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NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

Reduction in Social Work Occupational Therapy Equipment Spend

Is this a: Current Service ☒ Service Development ☐ Service Redesign ☐ New Service ☐ New Policy ☐ Policy Review ☐

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

This EQIA aligns with the IJB Financial Allocations and Budgets 2025-26 paper, being presented to IJB members in March 2025.

Social Work Occupational Therapy Services provide aids and adaptations, dependant on assessed need in line with Glasgow City Council eligibility criteria of meeting Critical and Substantial need. This is in accordance with definition of eligibility as outlined by the Scottish Government

<https://www.gov.scot/publications/social-care-eligibility-criteria-and-waiting-times-scotland-2022-23/pages/introduction/>

This proposal includes applying a restriction on prescribing lower cost aids to critical need only on items (less than £50, where commercially available) and products of low clinical value.

The proposal also intends to improve cost effectiveness around ordering processes with a view to reducing delivery costs and thereby aiming to reduce the volume of single orders and increase bulk orders. This will improve efficiency and service user access

Social Work Occupational Therapy Services will continue to provide aids and adaptations to individuals with eligible need. However, for items under £50 or with low clinical value individuals will be encouraged to self-purchase or be placed on a waiting list to prioritise priority items.

Exceptions will apply to reduce the impact of this change.

- It will only apply to low-cost items (less than £50, where commercially available)
- Items that have been assessed as having low clinical value by Occupational Therapists and Prescribing Professionals.
- Professional judgement will have a significant bearing on decision making, and consideration will be given on a case-by-case basis.

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This will consider any impact or change to an individual's care package without the support, or an impact on a person's ability to live independently. Focus on preventing an unnecessary hospital admission remains a key focus also.

Identical criteria has been applied to NHS equipment ordering within community teams since November 2024 with no detrimental effect on patients/service users, and allowing for those at highest level of acuity and need to continue to benefit from provision of aids or adaptations

Given the stage of this programme of work, this EQIA can only provide a general overview. The EQIA will be monitored and updated in line with the 6 monthly review process.

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone able to authorise any actions identified because of the EQIA)

Name: Elizabeth Lochrie	Date of Lead Reviewer Training:
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Please list the staff involved in carrying out this EQIA

(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Lynn Haughey Change and Development Manager, Older People Planning team
Elizabeth Lochrie- Interim Head of Service, Older People and Primary care and current lead on OPPC EQUIPU budget management

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal, what data do you have on proposed service user groups. Please	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	Assessments and reviews through Social Work information system (Carefirst) record equalities information, covering all the protected characteristics listed in section 7 of this EQIA. Information collected forms part of an individual's file considering the current system requirements (e.g. data minimum recording standards)	Work is currently taking place to improve data input quality in Carefirst. This will in turn help to improve recording and analysis of information by protected characteristics. There is a commitment to Improve equality data capture

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	note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.		It has been highlighted that there are challenges with the availability of data recorded on reporting systems and steps will be taken to improve equality data capture moving forwards.	<p>and reporting across our services.</p> <p>Data will be embedded into reporting and utilised as part of service design and delivery, ensuring service users are representative of the population.</p> <p>This will be progressed and monitored as part of the action plan supporting the HSCP Equality Outcomes 2024 to 2028.</p>
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result, an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>Pertinent data relating to the Service User and the products issued is used by the Occupational Therapists to enable service delivery and visits by staff.</p> <p>Intervention provided is patient centred and based on individually assessed need by a Qualified Allied Health Professional.</p>	

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	3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable <input type="checkbox"/>			
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>An audit was undertaken and reviewed by Operational Leads and Professional leads identifying items deemed as low clinical value These were items that had negligible impact on maintaining independent living e.g. over bed tables or caddy trays</p> <p>An audit was also undertaken of items under £50 that were commercially available. With findings showing improved specification model available commercially at same or reduced cost. Operational experience has shown service user can prefer to self-purchase following professional assessment, for cosmetic reasons or at times waiting list impact.</p> <p>Ask Sara is an online tool that provides you with a personalised report to tell you about things that you might find useful in your daily life. By answering a few questions about your needs, <u>Ask Sara</u> can suggest equipment or ideas that could help you and will recommend list of products and equipment, specific to your needs, with information on where to get them.</p> <p>Ask Sara links easily to the Disabled Living Foundation's website which has over 10,000 products, 950 national suppliers and 800 local</p>	<p>As this is an online tool, there will need to be some consideration about how to access this given the evidence basis around digital exclusion experienced by older and older/disabled people.</p> <p>Options to obtain support with accessing this may be via family or carer contact, or via other involved professionals.</p>

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			<p>retailers.</p> <p>Similar clinical restrictions implemented in 2023 within similar NHS services for provision of outdoor walking aids shows successful precedent for self-purchase of non-critical equipment.</p> <p>All suggested changes would be subject to scrutiny by Professional leads and will be monitored on a daily basis by operational team leads. Equipment under £50 will be provide if deemed critical and clinically required depending on individual need and circumstances.</p>	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	<p>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.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been</p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p>	<p>Discussions on recommended equipment, including items that will now only be prescribed for critical need, will be discussed with the service user on a case by case basis, in line with business as usual.</p> <p>Due to early stage in this proposal staff have not been engaged yet.</p> <p>However Professional leads are aware and were involved with identical process being applied to community health teams</p>	

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	<p>considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>		
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	<p>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?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>Service will take place in service users own home, with an aim of supporting service users ability to live as independently as possible.</p> <p>This proposal includes applying a restriction on prescribing low cost aids (less than £50, where commercially available) and products of low clinical value.</p>	

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	2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable <input type="checkbox"/>			
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
6.	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>It is anticipated service users will be encouraged to use already established Ask Sara service and HSCP website for independent purchase and self-management</p> <p>Occupational Therapy assessment and provision of aids will continue on an individual basis, linking with family, carers and advocacy, as required.</p> <p>Access to interpreters, translations and alternative formats will be available on request, in line with business as usual.</p> <p>The change will be communicated to staff via operational leads. The plan would be operational and professional leads would be involved in short life working group to produce guidance and clarity of policy change implementation including exemptions and guidance on communication to patients</p>	

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	<p>4) Not applicable <input type="checkbox"/></p> <p>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.</p>		
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	<p>Age</p> <p>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).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p>	<p>This proposal will apply across all age groups, although it is noted that due to those most likely to utilise the service, it may be more likely to be an impact on Older People.</p> <p>District nursing, Community Respiratory teams and Community Rehabilitation all provided input to ages 16 and over.</p> <p>The impact may be cumulative, if service users are prescribed multiple items. However, provision of equipment will be dependent on service users individual health and social circumstances and will be issued regardless of cost if deemed clinically critical to health and well being and in line with both</p>	<p>Social Work Occupational Therapy Services will continue to provide aids and adaptations to individuals with eligible need.</p> <p>However, for items under £50 or with low clinical value, individuals will be encouraged to purchase items themselves or be placed on a waiting list to prioritise priority items. This proposal may have a greater impact on people on lower incomes who are unable to supplement their support by</p>

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	<p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>eligibility and other agreed parameters (e.g. hospital admission avoidance,)</p>	<p>other financial means if they wished to do so.</p> <p>However provision of equipment will be dependent on individual health and social issued regardless of cost if deemed clinically critical to health and wellbeing. Exceptions will apply to reduce the impact of this change;</p> <ul style="list-style-type: none"> • It will only apply to low cost items (less than £50, where commercially available) • Items that have been assessed as having low clinical value by Occupational Therapists and Prescribing Professionals. • Professional judgement will have a significant bearing on decision making and consideration will be given on a case-by-case basis, including any impact or change to an individual's care package or an impact on a person's ability to live independently. A focus on hospital admission avoidance remains a key priority
(b)	Disability	Due to the nature of the service being delivered, this	As above

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	<p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>proposal is more likely to have an impact on disabled people.</p> <p>However provision of equipment will be dependent on patients individual health and social circumstances and will be issued regardless of cost if deemed clinically critical to health and well being</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p>No impacts identified at this stage.</p>	<p>As above</p>

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	2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics <input type="checkbox"/> 4) Not applicable <input checked="" type="checkbox"/>		
	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 <input type="checkbox"/> 2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics <input type="checkbox"/> 4) Not applicable <input checked="" type="checkbox"/>	No impacts identified at this stage.	As above
(e)	Pregnancy and Maternity Could the service change or policy have a disproportionate impact on the people with the	No impacts identified at this stage.	As above

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	<p>protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(f)</p>	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p>	<p>No impacts identified at this stage.</p> <p>Occupational Therapists will continue to provide access to Interpreters and Translations as part of the prescribing process,</p>	<p>As above</p>

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	4) Not applicable <input type="checkbox"/>		
(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 <input type="checkbox"/> 2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable <input type="checkbox"/>	No impacts identified at this stage.	As above
	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).	<p>There is no impact anticipated on this basis. It will be based on need and professional assessment and judgement, there is no bias built into eligibility for social and health care services in this respect so there is no significant difference between men and women accessing the service.</p> <p>However, it is recognised that older woman tend to be more at more socio economic disadvantage than met. This is largely due to factors like lower lifetime</p>	As above

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	<p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>earnings, longer life expectancies, and the unequal distribution of caregiving responsibilities.</p>	
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>No impacts identified at this stage.</p>	<p>As above</p>
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>

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(j)	<p>Socio – Economic Status & Social Class</p> <p>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?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here:Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <ol style="list-style-type: none"> 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)? 3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage? 4. Are some communities of interest or communities of place more affected by disadvantage in this case than others? 5. What does our Duty assessment tell us about socio- 	<p>This proposal may have a greater impact on people on lower incomes who are unable to supplement their support by other financial means if they wished to do so.</p> <p>Services users may self-exclude from adaptations and supports, which would previously have been available to them on prescription</p> <p>Business as usual ensures benefits maximisation is considered in all interventions.</p> <p>The vast majority of equipment that would be for self-purchasing does not require installation, it is not anticipated that there will be a further charge outwith the equipment that would apply to patients and service users.</p>	<p>As above</p> <p>However provision of equipment will be dependent on patients individual health and social circumstances and will be issued regardless of cost if deemed clinically critical to health and well being</p> <p>It is anticipated clinicians will highlight any exceptional cases to team leads for exemptions to policy</p>
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	<p>economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)²¹ provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		
(k)	<p>Other marginalised groups</p> <p>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?</p>	<p>Provision of equipment will be dependent on individual health and social circumstances and will be issued regardless of cost if deemed clinically critical to health and well being</p> <p>It is anticipated clinicians will highlight any exceptional cases to team leads for exemptions to policy</p>	As above
8.	<p>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?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>This EQIA aligns with the IJB Financial Allocations and Budgets 2025-26 paper, being presented to IJB members in March 2025.</p> <p>Social Work Occupational Therapy Services provide aids and adaptations on individuals with eligible need.</p>	As above

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<div>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></div> <div>2) Promote equality of opportunity <input checked="" type="checkbox"/></div> <div>3) Foster good relations between protected characteristics. <input type="checkbox"/></div> <div>4) Not applicable <input type="checkbox"/></div>		<p>This proposal includes applying a restriction on prescribing low-cost aids (less than £50, where commercially available) and products of low clinical value.</p> <p>Social Work Occupational Therapy Services will continue to provide aids and adaptations to individuals with eligible need. However, items under £50 or with low clinical value, individuals will be encouraged to purchase items themselves or be placed on a waiting list to prioritise priority items.</p> <p>Given the stage of this programme of work, this EQIA can only provide a general overview. The eqia will be monitored and updated in line with the 6 monthly review process.</p>	
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.	All staff have access to equality e-learning modules.	All staff have access to equality e-learning modules.

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.

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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.

It is not expected that there will be an impact on human rights, Exceptions will apply to reduce the impact of this change, including Professional judgement will have an overarching factor and consideration will be given on a case by case basis, including any impact or change to an individual's care package or an impact on a person's ability to live independently and prevent an unnecessary hospital admission.

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

*

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

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

- ☐ Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- ☐ Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- ☒ Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- ☐ Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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

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

Date for completion

Who is responsible?(initials)

There will be engagement and communication with staff, and professional leads regards implementation. Learning and drawing on experience similar NHS implementation and processes.

April 2025

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

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Lead Reviewer:
EQIA Sign Off:

Name
Job Title

Elizabeth Lochrie
Interim Head of Service, North West Locality, OPPC



Signature
Date

27.2.2025

Quality Assurance Sign Off:

Name
Job Title
Signature
Date

Alastair Low
Planning Manager
A Low
07/03/2025

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

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

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

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

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

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

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

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

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