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:

Glasgow City Treatment Rooms

Is this a: Current Service x ☐ 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).

Glasgow City Treatment Rooms provide community-based nursing assessment and treatment for patients aged 5 years and over across 21 sites within Glasgow City HSCP. Services include ear irrigation, ear microsuction, wound management, dressings, compression therapy, injection therapy, suture and clip removal, catheter care and other delegated nursing interventions. The service operates Monday to Friday and accepts referrals from General Practice, District Nursing, Secondary Care and other appropriate healthcare professionals.

The service aims to provide timely, safe and equitable access to treatment closer to home whilst supporting wider primary care improvement priorities and reducing unnecessary hospital attendance.

As part of ongoing review and development of Glasgow City Treatment Rooms, an EQIA has been undertaken to ensure the service continues to provide equitable access for a diverse population across Glasgow City. The assessment supports NHSGGC equality duties, human rights obligations and the commitment to reducing health inequalities for people living in areas of deprivation.

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:**
Frank Mullen, Service Manager Older People & Primary Care Anne Scott, Senior Nurse Manager, Treatment Rooms	October 2012 August 2023

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):

		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 protected characteristic data omitted.**	***A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.***	Demographic and clinical information is routinely collected through EMIS Web and referral documentation for patients accessing Glasgow City Treatment Rooms. Information collected includes age, sex, postcode and ethnicity where recorded by referring services. Information regarding communication needs, interpreter requirements, sensory impairment and other factors requiring reasonable adjustment are documented within clinical records to support safe and equitable care delivery. Service activity, referral patterns, attendance rates and geographical demand are routinely reviewed to understand service utilisation across Glasgow City localities. Postcode data assists in understanding service access within areas of deprivation and informs workforce deployment and clinic capacity planning. Whilst some protected characteristic information is available, the service remains limited by the functionality of current electronic systems and the	Future implementation of replacement electronic patient record systems should consider enhanced collection and reporting of protected characteristic information to support equality monitoring and service planning

			quality of information supplied through referral pathways. Comprehensive reporting across all protected characteristics cannot currently be undertaken within existing systems.	
		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).** **1) Remove discriminatio harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐	***A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)***	Activity and demographic information are reviewed to support equitable service provision across Glasgow City. Demand and capacity data are used to identify variation in service utilisation across localities and inform resource allocation. The service operates from multiple community locations distributed across Glasgow City to reduce travel requirements and improve accessibility for patients who may experience financial, physical or transport-related barriers to care. Population data and service demand are regularly considered during service redesign and pathway development to ensure services remain responsive to the needs of diverse communities, including those living in areas of significant socioeconomic deprivation. Feedback from patients, staff and partner services has informed the development of patient information	Continue to monitor activity and patient feedback data to identify any emerging inequalities in access or patient experience.

	4) Not applicable ☐		resources, communication methods and accessibility initiatives to reduce barriers to service access. Workforce planning, clinic utilisation reviews and demand and capacity analysis are undertaken routinely to ensure equitable access across Glasgow City localities. This supports service planning decisions and helps identify where variation in demand, workforce availability or clinic capacity could inadvertently impact access to care for specific communities or population groups. Resource allocation is therefore informed by both population need and equality considerations.	
		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, harassment and victimisation** ☐	***Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people.***	National and local evidence demonstrates that people living in areas of socioeconomic deprivation experience significantly poorer health outcomes, higher levels of multimorbidity and increased barriers to accessing healthcare services. Glasgow City contains some of the most deprived communities in Scotland and this has been a key consideration in service design and delivery. The Treatment Room Service aims to provide care closer to home through locality-based clinics, reducing travel burden and supporting access to nursing care within local communities. Evidence regarding health inequalities, accessibility, communication support, long-term conditions and inclusion has informed service developments	

	2) Promote equality of opportunity ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	***(Due regard to removing discrimination, harassment and victimisation and fostering good relations).***	including patient information resources, communication methods and future service planning. National guidance and NHS Scotland policy relating to equality, diversity, inclusion and human rights continue to inform operational practice and workforce development. Demand and capacity reviews also provide local evidence regarding patterns of service utilisation across localities. This information is considered alongside wider population health and deprivation data to support equitable service planning and identify opportunities to reduce health inequalities.	
		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.**	***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.***	Patient experience and feedback are routinely sought through patient satisfaction surveys available in both paper and QR code formats. Feedback from patients has informed ongoing service improvement and provided assurance regarding accessibility and patient experience. The service engages regularly with General Practice, Community Nursing, Primary Care Improvement Teams, HSCP colleagues and other stakeholders to understand barriers to care and support service development. Consideration has been given to the needs of patients requiring language support, accessible	Further review survey responses to identify any trends relating to 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 rel[illegible]ons between protected characteristics** **4) Not applicable** ☐	***(Due regard to promoting equality of opportunity)*** **** The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.***	information and alternative communication methods. Feedback received through patient contact and clinical interactions has informed the development of translated information resources and accessible educational materials. Engagement activity indicates that accessibility, convenience of location and availability of understandable information are significant factors influencing patient experience.	
		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**	***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***	Treatment Rooms are provided across multiple community locations within Glasgow City, enabling patients to access care as locally as possible. Clinical premises have been selected to maximise accessibility and include disabled access, wheelchair access, disabled toilet facilities and access to bariatric equipment where required. Reasonable adjustments are made wherever identified to support patients with disabilities, mobility	

	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** ☐	***deactivate in the event of a fire.*** ***(Due regard to remove discrimination, harassment and victimisation).***	impairment, sensory impairment or communication needs. Where attendance at a Treatment Room is not clinically appropriate due to mobility limitations or other significant barriers, alternative pathways are available through Community District Nursing Services and other appropriate care providers. The service continually works with property and facilities colleagues to identify and address environmental access issues where these arise.	
		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).**	***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.***	The service recognises that effective communication is fundamental to equitable access to healthcare. Patient information resources have been developed specifically for Glasgow City Treatment Rooms and are available in ten translated languages to support patients whose first language is not English. Educational videos have been developed to explain the service and are available in formats including subtitles and British Sign Language interpretation. Interpreter services are available in accordance with NHSGGC policies and procedures and can be arranged whenever communication support is required.	

	1) Remove discrimination, harassment and victimisation ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐ **The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.**	***(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).***	Information can be provided in alternative formats and communication requirements are documented within patient records where identified. Staff receive training in equality, diversity and inclusion and are expected to take account of individual communication needs when delivering care. Patients may access Glasgow City Treatment Rooms through a variety of routes. Self-referral is available for ear irrigation, ear microsuction and wound care services. Appointments for these services can be arranged by telephone or in person at local health centres. Online booking is not currently available. Referrals for other clinical interventions, including catheter care, injection therapy and delegated nursing procedures, require referral from a General Practitioner or other appropriate Healthcare Professional. Providing both self-referral and professional referral routes supports accessibility and helps reduce barriers to care for patients with differing healthcare needs and levels of service engagement.	
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**		The service provides equitable access to treatment for children aged five years and above, adults and older people based upon clinical need and referral criteria.	

	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** ☐	Older adults represent a significant proportion of service users due to the prevalence of long-term wounds, chronic disease and age-related health conditions. Care delivery is based on individual clinical assessment rather than age, ensuring fair access regardless of age group. Staff complete mandatory safeguarding and protection training relevant to both children and adults.	
(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).**	The service supports individuals with physical disabilities, learning disabilities, sensory impairments, long-term conditions and mental health needs. Reasonable adjustments are implemented wherever possible and may include interpreter support, hearing support, accessible environments, extended appointments where required and involvement of carers.	

	1) Remove discrimination, harassment and victimisation ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	Bariatric equipment is available within the service and sites are selected with accessibility considerations in mind. Alternative community-based pathways are available where attendance at clinic would create significant barriers. The service recognises the importance of accessible communication for patients with hearing, sensory or communication impairments. British Sign Language (BSL) interpreting services can be arranged in line with NHSGGC policy and staff have access to both face-to-face and remote video interpreting services where appropriate. Remote interpreting provides additional flexibility for unplanned, urgent or short-notice appointments when face-to-face interpretation may not be immediately available. Translation and interpreting services are also available for patients whose first language is not English. These arrangements support equitable access to care and help ensure patients can actively participate in decisions regarding their treatment and care.	
	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?**	Glasgow City Treatment Rooms provide care based on clinical need and referral criteria irrespective of gender identity or gender reassignment status. Staff are expected to treat all individuals with dignity, respect and sensitivity and to use a person's preferred name and pronouns in line with NHSGGC policies and values.	No adverse impact identified. Positive impact through commitment to inclusive, person-centred care and staff training.

	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** ☐	Equality and diversity training supports awareness of transgender and non-binary individuals and promotes inclusive and respectful care. Clinical environments provide access to private consultation and treatment areas to maintain dignity and confidentiality for all patients. No barriers specific to gender reassignment have been identified within current service delivery arrangements.	
	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** ☐	Access to Glasgow City Treatment Rooms is determined solely on the basis of clinical need and eligibility criteria. Marital or civil partnership status has no influence on access to treatment, appointment allocation, referral processes or ongoing care. Where appropriate, spouses, civil partners and family members may be involved in care discussions with the patient's consent. The service promotes equitable treatment for all individuals regardless of relationship status.	No adverse impact identified.

	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** ☐	Glasgow City Treatment Rooms provide treatment to individuals who are pregnant or recently post-partum where clinically appropriate and within the service specification. Staff are trained to recognise circumstances where pregnancy may influence treatment decisions, clinical interventions or referral pathways. Flexible appointment arrangements can be considered where required to support attendance and ongoing care during pregnancy or maternity periods. Clinical care is planned collaboratively with wider multidisciplinary teams where specialist input is required. The service recognises that pregnant individuals may experience additional physical, social and logistical barriers to accessing healthcare and seeks to minimise these wherever possible.	Positive impact through equitable access and individualised care planning.
	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?**	Glasgow City serves a diverse population comprising individuals from a wide range of ethnic and cultural backgrounds.	No adverse impact identified.

	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 service seeks to minimise inequality through provision of interpreting services, translated written information and culturally sensitive care. Treatment Room information leaflets are available in ten translated languages and staff can access interpretation services whenever required. Staff are expected to complete Equality and Diversity training and apply principles of cultural awareness and inclusion in routine practice.	
(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 characteristics.** ☐ **4) Not applicable** ☐	Glasgow City Treatment Rooms serve a culturally and religiously diverse population across Glasgow. Staff are expected to provide care that is respectful of individual beliefs, religious practices and cultural preferences. Patients are supported to express any requirements relating to religion or belief that may influence their care and reasonable adjustments are considered whenever possible. Interpretation services are available where language or cultural barriers may affect communication and understanding. Appointment scheduling and care planning may be adapted where practicable to accommodate significant religious observance or practices.	Positive impact through recognition of cultural and religious diversity and provision of person-centred care.
	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 a victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	The service is available equally to male and female patients in accordance with clinical need. Referral criteria, appointment systems and treatment pathways apply equally regardless of sex. Clinical interventions provided by Treatment Rooms support a wide range of conditions affecting both men and women. Service activity and patient feedback are reviewed routinely to identify any unintended inequalities in access or experience. The service acknowledges that some patients, including those who have experienced trauma, abuse or gender-based violence, may have a preference regarding the sex of the clinician providing care. Whilst Glasgow City Treatment Rooms has a predominantly female nursing workforce, requests and preferences will be considered wherever reasonably practicable and balanced against clinical need, service capacity and staff availability. The service aims to provide care in a manner that promotes dignity, privacy, safety and person-centred decision-making for all patients. No evidence of differential access or disadvantage based on sex has been identified.	No adverse impact identified.

(i)	**Sexual Orientation** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	Glasgow City Treatment Rooms provide care in an environment that promotes dignity, respect and inclusion for all individuals regardless of sexual orientation. Staff are expected to deliver care free from discrimination and in accordance with NHSGGC Equality and Diversity policies. Equality and diversity training supports awareness and understanding of issues impacting lesbian, gay and bisexual individuals. Clinical consultations take place in private environments which support confidentiality and respect for personal information. No barriers affecting access to Treatment Room Services on the basis of sexual orientation have been identified.	Positive impact through inclusive and non-discriminatory service delivery.
	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?** **In addition to the above, if this constitutes a 'strategic decision' you should evidence due regard to meeting**	Socioeconomic inequality remains a significant determinant of health outcomes within Glasgow City. Many individuals accessing Treatment Rooms reside within areas experiencing high levels of deprivation, multimorbidity, unemployment and poorer health outcomes.	No adverse impact identified.

	the requirements of the Fairer Scotland Duty (2018). Public bodies in Scotland must actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions and complete a separate assessment. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)	The service seeks to reduce inequalities by delivering care from multiple community-based locations across Glasgow City, reducing travel requirements and associated costs for service users. Locality-based service delivery supports access for patients who may otherwise experience financial, transport or social barriers to healthcare. Demand and capacity data are reviewed as part of routine service planning to ensure resources are distributed appropriately and to minimise variation in access across localities. Service developments continue to consider the impact of poverty and health inequalities on patient access and outcomes. Capacity planning and workforce deployment decisions take account of locality demand and population need to support equitable access to treatment services across Glasgow City. This approach seeks to minimise the risk of individuals living in areas of deprivation experiencing reduced access to care due to service pressures or workforce constraints.	
(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?**	Glasgow City Treatment Rooms provide care to a broad range of individuals who may experience social exclusion, vulnerability or disadvantage. This includes people experiencing homelessness, asylum seekers, refugees, individuals with substance use issues, people involved with the justice system and those experiencing poverty or social isolation.	Positive impact through locally accessible services and partnership working to support vulnerable populations.

		The service works closely with General Practice, Community Nursing Services, Secondary Care and other partner agencies to support equitable access to healthcare for vulnerable populations. Locality-based delivery supports access for individuals who may experience practical barriers to travel or engagement with healthcare services. Staff are encouraged to consider wider social determinants of health when assessing patient needs and planning care. The service recognises that individuals from marginalised groups may experience poorer health outcomes and seeks to reduce barriers to accessing treatment wherever possible. Access to Glasgow City Treatment Rooms requires patients to be registered with a Glasgow General Practice and meet the service referral criteria. The service recognises that registration with primary care can present challenges for some marginalised groups, including people experiencing homelessness, asylum seekers and vulnerable populations. Where appropriate, staff work with referrers and partner agencies to support access to suitable healthcare services and ensure patients are directed to the most appropriate pathway for their needs.	
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?**	Equality considerations are incorporated into service planning, workforce deployment and service redesign activities.	No significant adverse financial implications have been identified. Existing and planned service arrangements

	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 significant additional financial costs have been identified as a result of this Equality Impact Assessment. Many existing equality measures form part of routine operational practice, including access to interpretation services, provision of translated patient information, accessible communication methods and reasonable adjustments for individuals with disabilities. The development of multilingual patient information resources and accessible video content has been achieved within existing service improvement programmes and supports NHSGGC's wider equality and inclusion objectives. Maintaining a locality-based model of care enables patients to access services closer to home, helping to minimise travel-related cost burdens and supporting equitable access for individuals living in areas of socioeconomic deprivation. Future digital developments may provide opportunities to strengthen collection and reporting of equality information; however, any associated resource implications would be considered as part of wider organisational digital transformation programmes. Workforce and clinic capacity reviews are undertaken within existing management arrangements and support equitable distribution of resources across the service. These reviews provide assurance that available resources are aligned to service demand and population need whilst supporting fair access across all localities.	are considered proportionate and support the delivery of equitable and accessible care.

		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.**	Equality, Diversity and Human Rights learning is available to all staff through TURAS and compliance is monitored as part of routine management processes. New staff undertake equality and diversity learning as part of induction. Staff have undertaken training relating to gender reassignment awareness, equality and diversity, child protection, adult support and protection, violence reduction and human rights principles. Managers and coordinators are expected to undertake leadership and management development programmes which support fair recruitment, workforce management and inclusive leadership practices. Equality considerations are routinely discussed during policy development, service redesign and workforce planning activity.	

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.

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* .

Glasgow City Treatment Rooms recognise that healthcare delivery must be informed by both equality legislation and fundamental human rights principles.

The service seeks to uphold dignity, privacy, participation, respect and equitable access within all aspects of care delivery.

Patients are encouraged to participate in decisions regarding their treatment and care, with information provided in formats that support informed choice wherever possible.

Communication support, interpretation services and accessible information resources are available to facilitate meaningful participation in care decisions.

The service has considered the PANEL principles of Participation, Accountability, Non-discrimination, Empowerment and Legality throughout service delivery and development.

No significant human rights concerns were identified through this assessment. Ongoing monitoring of patient experience, accessibility and service equity will continue through existing governance arrangements.

*

- **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: Full mitigation of identified risk not made, decision to continue without objective justification (Lead Reviewer to provide explanatory note here):

☐ Option 5: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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)**
-Future implementation of replacement electronic patient record systems should consider enhanced collection and reporting of protected characteristic information to support equality monitoring and service planning - Review of patient survey by protected characteristics	Ongoing AS Ongoing AS	

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

Lead Reviewer:
EQIA Sign Off:

Name Anne Scott
Job Title Senior Nurse Manager
Signature
Date 12/11/2026

Quality Assurance Sign Off:
(NHSGGC Assessments)

Name Noreen Shields
Job Title Planning Manager
Signature
Date 17/12/2026

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

NHS GREATER GLASGOW 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