** impact **Realistic medicine principles that apply:** **- Managing risk better** – The proposals would allow safer risk management for: **(1)** Core autistic population- for whom services are commissioned. Risk management is a key element of clinical care (e.g. suicide and self-harm risk). There are concerns that these risks are exacerbated by lengthy waiting times. **(2)** People who are not autistic on the AAT's waiting list-risks are exacerbated due to non-engagement with more appropriate or relevant services. Diversion to more appropriate or relevant services would work to decrease or re-focus these risks. **(3)** Lengthy AAT waiting lists and waiting times currently present a risk to individuals whose needs and expectations cannot be met, as well as risk to the

			organisation with huge numbers on waiting lists with no viable prospect of an available tiered robust service. **(3)** There continues to be risk to staff wellbeing and recruitment and retention due to the status quo. This also dovetails the impact on key corporate aims which are outlined below. **- Reducing harm and waste** – see above in relation to risk and appropriate allocation of resource. It would allow increase in clinical time engaging in vital post diagnostic inputs and service development. **Mitigating factors** – **(1)** Those who are not suitable for the autism pathway will, if appropriate, be redirected to more appropriate services earlier in their journey, reducing the risk of harm from misdiagnosis or delayed treatment. Ultimately, this approach will improve outcomes for individuals with ASD, minimise harm for those without, and enhance the overall efficiency and effectiveness of the service **(2)** Ongoing engagement with primary care colleagues and a central oversight corporate complaints and communications approach to support both primary and secondary care across the HSCPs. Individuals will be able to lodge complaints and receive feedback via these pathways. **(3)** Previous agreed proposals for an NDD Boardwide service in NHS GG&C could be revisited with the right resourcing. **(4)** The LDAN bill consultation advocates for individuals gaining access to reasonable adjustments, social security etc. without the need for a diagnosis. Once the LDAN bill is published, this will provide a legal protections for access for individuals to these measures without the need for a diagnosis.

			(5) The Mental Health Strategy is progressing the ND proposals as a priority, being cognisant of the extremely difficult scenario. EQIA completion and ongoing engagement via governance structures is a current priority. **(6)**Lived and Living experience engagement has proceeded in terms of feedback from individuals who have completed the AAT's assessment pathway, via online questionnaires. However the AAT has limited capacity to support, review and analyse the data collected. the AAT is working on a proposal to identify resources to manage their own data and analysis **(7)**The core-functions of the AAT relating to diagnostic assessment will remain continue to function, with the intention to improve efficacy and efficiency,
		Service Evidence Provided	**Possible negative impact and Additional Mitigating Action Required**
5.	**Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**	**<u>Individuals on AAT Waiting list</u>** Assessments are carried out at the AAT's clinic in Eastwood. Assessments cannot be carried out entirely by video or phone or e-mail, however all of these can be utilised for auxiliary information and evidence. This also needs to be understood in terms of the geographical area covered by the AAT. This is the entirety of GG&C, alongside significant areas covered by SLAs in Lanarkshire and Argyle and Bute **In terms of the validation and triage process, physical accessibility is of negligible relevance**	**<u>Individuals on AAT Waiting list</u>** **Mitigating factors** – Use of clinical spaces nearer to the patient's home or home visits will be considered to address challenges and barriers: • Anxieties generated by use of public transport. • Anxieties generated by accessing new spaces • Challenges raised by physical disabilities or conditions • Financial constraints All of the above can be considered when arranging clinical appointments. However out of clinic assessments will have an impact on general

	1) Remove discrimination, harassment and victimisation ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected Characteristics** ☐ **4) Not applicabl** ☐		throughput. Ongoing review of the clinical space assigned to us to address challenges associated with our target population.
		Service Evidence Provided	**Possible negative impact and Additional Mitigating Action Required**
6.	**How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and** ☐	**<u>Waiting list validation</u>** **<u>Individuals on AAT Waiting Lists</u>** Holding information text messages will be distributed to targeted sections of the Awaiting lists (excluding people undergoing formal assessment) to inform them about upcoming review of waiting lists, as well as the commitment to further correspondence via letter once waiting list validation is complete. This process will be done via the NHS GG&C e-health Netcall Hub. For any individuals where texts are not delivered, there will be a feedback mechanism via the Netcall hub which will inform letters going to individuals. Following the full review process – individuals who do not meet refreshed criteria will be contacted via letter to inform them that assessments will not be proceeding. Letters will also include signposting to the NHSGG&C to an inventory of	**Negative impacts** – **(1) <u>Waiting list validation -</u>** **As above** - Individuals may be removed from our waiting list after validation of list and/or retriage of waiting list This may cause distress for many individuals and their families. **Mitigating factors** – **(1)** Those who are not suitable for the autism pathway will, if appropriate, be redirected to more appropriate services earlier in their journey, reducing the risk of harm from misdiagnosis or delayed treatment. Ultimately, this approach will improve outcomes for individuals with ASD, minimise harm for those without, and enhance the overall efficiency and effectiveness of the service **(2)** The core-functions of the AAT relating to diagnostic assessment will continue to operate. The proposals are designed to efficacy and efficiency in delivering the

	victimisation **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicabl** ☐ **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.**	wider supports. NHS GG&C Digital resources Links to the NHS GG&C website and Right Decisions Website, will be provided on letters. **Patient Communications:** A people with ASD presents a range of communication difficulties and challenges as parts of their diagnostic profiles, care is required to communicate with them in optimised ways (media, content). The AAT endeavours to employ a range of approaches to engage with any barriers. Furthermore there is an increased risk of complicating, intersectional difficulties common to this population (other neurodevelopmental conditions, associated mental health issues, deafness) alongside issues around people using English as a second language. **Staff communications** GP information sessions have occurred and these have been followed up with a GP FAQ document. Corporate communications for enquiries and complaints will span GPs and primary care colleagues. Adult mental health staff communication and engagement is underway with formal Boardwide sessions scheduled. All staff will have access via links to the self-help resources; the Right decisions and NHS GG&C website. Adult secondary care staff packs will be available.	core activities relating to diagnostic assessment. The AAT endeavours to operate a range of communication adaptations and supports to engage with the complex needs of many of the individuals on their waiting list. **Staff communications** **Negative impacts:** Overall nil: however in terms of GP information sessions these have tended to focus on ADHD. **Mitigating factors:** **(1)**ASD focused GP information sessions have been arranged. **(2)**All resources will be available digitally or in printable formats for all staff as well as briefing sessions.

7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	**Age** **Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	**(1)** The AAT has no upper age limit re referral Mitigations re age **(2)**The AAT however does not accept referrals for people under the age of 18 years old at the time of the referral. **(3)** A parallel EQIA process is being completed in regards to children's services.	**Impact for all on waiting list** **Negative impacts** – **(1)** - The proposals will mean some of these individuals on waiting lists may not be assessed. This may cause distress for many individuals and their families. **(2)** It is anticipated that there could be a significant impact on primary care who may see repeated attendances by individuals seeking re-referral. **(3**) Due to discrepancies between the remit and parameters that relevant children's services and the AAT, there are barriers to smooth transference of referrals in transition. - Regarding **NHSGGC's corporate aims**, approach to equality and diversity and environmental impact are assessed as follows: **(1) Better Health –** proposals may have a **Negative** impact for those on ASD waiting lists for the short-medium term in terms of frustration and distress for those that may be removed. However it may have a **Positive** impact for those individuals who are unlikely to receive an ASD diagnosis. This population may spend prolonged periods on the waiting list, during which they may engage with third-sector autism supports that are irrelevant or potentially harmful. This can lead to emotional distress, a sense of disinvestment, and the neglect of conditions that remain untreated while they await an assessment that may not be suitable for their needs. **(2) Better Care –** proposals may have a **Negative** impact for those on ASD waiting lists for the short-

			medium terms above – waiting times should decrease or similar. However there will be a **Positive** impact for those who are likely to meet the diagnostic criteria. Extended waiting times can delay access to appropriate interventions. This delay may intensify existing challenges and increase the risk of detrimental outcomes. **(3) Better Value -** proposals will have a **Positive** impact for core ASD populations, as it will prioritise those with the greatest clinical need., reduce unnecessary assessments that may not be clinically appropriate, and hence improve the overall efficiency and fairness of the service. **4) Better Workplace** – proposals will have a **Positive** impact on the AAT as staff will be able to focus on autism related work, this being the core purpose of the service **(5) Equality & Diversity – proposals will have an overall Positive** impact on autistic people as the aim is to identify them quicker and more effectively. Reduced waiting list and shorter waiting times, will allow appropriate patients to be identified and assessed quicker. Those who are not suitable for the autism pathway can be diverted to more appropriate services earlier in their journey, reducing the risk of harm from misdiagnosis or delayed treatment. **(6) Environment - Neutral** impact **Mitigating factors** – **(1)** Those who are not suitable for the autism pathway will, if appropriate, be redirected to more appropriate services earlier in their journey, reducing the risk of harm from misdiagnosis or delayed treatment. Ultimately, this approach will improve outcomes for individuals with ASD, minimise harm for those without,

			and enhance the overall efficiency and effectiveness of the service **(2)** Ongoing engagement with primary care colleagues and a central oversight corporate complaints and communications approach to support both primary and secondary care across the HSCPs. Individuals will be able to lodge complaints and receive feedback via these pathways. **(3)** Previous agreed proposals for an NDD Boardwide service in NHS GG&C could be revisited with the right resourcing. **(4)** The LDAN bill consultation advocates for individuals gaining access to reasonable adjustments, social security etc. without the need for a diagnosis. Once the LDAN bill is published, this will provide a legal protections for access for individuals to these measures without the need for a diagnosis. **(5)**The Mental Health Strategy is progressing the ND proposals as a priority, being cognisant of the extremely difficult scenario. EQIA completion and ongoing engagement via governance structures is a current priority. **(6)** The core-functions of the AAT relating to diagnostic assessment will continue to operate. The proposals are designed to efficacy and efficiency in delivering the core activities relating to diagnostic assessment. This includes referral pathways via service for the elderly.
(b)	**Disability** **Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?**	**(1)**There is potential for a direct or indirect impact of people not getting a diagnosis, ADHD and Autism are both included as a disability under the Equality Act 2010, and may result in a barrier to accessing reasonable adjustments, workplace supports	**Impact for all on waiting list. – see above** **<u>Negative</u>** The proposals will mean some of these individuals on waiting lists may not be assessed. This may cause distress for many individuals and their families. **(2)** It is anticipated that there could be a significant impact on primary care who may see repeated

	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☒ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	without a formal diagnosis. **(2)** Individuals on the AAT's waiting list have significantly higher risks of having or developing undiagnosed mental health conditions. Remaining on these lists may have the inadvertent effect of diverting them from more appropriate or parallel assessments, treatments and supports. Alternative assessment may identify other disabilities. **(3)** Individuals on the AAT's waiting list have significantly higher risks of having or developing undiagnosed physical conditions. Remaining on these lists may have the inadvertent effect of diverting them from more appropriate or parallel assessments, treatments and supports. Alternative assessment may identify other disabilities. **(4)** Individuals on the AAT's waiting list have significantly higher risks of having or developing functional difficulties (for instance financial issues, housing issues, self-care difficulties). Remaining on these lists may have the inadvertent effect of diverting them from more appropriate or parallel assessments, treatments and supports. Alternative assessment may identify other disabilities. Delayed diagnosis can contribute to delays in input from Social Work Services and Third Sector Supports	attendances by individuals seeking re-referral. **(3)**There is potential for a direct or indirect impact of people not getting a diagnosis, ADHD and Autism are both included as a disability under the Equality Act 2010, and may result in a barrier to accessing reasonable adjustments, workplace supports - Regarding **NHSGGC's corporate aims**, approach to equality and diversity and environmental impact are assessed as follows: **(1) Better Health –** proposals may have a **Negative** impact for those on ASD waiting lists for the short-medium term in terms of frustration and distress for those that may be removed. However it may have a **Positive** impact for those individuals who are unlikely to receive an ASD diagnosis. This population may spend prolonged periods on the waiting list, during which they may engage with third-sector autism supports that are irrelevant or potentially harmful. This can lead to emotional distress, a sense of disinvestment, and the neglect of conditions that remain untreated while they await an assessment that may not be suitable for their needs. **(2) Better Care –** proposals may have a **Negative** impact for those on ASD waiting lists for the short-medium terms above – waiting times should decrease or similar. However there will be a **Positive** impact for those who are likely to meet the diagnostic criteria. Extended waiting times can delay access to appropriate interventions. This delay may intensify existing challenges and increase the risk of detrimental outcomes. **(3) Better Value -** proposals will have a **Positive** impact for core ASD populations, as it will prioritise those with the greatest clinical need., reduce

		(5) Due to limitations in data collection, review and analysis it is unclear whether this populations is under- or overrepresented in relation to referrals to the AAT.	unnecessary assessments that may not be clinically appropriate, and hence improve the overall efficiency and fairness of the service. **4) Better Workplace** – proposals will have a **Positive** impact on the AAT as staff will be able to focus on autism related work, this being the core purpose of the service **(5) Equality & Diversity – proposals will have an overall Positive** impact on autistic people as the aim is to identify them quicker and more effectively. Reduced waiting list and shorter waiting times, will allow appropriate patients to be identified and assessed quicker. Those who are not suitable for the autism pathway can be diverted to more appropriate services earlier in their journey, reducing the risk of harm from misdiagnosis or delayed treatment. **(6) Environment - Neutral** impact **Positive** impact By refining referral criteria and implementing a robust triage process, the service can ensure that the waiting list is populated with individuals who are more likely to benefit from an autism assessment. This will result in a reduced waiting list and shorter waiting times, allowing appropriate patients to be assessed more quickly. Those who are not suitable for the autism pathway can be redirected to more appropriate services (mental health services, social work services, third sector services) earlier in their journey, reducing the risk of harm from misdiagnosis or delayed treatment. Ultimately, this approach will improve outcomes for individuals with ASD, minimise harm for those without, and enhance the overall efficiency and effectiveness of the service.

			Mitigating factors – **(1)** Those who are not suitable for the autism communication, rigidity/repetitive behaviours, pathway will, if appropriate, be redirected to more appropriate services earlier in their journey, reducing the risk of harm from misdiagnosis or delayed treatment. This review will be carried out by experienced clinicians who are members of the AAT. The review will focus on evidence of characteristic difficulties and differences in social sensory sensitivities, and developmental history associated with evidence of significant impairments in multiple domainsUltimately, this approach will improve outcomes for individuals with ASD, minimise harm for those without, and enhance the overall efficiency and effectiveness of the service **(2)** As noted above, The LDAN bill consultation advocates for individuals gaining access to reasonable adjustments, social security etc. without the need for a diagnosis. Once the LDAN bill is published, this will provide a legal protections for access for individuals to these measures without the need for a diagnosis. **(3)** The core-functions of the AAT relating to diagnostic assessment will continue to operate. The proposals are designed to efficacy and efficiency in delivering the core activities relating to diagnostic assessment. **(4)**A people with ASD presents a range of communication difficulties and challenges as parts of their diagnostic profiles, care is required to communicate with them in optimised ways (media, content). The AAT endeavours to employ a range of approaches to engage with any barriers. Furthermore there is an increased risk of complicating, intersectional difficulties common to this population (other neurodevelopmental conditions, associated

			mental health issues, deafness) alongside issues around people using English as a second language.
	Protected Characteristic	**Service Evidence Provided**	**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 (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	**(1)** As highlighted in the NHSGGC LGBTI+ Health Needs Assessment, LGBT+ people may be more likely to have learning or developmental differences including dyslexia, Autistic Spectrum Disorder (ASD)/Asperger's and Attention Deficit Hyperactivity Disorder (ADHD), and are therefore more likely to be impacted be impacted by any change **(2)** Equalities data is not collated in a consistent or transparent manner on EMIS dashboards or otherwise for any individuals on the AAT waiting list for Boardwide overview. Individual cases would have to be reviewed for further profiling or commissioning of a Boardwide profiling audit. **(3)** There are barriers for consolidating the equalities data, including LGBT which is not routinely collected, presented or analysed in a consolidated manner. **(4)** Cross-matching those on the AAT waiting list with Gender service waiting lists would be one way to collate data on this. This would aid our understanding of the profiles of	**Impact for all on waiting list. – see above** **Negative impacts -** As above - The proposals will mean many individuals on ADHD waiting lists will not be assessed. This may include LGBT+ people seeking assessment for ADHD. **Mitigating factors –** **(1)** Those who are not suitable for the autism communication, rigidity/repetitive behaviours, pathway will, if appropriate, be redirected to more appropriate services earlier in their journey, reducing the risk of harm from misdiagnosis or delayed treatment. This review will be carried out by experienced clinicians who are members of the AAT. The review will focus on evidence of characteristic difficulties and differences in social sensory sensitivities, and developmental history associated with evidence of significant impairments in multiple domainsUltimately, this approach will improve outcomes for individuals with ASD, minimise harm for those without, and enhance the overall efficiency and effectiveness of the service . **(2)** There is ongoing work to improve collation of equalities data in a consolidated manner on EMIS dashboards or otherwise for all individuals in secondary care adult mental health services, (for administrative and operation purposes this includes the AAT. Individual cases would have to be reviewed for further profiling or commissioning of a Boardwide profiling audit. **(3)** The core-functions of the AAT relating to diagnostic

		patients in our services or on waiting lists to further evaluate any disproportionate impact on people with the protected characteristic of Gender reassignment.	assessment will continue to operate. The proposals are designed to efficacy and efficiency in delivering the core activities relating to diagnostic assessment. This includes referral pathways via Gender Services
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(d)	**Marriage and Civil Partnership** **Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	**No clear anticipated disproportionate impact** The core-functions of the AAT relating to diagnostic assessment will continue to operate. The proposals are designed to efficacy and efficiency in delivering the core activities relating to diagnostic assessment.	**Impact for all on waiting list. – see above** **Mitigating factors –** **(1)**There is ongoing work to improve collation of equalities data in a consolidated manner on EMIS dashboards or otherwise for all individuals in secondary care adult mental health services, (for administrative and operational purposes this includes the AAT. Individual cases would have to be reviewed for further profiling or commissioning of a Boardwide profiling audit. **(2)** The core-functions of the AAT relating to diagnostic assessment will continue to operate. The proposals are designed to efficacy and efficiency in delivering the core activities relating to diagnostic assessment.
(e)	**Pregnancy and Maternity** **Could the service change or policy have a disproportionate impact on**	**No anticipated disproportionate impact** The core-functions of the AAT	**Impact for all on waiting list. – see above** **Mitigating factors –**

	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 (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	relating to diagnostic assessment will continue to operate. The proposals are designed to efficacy and efficiency in delivering the core activities relating to diagnostic assessment.	The core-functions of the AAT relating to diagnostic assessment will continue to operate. The proposals are designed to efficacy and efficiency in delivering the core activities relating to diagnostic assessment. This includes active referral pathways from perinatal mental health services.
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(f)	**Race** **Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐	**No overt anticipated disproportionate impact although cultural norms and awareness may vary among different ethnic groups.** There is insufficient data or research available to definitively state whether the proposals will have a disproportionate impact on those with the protected characteristic of race. Due to limitations in data collection, review and analysis it is unclear whether these populations are under- or overrepresented in relation to	**Impact for all on waiting list. – see above** **Mitigating factors –** **(1)**There is ongoing work to improve collation of equalities data in a consolidated manner on EMIS dashboards or otherwise for all individuals in secondary care adult mental health services, (for administrative and operational purposes this includes the AAT. Individual cases would have to be reviewed for further profiling or commissioning of a Boardwide profiling audit. This would aid our understanding of the profiles of patients in our services or on waiting lists to further

	2) Promote equality of opportuni ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	referrals to the AAT. However the pervasive nature of ASD means that matters of cultural difference need to be integrated into any assessment process. This includes language, religion and cultural norms within an individual's community	evaluate any disproportionate impact on people with the protected characteristic of race. **(2)**The core-functions of the AAT relating to diagnostic assessment will remain continue to function, with the intention to improve efficacy and efficiency, **(3)** People with ASD presents a range of communication difficulties and challenges as parts of their diagnostic profiles, care is required to communicate with them in optimised ways (media, content). The AAT endeavours to employ a range of approaches to engage with any barriers. Furthermore there is an increased risk of complicating, intersectional difficulties common to this population (other neurodevelopmental conditions, associated mental health issues, deafness) alongside issues around people using English as a second language. **(4)** the AAT is working on a proposal to identify resources to manage their own data and analysis
(g)	**Religion and Belief** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐	**No overt anticipated disproportionate impact although cultural norms and awareness may vary among different religious groups.** There is insufficient data or research available to definitively state whether the proposals will have a disproportionate impact on those with the protected characteristic of race However the pervasive nature of ASD means that matters of religious	**Impact for all on waiting list. – see above** **Mitigating factors –** **(1)**There is ongoing work to improve collation of equalities data in a consolidated manner on EMIS dashboards or otherwise for all individuals in secondary care adult mental health services, (for administrative and operation purposes this includes the AAT. Individual cases would have to be reviewed for further profiling or commissioning of a Boardwide profiling audit. This would aid our understanding of the profiles of

	2) Promote equality of opportunity ☒ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	identity difference need to be integrated into any assessment process.	patients in our services or on waiting lists to further evaluate any disproportionate impact on people with the protected characteristic of religious belief. **(2)** The core-functions of the AAT relating to diagnostic assessment will continue to operate. The proposals are designed to efficacy and efficiency in delivering the core activities relating to diagnostic assessment.
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(h)	**Sex** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☒ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	**No anticipated disproportionate impact, however there may be heighted concern and sensitivity.** There is a historical evidence alongside a broadly held narrative that autistic females are underrepresented in terms of diagnosis The AAT's date to a significant extent counters this as currently they diagnose more women than men. It should be noted that masking can occur with a range of other conditions (e.g. other mental health disorders, coping skills, stress, substance misuse, trauma), not just neurodivergence. It may also not be unique to females only, and can occur in any individual regardless of gender. The theory and presentation relating to masking is integrated into the AAT's assessment pathways.	**Impact for all on waiting list. – see above** **Mitigating factors –** There may be a perceived disadvantage applied to women generally with regards to referral and assessment for ASD. However the AAT currently both assess and diagnose *more* woman than men. In regards to this we would expect the impact to be. The core-functions of the AAT relating to diagnostic assessment will continue to operate. The proposals are designed to efficacy and efficiency in delivering the. **Neutral**

(l)	**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 (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	As highlighted in the NHSGGC LGBTI+ Health Needs Assessment, LGBT+ people may be more likely to have learning or developmental differences including dyslexia, Autistic Spectrum Disorder (ASD)/Asperger's and Attention Deficit Hyperactivity Disorder (ADHD), and are therefore more likely to be impacted be impacted by any change Equalities data is not collated in a consistent or transparent manner on EMIS dashboards or otherwise for any individuals on the AAT waiting list for Boardwide overview. Individual cases would have to be reviewed for further profiling or commissioning of a Boardwide profiling audit. There are barriers for consolidating the equalities data, including LGBT which is not routinely collected, presented or analysed in a consolidated manner. Due to limitations in data collection, review and analysis it is unclear whether this populations is under- or overrepresented in relation to referrals to the AAT.	**Impact for all on waiting list or receiving treatment. – see above** **(1)**There is ongoing work to improve collation of equalities data in a consolidated manner on EMIS dashboards or otherwise for all individuals in secondary care adult mental health services, (for administrative and operation purposes this includes the AAT. Individual cases would have to be reviewed for further profiling or commissioning of a Boardwide profiling audit. This would aid our understanding of the profiles of patients in our services or on waiting lists to further evaluate any disproportionate impact on people with the protected characteristic of sexual orientation **(2)**The core-functions of the AAT relating to diagnostic assessment will continue to operate. The proposals are designed to efficacy and efficiency in delivering the core activities relating to diagnostic assessment.
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**

(j)	**Socio – Economic Status & Social Class** **Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?** **The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively 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 Seven useful questions to consider when seeking to demonstrate 'due regard' in relation to the Duty: 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)?	There is potential for inequity of impact for those who may choose to pay for an assessment privately. However, it is noted that one of the actions is to No further acceptance of Private provider NDD-diagnosed individuals seeking continuing care in NHS services – AAT, CMHTs and GP colleagues continue to see a rise in patients who have been diagnosed by Private Providers. Those diagnosed with ASD are then requesting validation or review of these assessments, and/or post diagnostic support based on these assessments. GP colleagues have highlighted concerns regarding the validity of some of these diagnostic assessments and recommendations. There is a current GGC policy on these in place which does allow acceptance if the assessment is deemed robust enough to diagnose ADHD or ASD, however it has created some challenges • Unclear as to the quality or status of many of these providers. The quality of assessments varies and the governance around single condition assessments differs from NHS governance standards with a risk of misdiagnoses, iatrogenic harm and other differential diagnoses being missed. • A two-tiered system whereby	**Mitigating factors –** **Privately diagnosed individuals** **Negative impacts** – **1**) Individuals who receive private diagnoses will not be able to access rapid follow-up within the AAT **2)** Some private providers may have misdiagnosed individuals if their governance structures are not as robust, especially if they are not regulated by Healthcare improvement Scotland (HIS) or the Care quality commissions (CQC) **(3)** Individuals on the NHS AAT waiting lists be unable to afford private assessments, thereby creating inequity compared to privately diagnosed individuals. **Mitigating factors – (1)** By reapplying the same criteria for to privately diagnosed individuals, NHS-referred query AAT referrals and core mental health populations, there will be more equity of access for all those who have the highest levels of disability. **(2)** Privately diagnosed individuals can seek further advice from their own private provider regarding ongoing treatment options and access to workplace adjustments, social security and other adjustments which will prevent inappropriate shifting of responsibilities to the NHS from private providers, especially when governance structures, regulation and oversight may be lacking or differ. **(3)** Privately diagnosed individuals can still be signposted and utilise the NHS GG&C self-help pack **(4)**The core-functions of the AAT relating to diagnostic assessment will continue to operate. The proposals are designed to efficacy and efficiency in delivering the core activities relating to diagnostic assessment.

	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.	individuals who can afford private assessments can get them faster than those who cannot • Individuals are given unrealistic expectations by private providers regarding the level of support that can be offered within the NHS There are concerns re the risks inherent in misdiagnosis of any neurodevelopmental disorder in terms of the suitability and reasonableness of any accommodations and supports. Due to limitations in data collection, review and analysis it is unclear whether this populations is under- or overrepresented in relation to referrals to the AAT.	**(5)** As people with ASD presents a range of communication difficulties and challenges as parts of their diagnostic profiles, care is required to communicate with them in optimised ways (media, content). The AAT endeavours to employ a range of approaches to engage with any barriers. Furthermore there is an increased risk of complicating, intersectional difficulties common to this population (other neurodevelopmental conditions, associated mental health issues, deafness) alongside issues around people using English as a second language.
(k)	**Other marginalised groups**	Homeless people, prisoners and ex-offenders, ex-service personnel,	**Impact for all on waiting list or receiving treatment. – see above**

	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?	people with addictions, people involved in prostitution, asylum seekers & refugees and travellers do get referred to the AAT for diagnostic assessment. They often have complex needs including needs that ought to be met outwith the AAT. Due to limitations in data collection, review and analysis it is unclear whether these populations are under or overrepresented in relation to referrals to the AAT.	**Positive** **1)** There is ongoing work to improve collation of equalities data in a consolidated manner on EMIS dashboards or otherwise for all individuals in secondary care adult mental health services, (for administrative and operational purposes this includes the AAT. Individual cases would have to be reviewed for further profiling or commissioning of a Boardwide profiling audit. This would aid our understanding of the profiles of patients in our services or on waiting lists to further evaluate any disproportionate impact on people with the protected characteristic of sexual orientation. **(2)**The core-functions of the AAT relating to diagnostic assessment will continue to operate. The proposals are designed to efficacy and efficiency in delivering the core activities relating to diagnostic assessment. The AAT will continue to accept referrals from Prison Health Services, Forensic Mental Health Services, Homeless and Complex needs clinical Services. **(3)**As people with ASD presents a range of communication difficulties and challenges as parts of their diagnostic profiles, care is required to communicate with them in optimised ways (media, content). The AAT endeavours to employ a range of approaches to engage with any barriers. Furthermore there is an increased risk of complicating, intersectional difficulties common to this population (other neurodevelopmental conditions, associated mental health issues, deafness) alongside issues around people using English as a second language.
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**	There are no cost savings anticipated with the policy review **(1)**In 2022, an NDD service (at that time costed at £1.5 million, it is	**<u>Impact for all on waiting list or receiving treatment. – see above</u>** **Negative impacts** – **wider Health board cost savings due to lack of funding for an NDD service** -

	protected characteristic groups? **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	anticipated that any new costings would be much higher due to ever increasing demand) was agreed in principle by the Mental Health Programme Board, which was contingent on the commissioning of third sector provision and development of a Shared care agreement with Primary Care to allow for a tiered treatment approach for individuals within a consultation, treatment and step down model. By November 2023, due to the changed financial landscape, funding was not available for the preferred option of an NDD service. Therefore what was hoped to be developed to support the Mental Health Strategy, is no longer possible. **(2)** Although there is no identifiable cost saving there will be opportunities to redeploy resources to non-diagnostic assessment activities for autistic people and to support increased capacity in other services to address the support needs of the autistic population.	The proposals will mean some individuals on AAT waiting lists will not be assessed. Following the review process, individuals who do not meet AAT criteria may opt to seek alternative routes of assessment. This may cause distress and financial cost for some individuals and their families. A commissioned NDD services as previously preferred with a tiered approach to care would have contributed to addressing this issue but is no longer an option. **Mitigating factors**- (**1)** Signposting to the NHSGG&C Right Decisions Website, see above **(2)** Processes for non-urgent enquires and complaints are being set up for individuals if they wish to pursue further information about this process **(3)** Due to the widespread National trends seen across Scotland, there is ongoing engagement with the Health Board, Scottish Government, and National Autism Implementation Team (NAIT) to advocate for more resources for ASD assessment via a tiered, multi-system approach. The Royal college of psychiatrists have also recently published (2025) a report[1] – ***"Multi-system solutions for meeting the needs of autistic people and people with ADHD in Scotland"*** which is in keeping with appropriate multi-system approaches for meeting the needs of individuals with ASD. **(4)** Previously agreed proposals for a Boardwide Neurodevelopmental Disorder service in NHS GG&C could be revisited with the right resourcing. **(5)** The LDAN bill consultation advocates for individuals gaining access to reasonable adjustments, social security etc. without the need for a diagnosis. Once the LDAN bill is published, this will provide a legal protections for access for individuals to these measures without the need for a diagnosis.

			(6) The Mental Health Strategy is progressing the ND proposals as a priority, being cognisant of the extremely difficult scenario. There is ongoing engagement via governance structures as a priority and commitment to monitoring evolution of a wider public health approach to address the needs of those who are neurodivergent.
		Service Evidence Provided	**Possible negative impact and Additional Mitigating Action Required**
9.	**What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.**	All staff are required to complete learnpro module on equality and human rights. AAT staff have a specialist interest in ASD and have developed expertise via clinical practice and have done individual continued professional development (CPD) to enhance their skills. All AAT staff are required to be appraised on a yearly basis and ongoing CPD is a mandatory requirement **Generic Adult Mental Health Services have local internal teaching and Boardwide CPD for medical staff and doctors in training–** there may have been some Neurodevelopmental disorder related teaching sessions, but information on how much and how often is not available	There is a mandatory requirement for ongoing CPD for all AAT clinical staff. The content of this is often self-directed and variable or based on NES curriculums or specific-speciality requirements with the exception of universal mandatory training such as the learnpro module on equality and human rights. **Negative impacts** – due to staffing and resource pressures the AAT is unable to offer educational supports for other services. **Mitigating factors** – **(1)** Ongoing commitment to CPD for all staff would be pertinent to proposal implementation. General NDD CPD would be helpful for wider education and understanding among staff.

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.

There is a a potential impact on the autistic population to the communication differences as described above that may impact on their ability to effectively struggle to advocate for themselves leading to

- Not accessing the correct assessments and supports
- Understanding the wider context of the suggested changes

The status quo, whereby by services and staff are under significant pressures in order to meet current demands and the needs of all those being referred to services.

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* .

F-While there is no requirement to engage with service users in applying the National Access Policy, the application of realistic medicine principles does intend to engage with service users by "listening to understand patients' problems and preferences"[iv]. Planned engagement with individuals with lived and living experience with different cohorts **(1)** representation from core autistic populations **(2)** representation from those with query ASD **(3)** Undertaking a scoping exercise across the six HSCPs to ensure full understanding of social work acceptance criteria for disability as well as adult mental health services would aid cross-sector understanding and consistency.

A – **((1) Individuals on AAT waiting lists** – continue to gather data to describe how those whose profile meet AAT's criteria's , alongside those that don't, needs can be met and advocate for this via official channels. **23) Individuals with AAT**– enhance access to post diagnostic input from AAT and other appropriate services to ensure care is optimised. **(3)** There is ongoing work to improve collation of equalities data in a consolidated manner on EMIS dashboards or otherwise for all individuals in secondary care adult mental health services, including on ADHD waiting lists for Boardwide overview. Individual cases would have to be reviewed for further profiling or commissioning of a Boardwide profiling audit.

I – Identify individuals in the Health Board to align above tasks to for: **(1)** ongoing engagement with the Health Board, Scottish Government, National Autism Implementation Team (NAIT) and the Royal College of Psychiatrists to advocate for more resources for ND assessment via a tiered, multi-system approach. **(2)** Previously agreed proposals for a Boardwide Neurodevelopmental Disorder service in NHS GG&C could be revisited with the right resourcing. **(3)** The LDAN bill consultation advocates for individuals gaining access to reasonable adjustments, social security etc. without the need for a diagnosis. Once the LDAN bill is published, this will provide a legal protections for access for individuals to these measures without the need for a diagnosis. **(4)** The Mental Health Strategy is progressing the ND proposals as a priority, being cognisant of the extremely difficult scenario. There is ongoing engagement via governance structures as a priority and commitment to monitoring evolution of a wider public health approach to address the needs of those with neurodivergence

R – Outlined in narrative above

*

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

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

☐ Option 1: No major change (where no impact or potential for improvement is found, no action is required)

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

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

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

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

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	**Date for completion**	**Who is responsible?(initials)**
the AAT is working on a proposal to identify resources to manage their own data and analysis	28/4/2025	Chris Cole Dr Jamie Kirk

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

Lead Reviewer: **Name Chris Cole**
EQIA Sign Off: **Job Title Service Manager AAT**

Signature
Date 28/10/2025

Quality Assurance Sign Off: **Name Dr Noreen Shields**
Job Title Planning and Development Manager
Signature

Date 4/11/25

NHS Greater Glasgow and Clyde

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

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

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

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

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to:
alastair.low@ggc.scot.nhs.uk

Appendix 1: NHS GG&C eHealth Waiting list validation flowchart

[i] Equality Act 2010: guidance - GOV.UK

[ii] learning-disabilities-autism-neurodivergence-bill-consultation.pdf

[iii] Paper-1--SPICe-briefing.pdf

[iv] About – Realistic Medicine