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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:

Carer Health Review Service

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 on 19th March 2025.

The Carer Scotland (Act) 2016 came into force on 1/4/18 and created additional duties for Glasgow City Council. Glasgow City Council and NHS Greater Glasgow and Clyde deliver integrated services as Glasgow City Health and Social Care Partnership (GCHSCP)

Glasgow HSCP Carer Services are being reviewed. The review will consider all aspects of the service including NHS staff with responsibility for carer health reviews. The review will take place at a time when Glasgow City Council is facing difficult spending choices. The review and subsequent recommendation must consider delivery of highest quality of carer services that also delivers best value for the public purse.

Glasgow Carer services initially provided health reviews around 2009 in the north east as a [Keep Well](#) Pilot. Three band 5 nurses were funded by Keep Well to provide anticipatory carer health reviews. When the pilot was evaluated the decision was to mainstream the service. Around 2012, each of the three carer teams was allocated a nurse and the service was provided citywide.

The health review service was reviewed twice by NHS leads and the decision was taken that a band 5 nurse was not required to complete a health review as all clinical tasks had been removed from the health review. Funding was provided for 3 x band 3 NHS staff with one band 5 in NW. The band 5 post was intended to provide citywide support for NHS staff. i.e. performance, absence management, mileage claims.

Oversight for the NHS posts was provided via NHS Planning Managers in localities till around 2018. (Funding shifted from NHS to HSCP with

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the introduction of the Carer (Scotland) Act 2016.)

HSCPs already have responsibilities to consider the health and wellbeing of carers.

National Health and Wellbeing: Outcome 6: *People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being. (National Health and Wellbeing Outcomes Framework)*

[Glasgow City Health and Social Care Partnership Equality Outcomes 2024 to 2028](#)

Unpaid carers should have similar access to primary care health services as any other resident in Glasgow.

The carer health review service was beneficial in 2009, but it is now effectively duplicating services that are already funded through GP contracts or Community Link Worker Services. Glasgow HSCP is experiencing increased demand for social care at a time when financial challenges are significantly impacting on the ability to provide public services. With the level of scrutiny on public spend at the moment, Glasgow HSCP cannot afford to double fund services.

Around 2000 carers annually request support from carer services. Those that request a health review may ultimately be signposted to their GP, resulting in a potential delay in accessing treatment.

Primary care services are a vital part of our health and care system with significant reach into our local communities. In Glasgow we have 162 general dental practices (GDS), 163 community pharmacies (CP), 143 general practices (GPs) and 113 optometrist practices delivering primary care services to around 730,000 GP registered patient.

Each day in NHSGGC there are around 120,000 appointments with a GP or practice Nurse. By increasing awareness of carers within Primary Care, there will be increased opportunities to identify, involve and support more carers.

Proposal

The wider review of Support to Carer and Integration of Carers Service within Localities is underway and will include an equality impact assessment, although it is not expected that it will have a negative impact on support to carers. This assessment relates to the health review service and the reduction of 4.8 FTE staff currently delivering health reviews. The duplication of tasks between NHS Health liaison workers and what is already available in Primary Care was identified separately to the wider review.

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This will be mitigated through;

- The Primary Care Improvement Plan will be inclusive of unpaid carers.
- Carer Support Plans will be amended to remove the offer of health reviews and signpost carers to Primary Carer Services if they have health concerns.
- A communications Plan will be developed for Primary Care to raise awareness of carers.
- Regular access to primary care supports like GP appointments, pharmacy advice like smoking cessation and Pharmacy First, Access to AHP like physio directly as per BAU rather than via a referral from health assessment etc
- Short break funding or allowing circles of support to help allowing people to take time out from their caring role to attend health appointments

This proposal includes a reduction of 4.8 FTE (2 Band 3 and 1 Band 5) staff. Potential equality impacts would also relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 52% are aged 30 – 49 years and 33% are aged 50 – 65 years. It is anticipated that the reduction will be achieved through natural attrition or redeployment. An assessment will be undertaken when plans for implementation are more fully developed in line with the change management policy. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required

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: Jacqui McGoldrick	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):

Glenda Cook, Fred Beckett

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		<i>Example</i>	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.	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	14% of Glasgow adults (around 7,4000) are unpaid carers with a higher percentage of women (16%) than men (13%) undertaking this role. <u>GLASGOW CITY IJB STRATEGIC PLAN 2023-26 GLASGOW CITY: POPULATION AND NEEDS PROFILE</u> Equalities information is now routinely gathered from all requests for carer support	
		<i>Example</i>	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	<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>	Protected characteristic data is gathered from assessments to review and inform development of the carer strategy. Carer service aim to collate data that demonstrates equality of opportunity for adult and young carers. i.e. Carers are recognised and their contribution is understood and valued by society. That the social and economic contribution, impacts and scale of caring are recognised, understood and reflected in	Subject to individual needs and person- centred assessment. Use of national data and evidence to also inform practice. Many carers decline

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	boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	<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>	local and national policy making across all areas. Carers are able to access the financial support and assistance to which they are entitled. Carers are able to take up or maintain employment and education alongside caring if they wish to do so. Carers can participate in and are valued by their community and wider society. Carers' voices are heard, and their views and experiences are taken into account in decisions which affect them. Carer Advice and information team analysed referral data to identify where awareness raising should be targeted or materials adapted. Performance monitoring is in place to establish how long carers they were caring before accessing support. i.e., Monitor requests for materials in other languages. Carer awareness briefings and materials can be targeted where carers take longer to be identified. During the COVID-19 pandemic more carers are moved online to access support and information: Glasgow HSCP Carer strategy resources were updated in response to this. The Your Support Your Way Glasgow carer pages on the website has been refreshed. An online carer self-referral was introduced. Carers only have to provide information they are comfortable with which may produce incomplete data. Website guidance FAQs are being updated to encourage carers to provide equalities data. A bank of inclusive social media images was developed for use online to encourage carers to access advice and information. Printed materials have been updated for those carers who are not	assessment and support so evidence should be used from national sources and local engagement and sources.
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			digitally included. All operational staff are encouraged to attend equalities training. MECOPP Young Carers: Young carers are supported and protected from inappropriate caring and negative impacts on their education, social lives and future opportunities. Young adult carers are supported when moving from education to training and work while balancing an ongoing caring role The National Carers Strategy contributes the following National Outcomes: Children and young people: we grow up loved, safe and respected so that we realise our full potential. Communities: we live in communities that are inclusive, empowered, resilient and safe. Education: we are well educated, skilled and able to contribute to society. Fair work and business: we have thriving and innovative businesses, with quality jobs and fair work for everyone	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	How have you applied learning from research evidence about the experience of equality groups to the service or Policy? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination,	<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</i>	<u>Glasgow City Health and Social Care Partnership Equality Outcomes 2024 to 2028</u> <u>GLASGOW CITY IJB STRATEGIC PLAN 2023-26</u> <u>GLASGOW CITY: POPULATION AND NEEDS PROFILE</u> The review of the health teams which support with carer health assessments and the ongoing service monitoring. The COVID-19 pandemic highlighted the considerable contribution of unpaid carers in the delivery of health and social care which is now being	

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	harassment and victimisation 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	<i>staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i>	embedded in wider Glasgow HSCP Policy and planning. Consultation that was undertaken as part of the engagement for the Carers Strategy informed design of the website for carers, leaflets and how information is shared with carers. Also in the South locality a different approach to the service used the funding for the band 3 health professional to support funding short breaks for carers to allow them to attend GP or other health appointments. This provided a more efficient and effective route for primary carer support with more consistency.	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? 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	<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>	At present there has been no engagement with service users, service users will still be able to access support via their primary care providers, i.e. GP There has also been no engagement with staff at present but discussions with staff and trade unions/ staff side will be completed in due course.	Communication Strategy developed for primary care to raise awareness of carers and their particular needs during carers week 2025 Carer Support Plans should be amended to remove the offer of health reviews and signpost carers to Primary Carer Services if they have health concerns.

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	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 ☐	<i>(Due regard to promoting equality of opportunity)</i> <i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i>		
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination,	<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.</i> <i>(Due regard to remove discrimination, harassment and</i>	All HSCP services are required to consider accessibility in building design and service delivery. Commissioned Carer services specification stipulates building accessibility. Where possible by the service and appropriate a flexible approach to service delivery are specified in commissioned carer services tender specifications: carers will be offered choice home visit, face to face or online platform. With or without person being looked after. Short break funding can be provided to allow carers to step out of their caring role to attend health appointments.	<u>Carers needs to be included in the Primary Care Improvement Plan (PCIP)</u> Short break funding to allow the cared for person to be supported to allow a carer to attend health appointments.



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	harassment and victimisation 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	<i>victimisation).</i>		
		<i>Example</i>	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 victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations	<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> <i>Written materials were offered in other languages and formats.</i> <i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i>	Communication will adhere to the principles outlined in the GC HSCP Participation and Engagement Strategy https://glasgowcity.hscp.scot/participation-and-engagement-strategy Consultation that was undertaken as part of the engagement for the Carers Strategy informed design of the website for carers, leaflets and how information is shared with carers Staff will be communicated with effectively and staff side / trade unions available to support.	Involvement of Trade Unions and Staff Side. Staff side are involved in meetings to develop this work. Continuous engagement with carers on how we are doing and how we can improve. Use of Care Opinion and feedback



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	between protected characteristics 4) Not applicable ☐ The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.			
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 ☐	We know that people are most likely to become carers in their later working years. We also know that significant numbers of older people either rely on the support of unpaid carers or are carers themselves. Young carers are more likely to report instances of isolation as they may be deprived of social activities and other opportunities their peers without caring responsibilities can enjoy.	Carers needs to be included in the Primary Care Improvement Plan (PCIP) Carer Support Plans should be amended to remove the offer of health reviews and signpost carers to Primary Carer Services if they have health concerns. Short break funding to allow the cared for person to be supported to allow a carer to attend health appointments.	

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	2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐		
(b)	Disability Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	No impact identified	
	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	Research published in 2007 by the Lesbian, Gay, Bisexual Transgender and Intersex (LGBTI) Centre for Health and Wellbeing reported that 0.8% of respondents from Edinburgh, the Lothians and the	Carers needs to be included in the Primary Care Improvement Plan (PCIP)

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	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 ☐	Borders provided full-time caring. Some LGBTI parents/carers felt that reporting incidents affecting them would 'out' their children in the neighbourhood and make their children a target for bullying or harassment. The LGBT Youth Scotland written response to the Carers (Scotland) Bill consultation provided further evidence of issues affecting LGBT carers: Many LGBT carers or the LGBT people they are caring for may have reduced social networks due to a lack of acceptance of their sexual orientation or gender identity. This can result in accessing less support than other carers. Many LGBT people fear potentially experiencing homophobia, biphobia and transphobia from services or have previous experience of discrimination from a service. There is often a lack of visibility of LGBT identities within services which are necessary to counter LGBT people's expectations of discrimination, or a lack of confidence that services are able to meet their needs (National Carer Strategy EqIA)	Carer Support Plans should be amended to remove the offer of health reviews and signpost carers to Primary Carer Services if they have health concerns. Short break funding to allow the cared for person to be supported to allow a carer to attend health appointments.
	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	No impact identified	

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	boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐		
(e)	Pregnancy and Maternity Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity? Your evidence should show which of the 3 parts of the General Duty have been considered (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 impact identified	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

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(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 ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	We know that Black, Asian and ethnic minority carers are less likely to be aware of support services available and also less likely to seek help. The Carer Strategy therefore aims to create awareness in these communities about the various initiatives and encourage these groups to engage, including with national carer organisations, to mitigate any disproportionate negative impacts. (National Carer Strategy EqIA)	Carers needs to be included in the Primary Care Improvement Plan (PCIP) Carer Support Plans should be amended to remove the offer of health reviews and signpost carers to Primary Carer Services if they have health concerns. Short break funding to allow the cared for person to be supported to allow a carer to attend health appointments.
(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 ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected	No impact identified	

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	characteristics. 4) Not applicable ☐		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	Sex Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	14% of Glasgow adults (around 7,4000) are unpaid carers with a higher percentage of women (16%) than men (13%) undertaking this role. <u>GLASGOW CITY IJB STRATEGIC PLAN 2023-26 GLASGOW CITY: POPULATION AND NEEDS PROFILE</u> As there is a higher proportion of female carers, they are more likely to be disproportionately affected emotionally, financially, and physically due to their caring role.	Carers needs to be included in the <u>Primary Care Improvement Plan</u> (PCIP) Carer Support Plans should be amended to remove the offer of health reviews and signpost carers to Primary Carer Services if they have health concerns. Short break funding to allow the cared for person to be supported to allow a carer to attend health appointments.
(i)	Sexual Orientation Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation? Your evidence should show which of the 3 parts of the	Research published in 2007 by the Lesbian, Gay, Bisexual Transgender and Intersex (LGBTI) Centre for Health and Wellbeing reported that 0.8% of respondents from Edinburgh, the Lothians and the Borders provided full-time caring. Some LGBTI parents/carers felt that reporting	Carers needs to be included in the <u>Primary Care Improvement Plan</u> (PCIP) Carer Support Plans should be amended to remove the offer of health reviews and

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	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 ☐	incidents affecting them would 'out' their children in the neighbourhood and make their children a target for bullying or harassment. The LGBT Youth Scotland written response to the Carers (Scotland) Bill consultation provided further evidence of issues affecting LGBT carers: Many LGBT carers or the LGBT people they are caring for may have reduced social networks due to a lack of acceptance of their sexual orientation or gender identity. This can result in accessing less support than other carers. Many LGBT people fear potentially experiencing homophobia, biphobia and transphobia from services or have previous experience of discrimination from a service. There is often a lack of visibility of LGBT identities within services which are necessary to counter LGBT people's expectations of discrimination, or a lack of confidence that services are able to meet their needs (National Carer Strategy EqIA)	signpost carers to Primary Carer Services if they have health concerns. Short break funding to allow the cared for person to be supported to allow a carer to attend health appointments.
	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	No impact identified	

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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) 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)? 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		
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	determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement ²² 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 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?	No impact identified	
8.	Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	This change seeks to provide best value to the HSCP and ensure that carers are able to seek the health support they require in a way that better meets their needs.	Carers need to be included in the Primary Care Improvement Plan (PCIP) Carer Support Plans should be amended to remove the offer of health reviews and signpost carers to Primary Carer Services if they have health concerns. Short break funding to allow the cared for person to be supported to allow a carer to attend health appointments.
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action

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		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.		Carers needs to be included in the Primary Care Improvement Plan (PCIP) Carer Support Plans should be amended to remove the offer of health reviews and signpost carers to Primary Carer Services if they have health concerns. Short break funding to allow the cared for person to be supported to allow a carer to attend health appointments.

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.

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N/A

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.

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Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.

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)
Communication Strategy developed for primary care to raise awareness of carers and their particular needs during carers week 2025	June 9 th - June 15 th , 2025, FB	
Carer Support Plans should be amended to remove the offer of health reviews and signpost carers to Primary Carer Services if they have health concerns.	1 st April 2025 FB	
Carers needs to be included in the Primary Care Improvement Plan (PCIP)	Completed JM, GD	
Short break funding to allow the cared for person to be supported to allow a carer to attend health appointments.	Completed, Carers Teams	

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

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Lead Reviewer:
EQIA Sign Off:

Name Jacqui McGoldrick
Job Title Head of OP & PC

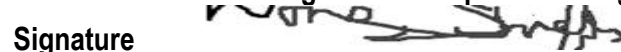


Signature

Date 3/3/25

Quality Assurance Sign Off:

Name Noreen Shields
Job Title Planning and Development Manager



Signature

Date 5/3/25

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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

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