

# OFFICIAL 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. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact <a href="mailto:alastair.low@ggc.scot.nhs.uk">alastair.low@ggc.scot.nhs.uk</a> for further details or call 0141 2014560.

N <u>ame</u>	Name of Policy/Service Review/Service Development/Service Redesign/New Service:					
Gei	General Practitioner (GP) budget					
ls this	s a: Current Service x Service Development Service Redesign New Service New Policy Policy Review					
Desci	ription of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).					
Wh	at does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the					
pul	blic domain and should promote transparency.					
Gla	sgow City HSCP utilises the GP budget to pay a number of independent GP contractors for in reach support they provide to Care Homes who fulfil Hospital Discharge					
pat	hways via Intermediate Care or time limited Interim Care Beds and for cross charge payments by the HSCP to GGHB for Consultant input to Care Homes.					
	2019, following a legal challenge, Glasgow City Council and GGHB ceased the use of 2 care homes who provided Care Home beds for service users who were in					
	te, fit for discharge but required Adults With Incapacity (AWI) powers to be granted in order to facilitate a long term care plan. Consultant Geriatrician cover was					
pro	vided to the service users at the time by GGHB who cross charged Glasgow City HSCP. The service is no longer being provided and payments have now ended.					
	sgow City HSCP, provides Intermediate Care (IC) pathway to support Hospital Discharge. Currently this service is provided across the 3 localities in 6 Care Homes,					
	th of the care homes having a dedicated GP service. One care home has no GP cover as the GP has withdrawn from the contract with no alternate GP agreeing to take					
	r. Following a re tender of the IC contract, the number of IC units delivering the service from May 2022 will reduce to 5 from 6, this is in line following review of					
per	centage occupancy and the development of further pathways that support Hospital Discharge.					
То	ounnert Heapital Discharge during the Covid pendemic several ears bemon were identified to provide a dedicated number of Care Hame hade to assist appeals					
	support Hospital Discharge during the Covid pandemic several care homes were identified to provide a dedicated number of Care Home beds to assist speedy charge from acute and provide further assessment by the HSCP. These Care Home beds were time limited and each had a dedicated GP aligned to them. Take up by					
	vice users and their families of these beds was limited, often due to the location and the temporary nature of them. Use of these beds has ended and the GP contract is					
	longer required.					
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Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.)

This budget proposal was selected to be EQIA assessed in order to understand if/any implications for individuals whom fall into/identify as one of the nine protected characteristic groups. We wanted to understand if there are any implications for the budget proposal any actions that we may need to take and if any gaps existed as we make the changes.

Hospital discharge pathways are under constant review and change dependent on scrutiny of evidence based research and data analysis, this work sits within shifting the balance of care and enabling independent living for longer as 2 of the 5 strategic priorities for health and social care in Glasgow

The change in the budget poses no proportionate risks and no legal risks for the organisation.

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:
Jacqui McGoldrick	N/A

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):

N/A

		Example	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	A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.	The change of the budget does not directly affect service users but will affect GP contractor's  Care home providers who provide IC will comply with equality processes and gather equality information of service users. Furthermore through social work assessments and reviews, demographic information and equality information is collected	N/A
	protected characteristic data omitted.			
		Example	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).	A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were	Not applicable as there is no service re-design.	N/A

	1) Remove discrimination, harassment and victimisation  2) Promote equality of opportunity  3) Foster good relations between protected characteristics.  4) Not applicable	introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)		
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	How have you applied	Looked after and	There has been no service re-design therefore not applicable.	N/A
	learning from research evidence about the	accommodated care services reviewed a	The service is not delivered directly the Glasgow HSCP and will no disproportionately impact service users and equality groups.	
	experience of equality	range of research	The disproportionatery impact service users and equality groups.	
	groups to the service or	evidence to help promote		
	Policy?	a more inclusive care environment. Research		
	Your evidence should show	suggested that young		
	which of the 3 parts of the	LGBT+ people had a		
	General Duty have been considered (tick relevant	disproportionately difficult time through		
	boxes).	exposure to bullying and		
		harassment. As a result		
	1) Remove discrimination,	staff were trained in		
	harassment and victimisation	LGBT+ issues and were		
	victiiii3ativii	more confident in asking related questions to		
	2) Promote equality of	young people.		
	opportunity	(Due regard to removing		
		discrimination,		

			<del>-</del>	-
	3) Foster good relations between protected characteristics  4) Not applicable	harassment and victimisation and fostering good relations).		
		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?  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	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.  (Due regard to promoting equality of opportunity)  * The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in	There is no specific engagement on this budget proposal with any groups	N/A

	4) Not applicable	households at risk of low incomes.		
		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, harassment and victimisation  2) Promote equality of opportunity  3) Foster good relations between protected characteristics.	An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire.  (Due regard to remove discrimination, harassment and victimisation).	Yes the services are physically accessible to everyone. The budget proposal will not directly affect the accessibility to the service for service users with disabilities.  There are no potential barriers to be addressed.	N/A

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		Example	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 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	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.  Written materials were offered in other languages and formats.  (Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).	There will be no change in the way in which the budget proposal and changes will communicate with service user, staff and stakeholders.	N/A	

	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)	Could the service design or podisproportionate impact on peage? (Consider any age cut-of service design or policy conterobjectively justify in the evider segregation on the grounds of policy or included in the service Your evidence should show will General Duty have been considerated.	ople due to differences in ffs that exist in the nt. You will need to nce section any age promoted by the ce design).	There will be no additional barriers or disproportionate effects for service users based on their age. Currently, overwhelmingly the age demographic of 65+ is using the Hospital discharge pathways. However the budget ranges between both adult and older people however service users will not be directly affected.	N/A
	Remove discrimination, hard victimisation	assment and		
	2) Promote equality of opportu	ınity		
	3) Foster good relations betwe characteristics.	en protected		
	4) Not applicable			

(b)	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	The service will still be available to individuals with disabilities and additional support requirements. Any requirements based on someone's disability will be identified through the assessment processes  .	N/A
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(0)	Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?  Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).	Gender Identity won't be affected by the budget proposal. Gender identity is something considered within social work assessment, reviews and delivery of the service.	N/A

	1) Remove discrimination, harassment and victimisation  2) Promote equality of opportunity  3) Foster good relations between protected characteristics  4) Not applicable		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	Marriage and Civil Partnership	Not affected by the budget proposal.	N/A
	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).		
	Remove discrimination, harassment and victimisation		
	2) Promote equality of opportunity		
	3) Foster good relations between protected characteristics		
	4) Not applicable		

(e)	Pregnancy and Maternity	Not affected by the budget proposal.	N/A
	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).		
	Remove discrimination, harassment and victimisation		
	2) Promote equality of opportunity		
	3) Foster good relations between protected characteristics.		
	4) Not applicable		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	Race	Not affected by the budget proposal.	N/A
	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		
(g)	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	Religious beliefs are supported through social work assessment, reviews and the delivery of the service. This will not be affected by the proposed budget.	N/A
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	Sex	There will be no direct impact on equality groups based on sex.  Whilst we recognise that woman are more likely to be in recipient in 65+ care homes, the level of care they receive is of	N/A

	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).	the same standards as those not of the same sex. The care is not provided by the HSCP. The proposal will not affect service users on the basis of sex.	
	Remove discrimination, harassment and victimisation		
	2) Promote equality of opportunity		
	3) Foster good relations between protected characteristics.		
	4) Not applicable		
(i)	Sexual Orientation	The budget proposal will not disproportionately impact equality groups or individuals based on their sexual orientation.	N/A
	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).		
	Remove discrimination, harassment and victimisation		
	2) Promote equality of opportunity		

	3) Foster good relations between protected		
	characteristics.		
	4) Not applicable		
	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 the 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 in strategic planning. You should evidence here steps taken to assess and	There will be no direct impact on equality groups based on individuals with lower income/assets	
	mitigate risk of exacerbating inequality on the ground of socio-economic status.		
(k)	Other marginalised groups  How have you considered the specific impact on other groups including homeless people, prisoners and exoffenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?	We have identified other marginalised groups and recognised there will be no disproportionate impacts on those groups on the basis of the proposed budget change.	N/A
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?	Yes. We have managed this through this EQIA assessment.	N/A

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	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.		
		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.	HSCP/NHSGGC have statutory and mandatory equality training through the induction programme and ongoing opportunities. HSCP/NHSGGC staff also have the opportunity to carry out EQIA training.	Should staff request further equality training this is something we will make accessible.

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom

of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

No risks to human rights were identified in relation to the proposed budget change.

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\*.

Not available. Further engagement processes, if required will be inclusive of the Panel Approach and take into consideration a human rights based approach.

\*

- 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.

# OFFICIAL 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	e 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)

on sexual orientation,	, faith etc please use	ething that 'stands out' as an example of good the box below to describe the activity and the lopments in their own services.	-	•	• .
N/A					
Actions — from the addition	nal mitigating action re	equirements boxes completed above, please	Date for	Who is	
summarise the actions this	<u> </u>	•	completion	responsible?(initials)	is nsible?(initials)
Ongoing 6 Monthly Review	please write your 6 r	monthly EQIA review date:			
Lead Reviewer: EQIA Sign Off:	Name Job Title Signature Date	Jacqui McGoldrick Head of Service, NE, Older People and Prim Jacqui McGoldrick 7 <sup>th</sup> March 2022	ary Care		
		nent to <u>alastair.low@ggc.scot.nhs.uk</u> for qualit directly to publication if required.	y assurance (QA).	Please note QA offers advice	on content and
Quality Assurance:	Name Job Title				

Signature Date



# 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:

	Con	Completed	
	Date	Initial	
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Status:  lease detail any outstanding activity with regard to required	actions highlighted in the original EQIA process for this Service  To be Co	e/Policy and	
Status:  lease detail any outstanding activity with regard to required			
Status: lease detail any outstanding activity with regard to required eason for non-completion	To be Co	ompleted by	
Status:  lease detail any outstanding activity with regard to required eason for non-completion  Action:	To be Co	ompleted by	
Status:	To be Co	ompleted by	

	Т	To be completed by	
	D	ate Initia	
Action:			
Reason:			
Action:			
Reason:			
Please detail any discontinued actions that were originally planned a  Action:	ind reasons:		
Reason:			
Action:			
Reason:			
Please write your next 6-month review date			
Name of completing officer:			
Date submitted:			
Please email a copy of this EQIA to <u>alastair.low@ggc.scot.nhs.uk</u> or Clyde, JB Russell House, Gartnavel Royal Hospitals Site, 1055 Great		ireater Glasgow a	