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 Primary Care Action Plan: 2023 – 2026

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).

What 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 public domain and should promote transparency.

Glasgow City Primary Care Action Plan (PCAP): 2023 -2026 builds on the achievements of the 2019-2021 PCIP and sets out how we will further develop a range of primary care services for people living in a wide range of communities within Glasgow City Health & Social care Partnership (GCHSCP). This second plan will support the new General practitioners (GPs) contract and will form part of the board wide primary care strategy 2023-2028.

The new GP contract aims to guarantee a long-term future for general practice and to substantially improve patient care, by maintaining and developing the role of primary care. It also provides a spotlight on primary care as a foundation on which to deliver more integrated care to patients throughout the city. Primary care services provide the first point of contact in the healthcare system, estimates suggest that around 90% of health care episodes start and finish in primary community care.

In addition to activity implementing the new GP contract, this plan includes a set of initiatives that cover the HSCP's wider responsibilities in relation to primary care, including responsibilities for managing the primary care prescribing budget, the HSCPs role in working with primary contractors (GPs, optometrists, dentists and community pharmacists) and support for promoting improvement and the sustainability of primary care in Glasgow.

<u>The Core PCAP Actions and Enablers are</u>:
Action 1: Promoting the sustainability of primary care services
Action 2: Within our overall Scottish Government funding implement the requirements of the 2018 GP contract through our primary care investment fund
Action 3: Progress our support for quality improvement (QI) in primary care groups
Action 4: Develop and implement the Primary Care Mental Health and Wellbeing teams for all GP clusters

Enabler 1: Making sure we have a high quality of engagement and collaboration with our primary care workforce (contractors), third sector networks, our locality engagement forums and equality groups, supporting leadership and collaboration
Enabler 2: Ensuring that our primary care plan is connected to the HSCP's other transformation programmes and to the policy developments by the health board and Scottish Government
Enabler 3: Improving our performance management framework for those primary care functions where we have a responsibility

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.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.
The Primary Care Action Plan is a key strategic document for the GC HSCP and sets out how primary care service ambitions will be met in order to deliver the best possible care to our communities in the most efficient way.

The PCAP is an overarching programme of work which has many work streams and covers a large number of primary care services and contractors. For context, Glasgow City hosts 105 optometry practices; 141 general practices (GPs); 159 general dental practices (GDS) and 163 community pharmacies (CP) delivering primary care services to around 780,919 GP registered patients (19% higher than the resident population).

The 2019-2021 plan & associated EQIA was a published in 2019. Again this EQIA for our second PCIP will set out how those care ambitions will be underpinned with due regard to meeting the legal requirements of the Public Sector Equality Duty (or general duty) of the Equality Act 2010 and the 2018 Fairer Scotland Duty (the duty). In the last three years, several PCIP component programmes & services have now conducted EQIAs to support the 3 parts of the General Duty. For example, the Mental Health Strategy & PCIP, Glasgow City Community Links Workers Service (CLW), Compassionate Distress Response Service (CDRS) and travel health vaccination provision. Additional EQIAs will therefore be undertaken by individual services in the future.

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: Lara Calder, Primary Care Improvement & Development Manager	Date of Lead Reviewer Training: 16/12/2022

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):

Audrey McPetrie, Project Manager
Jenny McCann, PCIP Programme Manager
Gary Dover, Assistant Chief Officer
Consultation with members of the Glasgow City HSCP Primary Care Leadership Group.

		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.*	Equalities data is collected to varying degrees by the PCIP work streams. Where data is not routinely available, equalities data can be collected where necessary to inform the design of a service and the overall demographic trends in Glasgow will also be taken into account. These trends are outlined in Glasgow City HSCP's August 2023 demographics and needs profile full report_0.pdf (hscp.scot). Primary care contractors do not routinely collect data on the nine protected characteristics. However, each pathway/service (either direct, public sector or contracted) has a duty to comply with any legislation relating to the nine protected characteristics and to ensure provision of goods and services complies with the Equality Act and Public Sector Equality Duty. The public sector equality duty has a number of requirements that public authorities have to comply with, which includes publishing a fresh set of equality outcomes every four years. Information is collected to monitor and report on the set of Equality Outcomes for 2020 – 2024, published by the IJB. The outcomes were developed in engagement with stakeholders, citizens and staff. A progress report on outcome 3: Improved patient experience of primary care by protected characteristics and by those experiencing poverty is provided on an annual basis. Due to the nature of some services, there are barriers to data collection. For example, people coming into the Compassionate Distress Response Service (CDRS) service are asked to complete equalities information before discharge but only at later appointments, after initial trauma and distress has reduced.	We recognise the limitations of the data currently being collected by the varying workstreams and contractors but continue to work on improving this in line with the recommendations made by the Scottish Government's Equalities Data Improvement Programme. Opportunities will be identified to encourage both primary care contractors and HSCP staff leading the PCIP workstreams to gather data related to the nine protected characteristics. This will include incorporating the requirement for equalities data to be collected when commissioning services from other organisations. A fresh set of Equality Outcomes for 2024-28 will be published and will provide opportunity to reflect population and societal changes post pandemic, and health and social care delivery challenges.

			The complexity of service pathways within the Primary Care Improvement Plan (and their respective patient information systems) means it is not possible to create a single data repository that captures equality monitoring data across all nine protected characteristics.	
		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 discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	*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)* √	PCIP work streams are required to ensure consideration of equalities in all areas of service planning, development and implementation. There is evidence that some work streams have adapted their model of service design and delivery to ensure effective access for hard to reach groups. A recent example of where service uptake data has been used to inform practice is the Vaccination Transformation Programme (VTP). Innovative ways of engaging with communities to increase uptake and provide various targeted provisions now includes; mass drop-in clinics across local community venues including the mosque, a vaccination bus, older people & adult residential care homes and a patient home visiting service. Translated materials, NHS Inform, use of interpreting services and sign language are provided to support inclusive practice. The Community Links Worker programme routinely captures equality monitoring data from client engagements and is able to determine service uptake by protected characteristic groups. For example, a high percentage of appointments (77%) are related to mental health and well- being related support. As a result, phase two funding of the Community Link Workers programme now employs thematic link workers for Homelessness and Complex Needs, Mental Health, Refugees and Asylum Seekers. Service user engagement data has supported the provision of a wide variety of staff training including; ASIST (Applied Suicide	As described above, there is no single shared mainstream data collection system across all primary care service providers. While this hampers the ability to aggregate all service use data and understand access patterning by protected characteristic, each system can be interrogated independently where data fields allow. We recognise that that collection of quantitative data is not uniform across all services but within primary care there are a number of opportunities to share good practice, case studies and reporting mechanisms in place through operational & strategic groups.

			Intervention Skills Training), financial inclusion, Alcohol Brief Intervention (ABI), Female genital mutilation (FGM), domestic abuse, vicarious trauma and NHS Interpreting Services.	
		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 ■ 2) Promote equality of opportunity ■ 3) Foster good relations between protected characteristics ■ 4) Not applicable ☐	*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.* *(Due regard to removing discrimination, harassment and victimisation and fostering good relations).*	Related recent research has been reviewed to learn and understand what matters to people from equality groups as detailed in section 4 below. Research recommendations for Primary Care are currently being considered. A number of the PCIP funded programmes & services have commissioned further local research to gain evidence about the experience of equality groups engaging with the service. Compassionate Distress Response Service (CDRS) service user evaluation data demonstrated a significant number of young service users. As a result, the service has expanded to include 16+ age group as part of a Young Persons CDRS with an enhanced referral pathway. Some of our PCIP programmes and services have been developed as the result of applied research learning. The original need for the community links worker programme came from GPs working in Glasgow's most deprived neighbourhoods (Deep End GPs). The research evidence clearly recognised the additional health needs and barriers to engagement with services among those living in areas of high deprivation. The CLW was therefore developed as a deprivation based targeted service to remove discrimination and promote equality of opportunity. NHSGGC Covid-19 Inclusive vaccine plan highlighted that not only do some communities experience differential	Nationally, public research has been carried out on public views and experiences of primary care services to learn and monitor trends. For example, the Health and Care Experience survey (2022) is conducted every 2 years. The Public understanding and expectations of primary care in Scotland: survey analysis report was published in November 2022. We recognise that these surveys are conducted at a wider national level. To inform future direction of local Primary Care service design and introduce further improvements Glasgow City Primary Care Improvement Team (PCIT) conducted local engagement in 2022 (detailed below) and is also currently leading a board wide PCIP evaluation plan. GP & MDT staff surveys have been conducted in 2022 to gauge staff views of the changes to the way Primary Care Services have been delivered in the last few years. Work is currently

			impact of Covid-19 on their health outcomes but also there is a lack of connection between some communities and health services. Peer worker models have been utilised by a number of organisations out with health, including The Poverty Alliance and the University of Strathclyde with good effect. A peer worker test of change to support public engagement and education to reach those communities with less voice than others is currently being piloted within NHSGGC vaccination programmes.	underway to draft a patient questionnaire to capture service user experiences of changes and to understand the impact.
		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 which of the 3 parts of the General Duty have been considered (tick relevant boxes).	*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*	The Primary Care Improvement Team (PCIT) undertook a wide variety of engagement events to gather the views of primary care contractors, HSCP staff and service users on primary care services. There was no exclusion criteria in the consultation process and the team engaged with a broad spectrum of people in terms of gender, age, area lived, ethnicity, religion, sexuality and disability. To ensure the engagement sessions and meetings were easily accessible, several methods were used to engage including presentations and discussions via Microsoft Teams, open discussions during some HSCP meetings, a social media survey and face to face discussions with local community groups, in health centres, community venues and in a large shopping centre. The engagement activities and sessions were open to all and representative of the overall population, some data e.g. age and sex but not all was captured from participants with protected characteristics To mitigate against this, the supporting role of research in informing primary care service planning and delivery was outlined in section 3 and within further consultation work for the NHSGGC Primary care strategy.	We recognise that due to the scale and scope of primary care services and for the reasons outlined, we were unable to capture all staff & service users' experiences. Patient engagement within GC HSCP has been improved by developing Maximising Independence Assets based Practice. The reaching Milestones Report for the BAME community, 2023 sought to evolve the way the HSCP engages with people at a local level to identify and mobilise assets within communities. The findings will be proactively taken into consideration to shape the PCAP and future direction for primary care services and work streams. We will take into account all aspects of the General Duty i.e.:

	1) Remove discrimination, harassment and victimisation ■ 2) Promote equality of opportunity ■ 3) Foster good relations between protected characteristics ■ 4) Not applicable ☐	*requires organisations to take actions to reduce poverty for children in households at risk of low incomes.*	PCIT attended Sense Scotland's day care centre. All service users had communication, sensory and complex support needs. To aid communication, the service users each were assisted by their Support Practitioner and flash cards were used to help with answering the questions. A staff member from the PCIT Team engaged with attendees at the BSL National Plan Event. The three key feedback themes were: improved GP access as BSL users are unable to communicate over the phone, reliable Wi-Fi as this is required for Contact Scotland translation and staff training on how to communicate with deaf people. Due to GDPR concerns it was not possible to engage with Sandyford Clinic's Sexual Health patients. Instead, we extracted engagement information from NHS Greater Glasgow and Clyde, NHS Lothian and Public Health Scotland's "*Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-binary (LGBT+) people in Scotland*" report published in 2022. The recommendations relating to healthcare services found there should be LGBT+ inclusivity training for organisations and mental health professionals, development of protocols to ensure primary care services are involved in transgender and non-binary care, offer online consultations as part of the core service delivery model for the Gender Identity Clinics (GICs). In addition, generated letters should ensure that all NHS services are inclusive, proactive engagement should take place with LGBT+ people to maximise uptake of screening services and complaints processes should be designed so that it is possible to search for complaints related to protected characteristics. In October 2022, GDA published their findings in *'Glasgow Disability Alliance: Disabled People's Mental Health Matters Report.'* We considered the findings of this report and feedback was also received from members of the Staff Disability Forum. A fear of mental health services was reported as participants felt	remove discrimination, harassment and victimisation, promote equality of opportunity and foster good relations between protected characteristics. NHSGGC is currently developing a Primary Care Strategy, one of the first in Scotland. Enabling access to the right health and care in the right place and at the right time is core to NHSGGC's strategic objectives and plans and of its individual HSCP's. Consultation with key stakeholders, staff groups and within communities across the board area is currently taking place to provide an opportunity to learn about the Strategy and shape its future direction.

			they were not taken seriously when trying to access them. The GDA report highlighted a general lack of support for disabled people from statutory services. There were a number of reasons for this including isolation, lack of carers or transport, inaccessible venues, no interpreters at appointments, being unable to get information in the formats they needed and having no access to, or knowledge of, how to use digital services. Disabled people had found themselves having to rely on GDA or other third sector service. The Mental Health & Wellbeing of Black and Minority Ethnic children and young people report in Glasgow, commissioned by the HSCP in 2022 recommended greater choice so that people can access services that suit faith and cultural needs. In summary, engagement findings with the stakeholders and staff suggest the HSCP should address the sustainability of primary care, quality improvement, communication and engagement, collaborative working and property. The patient and service user findings suggest improvements in access to primary care services, in particular GPs and dentists, and effective communication from and between primary care services and via the interpreting services. Patients also identified a clear need for improved mental health services.	
		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?	*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*	Primary care services are universal services delivered from community-based premises and are compliant with the Public Sector Duty in terms of physical accessibility, understanding the need to make any reasonable adjustments where barriers may exist. Where services are delivered from premises belonging to primary care contractors, all premises must be DDA Compliant.	The HSCP's Property Strategy 2023-26 supports the delivery of a Fairer Scotland. The strategy will support the accessibility of our community based primary care buildings, subject to the availability of capital funding.

	Your evidence should show which of the 3 parts of the General Duty have been considered. 1) Remove discrimination, harassment and victimisation ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☒ 4) Not applicable ☐	*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).*	The location and accessibility of community based premises is a key component of the design of services. For example, with the new integrated social and primary care, mental health and community hub at Parkhead, inequalities have been considered as part of the design. The building will meet the accessibility requirements, be DDA compliant and have a dementia friendly design. Engagement will continue with a wide range of people to ensure that people with protected characteristics can participate in the consultation activities. Work will take place with equalities groups to seek their input in the proposed development and the community facilities within the hub will be designed and managed to support access by all groups, inclusive of those with protected characteristics.	
		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.*	Primary care services that are delivered to NHSGGC patients/service users are supported by mainstream interpreting and translation resources. This means that where a communication support is identified for an individual, provision can be made, either in spoken language, BSL or alternative format. Many patient information systems will highlight communication support to allow for pro-active planning. Where patients who require communication support access a service where additional needs are unknown, telephone interpreting can be accessed immediately.	

	1) Remove discrimination, harassment and victimisation ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics ☒ 4) Not applicable ☐	*(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).*		
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. 1) Remove discrimination, harassment and victimisation ☒ 2) Promote equality of opportunity ☒		Glasgow has an 11.6% share of Scotland's all people population. Within the city in terms of population, the Glasgow averages are 17.5% of population are children (0-17), 68.9% adults (18-64) and 13.6% older people (65+). Local demographic data indicates that in the 20-year period 2023 to 2043, the Glasgow child population is likely to decrease by 6.9% compared to a 9.1% decrease for the Scotland child population. The Glasgow adult population is expected to grow by 1.6% over this period while the adult population of Scotland is expected to decrease by 3.1%. The older people population of both Glasgow and Scotland is expected to grow hugely over this 20-year period by 29.6% (Glasgow) and 24.9% (Scotland) – Glasgow City HSCP Demographic and Needs Profile, August 2023. A large number of primary care users are over 65 or under 5 years of age. As the number of people aged over 65s in the population is due to increase over the next 20 years, a key focus when designing services will be availability and accessibility of	

	3) Foster good relations between protected characteristics. ■ 4) Not applicable ☐	services for this age group. Services will also be adapted for children under 5, where appropriate. The Primary Care Improvement Team (PCIT) engaged with groups of primary care contractors, HSCP staff and members of the public which were representative of the overall population. Primary care services are universal, so open to all members of the population regardless of age. The engagement undertaken didn't highlight any specific areas which particular age groups had concerns over or felt needed addressed.	
(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 ☐	The Primary Care Improvement Team (PCIT) engaged with groups of primary care contractors, HSCP staff and members of the public which were representative of the overall population and may have had a disability. A questionnaire was also specifically sent to members of the Staff Disability Forum. Primary care services are open to all members of the population and the engagement undertaken didn't highlight any specific areas to be addressed in relation to disability that weren't expressed by those who engaged as a whole. At the start of the Covid 19 pandemic, Glasgow Disability Alliance (GDA) 'checked' in on its members to find out how they were being affected and have published a series of reports. The Primary Care Improvement Plan engagement exercise considered the findings of the GDA reports, one report was highlighted in section 4. All of the above will be taken into account when designing the Primary Care Improvement Plan work streams.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

(c)	Gender Reassignment Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ■ 2) Promote equality of opportunity ■ 3) Foster good relations between protected characteristics ■ 4) Not applicable ☐	It is possible that where a service user is signposted to a health professional other than their own GP, that healthcare professional may not know the patient and their gender reassignment history. However, at all times practitioners are required to work within the legal framework protecting information sharing in relation to people with the protected characteristic of Gender Reassignment and would seek permissions to share information where appropriate. In matters relating to provision of single or separate sex services, practitioner will refer to the Equality and Human Rights guidance - guidance-separate-and-single-sex-service-providers-equality-act-sex-and-gender-reassignment-exceptions.pdf (equalityhumanrights.com)	Staff training on gender re-assignment issues can support mitigation against any patient being discriminated against. Close links can be developed with the Sandyford Clinic to ensure that all aspects of the service take cognisance of gender re-assignment issues.
	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 1) Remove discrimination, harassment and victimisation ☐	Not applicable to this plan.	

	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 ☐	The Primary Care Improvement Team (PCIT) engaged with groups of primary care contractors, HSCP staff and members of the public which were representative of the overall population. Primary care services are open to all members of the population and the engagement undertaken didn't highlight any specific areas in relation to pregnancy or maternity which needed addressed. However, Primary Care service design will continue to consider pregnant women and maternity services. For example, the Vaccination Transformation Programme facilitated ease of access for pregnant women, by delivering vaccination within the maternity services which women were already attending.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	Race	The ethnic profile of Glasgow's population is very different from that of Scotland overall with Glasgow City having a percentage of Black and Minority Ethnic (BME) people (11.5%) almost 3 times that of Scotland (4.0%). There are also differences in the	

	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 ☐	ethnic profile of the population within Glasgow with a BME population in North East of 7.0%, North West 12.5% and South 14.2%-– Glasgow City HSCP Demographic and Needs Profile. With an increasing BME population there are now 80 different languages for interpreting services and an increasing asylum seeking population- Glasgow City Equalities Outcomes 2020-2024. As Glasgow therefore has a higher proportion of people from a BME background, service design in all areas will need to take the needs of this group into account. For example, when providing interpreting services at healthcare appointments and providing information in different languages. The GP practices currently use the interpreting service when required to book an interpreter over the phone or in person. The HSCP will continue to engage with these GPs to ensure that the interpreting service is meeting their needs in order to inform improvements to help ensure the service meets the needs the needs of patients and general 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 ☐	The health records of individual patients may contain information on religion or belief which could affect the care they wish to receive. However, in terms of the population as a whole, the Primary Care Improvement Team (PCIT) engaged with groups of primary care contractors, HSCP staff and members of the public which were representative of the overall population. Primary care services are universal to all members of the population and the engagement undertaken didn't highlight any specific areas in relation to religion or belief which needed addressed.	

	3) Foster good relations between protected 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 ☐	Primary care services are open to all members of the population. Health records of individual patients may contain information on sex which could affect the care they wish to receive. This may because certain sex specific services are due to biology, rather than any exclusion of service user e.g. cervical screening. The Women's Health Plan has identified 6 priority areas requiring action across a women's life course. The womens-health-plan-plan-2021-2024.pdf reinforces the actions to be taken to improve women's health and address inequalities. Within primary care priorities and recommendations are being taken forward, particularly with regard to raising awareness around women's health e.g. menopause, access to health care and screening services. Gender based violence covers a spectrum of violence and abuse, committed primarily but not exclusively against women by men. In addition to medical care, Glasgow City HSCP provides a response for people who are in acute emotional distress, following disclosures of gender based violence. PCIP funding supports the designated primary care referral pathway for GPs to the Compassionate Distress Response Service (CDRS) service. In terms of the population as a whole, the Primary Care Improvement Team (PCIT) engaged with groups of primary care contractors, HSCP staff and members of the public which were	

		representative of the overall population. The engagement undertaken didn't highlight any specific areas in relation to sex which needed addressed.	
(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 ☐	In terms of the population as a whole, the Primary Care Improvement Team (PCIT) engaged with groups of primary care contractors, HSCP staff and members of the public which were representative of the overall population. Primary care services are open to all members of the population and the engagement undertaken didn't highlight any specific areas in relation to sexual orientation which needed addressed. However, the recent recommendations from NHSGGC, NHS Lothian and Public Health Scotland's LGBT+ report will also be considered as highlighted in section 4.	
	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?	A disproportionately high percentage of 45.4% of all of Glasgow's data zones are in the 20% most deprived data zones in Scotland. 2. Within Glasgow, the North East locality has a far higher proportion of 20% most deprived data zones at 58.4% (128 data zones) than both the South (112 - 40.1%) and North West localities (99 - 39.9%). Overall, 19.3% of all Glasgow people are classed as income deprived compared to 12.1% of all	Measuring impact of PCIP services on economic status and social class through the PCIP evaluation plan is not exclusive to those who are economically deprived. It is recognised that there are challenges in delivering effective primary care services to many other

	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 strategic decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)	Scots - Glasgow City HSCP Demographic and August Needs Profile 2023. *'Leave no one behind: The state of health and health inequalities in Scotland'* published by the Health Foundation in January 2023 noted that there are also significant variations in socioeconomic outcomes between different local areas in Scotland. For instance, 20.9% of children in all Scottish families are living in low income families but 24.6% of children aged 0-15 living in Glasgow City live in relative child poverty compared with 8.3% of children living in East Dunbartonshire. https://www.health.org.uk/publications/leave-no-one-behind The Primary Care Improvement Team (PCIT) engaged with groups of primary care contractors, HSCP staff and members of the public which were representative of the overall population. Primary care services are open to all members of the population and the engagement undertaken didn't highlight any specific areas in relation to economic status and social class which needed addressed. However, the negative impact of health inequalities and poverty on health and wellbeing is immense. There is evidence that austerity measures and increases in the cost of living compound health inequality by affecting mental health, so as the cost of living increases, it is more important than ever to design services with this in mind. Furthermore, it is crucial to recognise this when designing services for the Primary Care Improvement Plan, as it has been recognised that strong primary care systems are positively associated with better health. The Community Link Worker service was established in GP practices located in the most deprived areas of the city. One of the services offered by CLWs is financial advice and they also link clients to the Welfare Advice Health Partnership project	protected characteristics; like women, carers, different language communities, or older and younger people who may or may not live in a deprived neighbourhood. It is vital to recognise all the protected characteristics when designing and delivering primary care services.

		located within some GP surgeries or third sector financial inclusion organisations. In addition to other protected characteristics, like age and sex, measurement of the impact of PCIP services on economic status and social class will be incorporated in the PCIP evaluation plan which as mentioned previously is currently in development.	
(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?	The Community Link Worker (CLW) Service includes two specialist posts to provide additional support to marginalised groups. Specifically, a Refugees and Asylum Seekers CLW and a Homelessness & Complex needs CLW. The Homelessness & Complex needs post holder often supports people from the nine protected characteristic groups including asylum seekers, refugees, people suffering from mental health conditions and people from areas of deprivation. An additional thematic link worker for Mental Health is funded via separate monies. In addition, all Community Link Workers have completed the NHS Equality Diversity and Human Rights LearnPro module (although they are not HSCP staff) and specialist training as described previously.	As a result of funding changes from April 2024 onwards, there will be reductions to CLW staffing allocation. The new contract will aim to employ a thematic link worker for Refugees and Asylum Seekers but not a Homelessness & Complex needs CLW. The new contract aims to retain embedded CLWs within general practices who currently have CLW provision and retain a health inequalities component.
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 ☐	A budget has been set which reflects the funding for 2023-24 and anticipated funding for future years. We are following the Scottish Government guidance by giving priority to the Vaccination Transformation, the Community Care and Treatment (CTAC) and Pharmacotherapy programmes. In total these three programmes will receive 76% of the total budget. We are responding to some extent to the feedback from GPs by maintaining a focus on the mental health and community links worker programmes (17% of the total budget).	We recognise that if any service was removed due to financial constraints, consideration would need to be given to the impact and this would have on patients in terms of access and travel, for example. Planning would be put in place to minimise or mitigate any foreseen adverse consequences.

	2) Promote equality of opportunity ■ 3) Foster good relations between protected characteristics. ■ 4) Not applicable ☐	The Community Links Worker programme within Glasgow City offers more range of provision than other areas to reflect the complexity of need within the city. Thus demonstrating that when allocating PCIP resources and funding, consideration has been taken into account of the economic status and social class of the population of Glasgow.	
		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.	Equalities Training and staff development for HSCP primary care staff deliver are being further developed. Work is ongoing to progress this action, including a newsletter and updates provided to all staff on primary care initiatives with requirement for equalities training, including undertaking of EQIAs. Mechanisms are in place to record statutory & mandatory equalities training for HSCP staff. By end September 2022, 82.3 % of GCHSCP health care staff had completed their Equalities and Human Rights statutory and mandatory LearnPro training module. Work will be undertaken in 2023-24 to explore mechanisms for reporting on training uptake, including primary care staff not employed through the HSCP.	

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.

None Known.

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* .

PANEL principles were used as part of this EQIA of the Primary Care Action Plan 2023 – 2026 to ensure the PCAP workstreams, services and programmes take a human rights-based approach with a focus on responding to and tackling inequality.

Participation- Primary care seeks active participation and engagement of patients and service users through direct engagement and evaluation. A comprehensive engagement exercise was undertaken from June- November 2022 with primary care contractors, HSCP staff and service users as detailed in Section 4.

Accountability- a dedicated equalities assessment of PCAP 2023 – 2026 is now being undertaken and will be reviewed on a six monthly basis. Component programmes and services within the PCIP have or will also produce EQIAs. A progress report on Equality Outcome 3: Improved patient experience of primary care by protected characteristics and by those experiencing poverty is provided on an annual basis. Scottish Government performance reporting on PCIP Tracker requires consideration to be given to the equity and impact of funding on equalities and this is reported on a six-monthly basis and published.

Non-discrimination - primary care services are universal services which are open to all.

Equality/Empowerment- The Primary care Improvement plan seeks to promote equality and equity within Glasgow City. The HSCP has continued to commission and utilise research reports to raise awareness, plan, resource and act on the significant health inequality challenges for the city.

Legality-The service is compliant with UK and Scottish Law.

- 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.

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

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

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

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

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

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

As part of PCIP 2019-21, the Community Links Worker programme was developed. The programme is a service that is deprivation focused and operates within the GP practices with the highest levels of deprivation in Glasgow. The enhanced support to patients within universal GP practices provides non-stigmatising targeted action against health inequalities. Glasgow City HSCP recognises the particular need in Glasgow city to reduce inequalities of outcome caused by socioeconomic disadvantage.

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)
Provide or support access to awareness sessions/ training in the HSCP and wider primary care workforce on issues affecting marginalised groups to ensure competence with regard to the protected characteristics and that staff are able to understand and recognise the needs of marginalised groups. *Relevant for the following Action(s) and Enabler(s) in PCAP: Action 1 and 2, Enabler 1*	By the end of the term of the plan – Gary Dover (GD)
Provide or support access to more specialist training in the HSCP and wider primary care workforce on issues affecting specific marginalised groups to ensure staff are knowable and skilled at responding to the needs of specific marginalised groups. *Relevant for the following Action(s) and Enabler(s) in PCAP: Action 1 and 2, Enabler 1*	By the end of the term of the plan – GD
With an increasing BME and asylum seeking population, 80 different languages are spoken within Glasgow. We will: • Support the pathway for GP practice requests for information in other languages and formats. • Provide information to practice staff with regard to the use of interpreters in primary care settings. *Relevant for the following Action(s) and Enabler(s) in PCAP: Action 1 and 2, Enabler 1*	By the end of the term of the plan – GD
Opportunities will be identified to encourage both primary care contractors and HSCP staff leading the PCIP workstreams to gather standardised data related to the nine protected characteristics. This will also include incorporating the requirement for equalities data to be collected when commissioning services from other organisations. *Relevant for the following Action(s) and Enablers in PCAP: Action 2 and 3, Enabler 1 and 3*	By the end of the term of the plan – GD
We will encourage, support and monitor the additional EQIAs undertaken by individual PCIP workstreams, programmes and services in the future. *Relevant for the following Action(s) and Enabler(s) in PCAP: Action 2, Enabler 1 and 3*	By the end of the term of the plan – GD
We will continue to look to other data sources in the city and nationally to benchmark and assess the equalities data as required. *Relevant for the following Action(s) and Enabler(s) in PCAP: Action 1, 2, 3 and 4, Enabler 1 and 3*	By the end of the term of the plan - GD

It is important that we understand the experience of equalities groups who access our service. We will build on our previous engagement events to gather the views of primary care contractors, HSCP staff and service users on primary care services. We will continue to progress our engagement work to seek to capture patient and service users experiences and perspectives across equalities groups. *Relevant for the following Action(s) and Enabler(s) in PCAP: Action 1, 2, 3 and 4, Enabler 1, 2 and 3*	By the end of the term of the plan - GD
Throughout the duration of this Primary Care Action Plan, and the previous Glasgow City Primary Care Improvement Plan, we have committed to build on and share learning from the PCIP workstreams and programmes. Glasgow remains the most deprived city in Scotland, sharing our local research and PCIP evaluation findings with other HSCPs and wider provides opportunity for all to benefit from our learning. *Relevant for the following Action(s) and Enabler(s) in PCAP: Action 1, 2, 3 and 4, Enabler 1 and 3*	By the end of the term of the plan - GD
We will continue to review and report on equalities performance to Glasgow City PCIP Leadership Group, Glasgow City HSCP Equalities group and to the Scottish Government on a 6 monthly and/or as required basis. *Relevant for the following Action(s) and Enabler(s) in PCAP: Action 1, 2, 3 and 4, , Enabler 1 and 3*	By the end of the term of the plan - GD

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

Lead Reviewer EQIA Sign Off: Signature: Lara Calder	Name: Lara Calder Job Title: Primary Care Improvement & Development Manager Date: 04.09.2023
Quality Assurance Sign Off:	Name: Alastair Low Job Title: Planning and Development Manager Signature: Alastair Low Date: 07/09/2023

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