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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 NHS Community Services 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.

NHS Community Services including District Nursing, Community Rehabilitation, Older Peoples Mental Health and Community Respiratory teams work within the Older people directorate to provide therapeutic and clinically based intervention to patients within their own homes. The focus of these collective teams is to facilitate timely discharge from hospital, prevent unnecessary admissions, maximise patients' independence, support with a return to prior function and improve long term health and wellbeing/prevent deterioration health and wellbeing. A component part of this can be provision of equipment dependant on assessed clinical need.

This proposal includes applying a tightening of criteria and reinforced clinical reasoning in relation to equipment provision to meet critical need only. This will apply in the main to low-cost items (less than £50, where commercially available) and products of low clinical value.

The proposal also intends to improve cost effectiveness of ordering processes with a view to reducing delivery costs and ensuring best practice and value for money when prescribing equipment. In addition to this, there is intent to introduce more dynamic budget management, allowing for monitored and proportionate monthly budgets for each individual service. Monthly equipment budgets would be new to NHS management processes for equipment but would bring health services in line with council budget equipment management processes for the same

All services will continue to provide aids and adaptations to individuals where clinical need is assessed as being critical. 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.

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 Prescribing Professionals.
- Professional assessment and clinical judgement will be a key component of this, 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

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admission.

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. This will be facilitated by project work – in the form of a Short Life Working Group (SLWG)

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: Elizabeth Lochrie, Interim Head of Service	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):

Elizabeth Lochrie, Interim Head of Service (integrated management post on current lead on this work)
Lynn Haughey, Change and Development MANater

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal, what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	All individual services mentioned collect equality data however this is not consistent across all services in terms of collection method and platform used to collate and store. Information collected forms part of a patient individual person centre assessment and treatment plan. Most services use EMIS web and MicroStrategy however this is under	Work is currently taking place in relation to replacement of EMIS for community health teams and equality data collections will be a consideration during this. This will in turn help to improve recording and analysis of information by protected characteristics. There is a commitment to improve equality

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	<p>explanation for any protected characteristic data omitted.</p>		<p>review. It has been highlighted that there are challenges with the availability of data retrieval on reporting systems and steps will be taken to improve equality data capture.</p>	<p>data capture 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 type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input 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 patients within each service is used to facilitate service delivery and visits by staff. Intervention provided is patient centred and based on individually assessed need.</p> <p>Information collected forms part of a patient individual person centre assessment and treatment plan.</p> <p>Equality of opportunity is based on need and does not foster discriminatory practice, being as it takes into account a set eligibility and criteria independent of protected characteristics</p>	

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	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 and Professional leads identifying items deemed as low clinical value, and of which were high volume and therefore cost. These were items that had negligible impact on maintaining independent living e.g. over bed tables, caddy trays on walking frames, urinal bottles</p> <p>An audit was also undertaken of items under £50 that were commercially available, with findings showing improved specification equipment available commercially at the same or reduced cost. Operational experience has shown service user can prefer to self-purchase following professional assessment, for cosmetic reasons.</p> <p>Likewise, consumer pathways already exist in many aspects of the social care arena that contribute to the lives of patients and service users (Alexa, Ring doorbells)</p> <p>A test of change was implemented in Nov 2024 in relation to cessation of ordering under £50 equipment and low clinical value equipment, unless critical With encouragement to self-purchase</p>	

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			<p>and for staff to apply increased scrutiny to clinical decisions, this has led to a reduced spend of £44k over a 2-month period with no adverse clinical incident or patient complaints reported.</p> <p>Similar restrictions were also implemented in 2023 for provision of outdoor walking aids within Community Rehabilitation services with no reported detriment. This has set a successful precedent for ceasing provision of items</p> <p>All suggested changes would be subject to scrutiny by Professional leads and will be monitored on a monthly basis by operational team leads.</p> <p>Equipment under £50 will be provided if deemed critical and clinically required depending on individual need and circumstances, but has been earmarked due to cost, and volume, in relation to the current eligibility criteria being applied to those at highest risk or in need</p>	
		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	<i>A money advice service spoke to lone parents (predominantly women) to better understand</i>	Discussions on recommended equipment, including items that will now only be prescribed for critical need, will be discussed with the	

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	<p>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 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>barriers to accessing the service. Feedback included concerns about waiting times at the drop-in service, made more difficult due to childcare 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><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>	<p>service user on a case-by-case basis, in line with business as usual.</p> <p>Staff have been engaged in test of change around this, which started in Nov 2024 with guidance issue from both operational and professional leads as to how to effectively implement and raise any concerns.</p> <p>SLWG /workstreams have been established to review equipment specifications and processes, before engaging with staff on a wider basis.</p> <p>These are in the main for nursing equipment and traditional occupational therapy ordered equipment. These groups have representatives from a number of invested Professional leads of varying disciplines</p> <p>Work in 2023 to review the process around stricter criteria on issuing outdoor walking aids was undertaken by Operational managers and Team Leaders. Professional leads were aware of this at the time and the learning and actions employed at the time have bene shared again in context of the new SLWGs set up</p>	
		<p>Example</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>

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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>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>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>An audit was undertaken and reviewed by Operational Leads and Professional leads identifying items deemed as low clinical value</p> <p>These were items that had negligible impact on maintaining independent living e.g. over bed tables</p>	
		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><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</i></p>	<p>It is anticipated service users will be encouraged to use the already established Ask Sara service and HSCP website for same, for independent purchase and self-management options. Ask Sara is employed by several authorities UK</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</p>

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	<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>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>	<p><i>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>wide</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 retailers.</p> <p>It links also to GCHSP online tool, which prompts you to think about all your circumstances and if required may direct you to a professional assessment from the Health and Social Care Partnership if your needs are more complex.</p> <p>Equipment provision will continue via assessment and prescribing 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>this may be via family or carer contact, or via other involved professionals.</p>
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			<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>The change will be communicated to staff via operational leads and through existing professional forums (steering groups, team meetings)</p> <p>The plan would be operational, and professional leads would be involved in SLWG to produce guidance and clarity of policy change implementation including exemptions and guidance on communication to patients.</p> <p>Monitoring of impact will be part of the action planning from the SLWG</p>	
7	Protected Characteristic		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	Age <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>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>However, provision of equipment will be dependent on patients’ individual</p>	<p>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.</p> <p>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	

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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>health and social circumstances and will be issued regardless of cost if deemed clinically critical to health and well being</p>	<p>low clinical value by Occupational Therapists and Prescribing Professionals.</p> <ul style="list-style-type: none"> Professional judgement and assessment will be a key 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
(b)	<p>Disability</p> <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 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>Due to the nature of the service being delivered, this 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>	<p>As above</p>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	Gender Reassignment	No impacts identified at this stage.	As above

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	<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>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>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(d)</p>	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</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>No impacts identified at this stage.</p>	<p>As above</p>

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	<p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the 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 <input type="checkbox"/> and victimisation</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>	No impacts identified at this stage.	As above
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<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</p>	<p>No impacts identified at this stage.</p> <p>Staff will continue to provide access to Interpreters and Translations as part of the prescribing process,</p>	As above

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	<p>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>		
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</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>	No impacts identified at this stage.	As above
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	Sex	There is no impact anticipated on this basis. It will be based on need and	As above

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	<p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</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>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 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>No impacts identified at this stage.</p>	<p>As above</p>

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	4) Not applicable <input type="checkbox"/>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(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? 	<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>However, provision of equipment will be dependent on individual health and social issued regardless of cost if deemed clinically critical to health and wellbeing</p> <p>If individual financial concerns remain in undertaking this work, reflection on how best to ensure and support through the State Benefits systems will be considered as part of outputs from the SLWG.</p> <p>This is to ensure there is awareness of entitlement to eligible benefits given to support increased needs arising from health or disability</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>Services users may self-exclude from adaptations and supports, which would previously have been available to them on prescription</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>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</p> <p>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</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 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>	As above

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<p>8.</p>	<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>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>This EQIA aligns with the IJB Financial Allocations and Budgets 2025-26 paper, being presented to IJB members in March 2025.</p> <p>NHS Community Health Services provide aids and adaptations to individuals depending on assessed clinical need.</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> <p>The proposal will also introduce the monthly budget targets for each service and look for efficiencies in ordering and delivery process. In addition to value for money in relation to equipment specification.</p> <p>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>£44k reduction in spend on the Equipment budget has already been made during a 2-month period in</p>	<p>As above</p>
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		<p>relation to reduction in spend on items under £50 and low clinical value items. The test of change around this type of approach has been taking, to ensure fiscal stability for this year</p> <p>100k savings were achieved 2023 with restrictions applied to outdoor walking aids and encouragement to self-purchase.</p> <p>Neither resulted in adverse clinical incidents or complaints.</p> <p>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.

--

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)

--	--

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

--

Lead Reviewer:

EQIA Sign Off:

Name

Job Title

Elizabeth Lochrie

Interim Head of Service, North West Locality, Older People and Primary Care



Signature

Date

28/2/2025

Quality Assurance Sign Off:

Name

Job Title

Signature

Date

Alastair Low

Planning Manager

A Low

07/03/25

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

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

--

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

--

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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