NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in 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:

Review of Sandyford Counselling and Support Service (SCASS)

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.

Sandyford Counselling & Support Services (SCaSS) sits within Sandyford Sexual Health Service and provides Counselling and a Listening Ear Service to people who have sexual or reproductive health issues or concerns, which are affecting their psychological sexual well-being.

The range of services provided are offered to: –

- Individuals who have experienced rape or sexual assault
- Individuals who have experienced sexual trauma, sexual abuse (including childhood sexual abuse) which is having a current impact on their wellbeing
- Individuals who have sexual health problems which are having an impact on their current sexual functioning
- Individuals who are questioning and/or have issues around their sexual orientation or identity
- Individuals who are questioning and/or have issues around their gender identity
- Women who are considering or who have had termination of pregnancy
- Gay and bisexual men who have sex with men who have concerns about balancing risks and sexual relationships

- Young people aged 13 to 17 years who benefit from counselling support around any of the above issues

Exclusion criteria apply to people: –

- Who have not directly experienced CSA and /or sexual assault
- Who have no memory of experiencing sexual trauma
- Who have experienced CSA and/or sexual assault but their reactions to this are moderate to severe in terms of mental health difficulties
- Who are referred for specific crisis intervention or who are in-patients
- Who have a history of being a perpetrator of childhood sexual abuse or rape
- Who have a significant current level of addiction that would contraindicate psychological therapy
- Who would be at significant risk of destabilisation from counselling

The Listening Ear service provides short term emotional support and advice. Adults on the waiting list for counselling can access this service. Service users can self-refer or be referred by other services within the wider Sandyford Sexual Health service. Support is provided face to face in person, online or via telephone. Up to 6 sessions may be provided depending on the needs of the individual.

Review

The Head of Adult Services (for GGC Sexual Health, Police Custody and Prison Healthcare) requested a review of SCaSS. Key drivers for this review are continued challenges with excessive waiting times, the broader opportunity to consider and strengthen clinical governance and quality of service provision, and alignment to relevant national standards and the quality assurance framework used to guide delivery of a safe, efficient and effective service. A group was commissioned in May 2023 to support the review and produce a report outlining options and implications for future service configuration and delivery. Key areas were identified with Short Life Working Groups identified.

SLWG	Key Areas of Focus
1. Waiting Lists Group	Review of waiting lists to include referral management processes, efficient and effective use of resources and impact on service users and overall service

	provision
2. Quality Measures Group	Benchmarking the service against comparable services, review of best practice and interventions in line with evidence base and national standards, review of clinical outcomes
3. Governance Oversight Group	Training, clinical supervision, evaluation of service provision, reporting mechanisms and content
4. Service User Engagement Group	Consider how voices of service users can be invited to inform the work of the review. Give consideration to the sensitivities to be taken into account when deciding mechanisms for engagement with this vulnerable group
5. Staff Engagement Group	Seek to ensure that staff are kept informed of the progress of the review, are represented throughout the review and have the ability to share their views.

Waiting Times

The service does not formally report on waiting times, does not adhere to, and is not measured against, the 18-week referral to treatment standard. As a consequence, capacity within SCaSS does not meet demand and the service incurs lengthy waiting times. Waiting times vary depending on which sub section of the waiting list referrals are added to.

Waiting List Sub Section	Longest Wait
Generic List	29 months
Choices List	12 months
Gender List	21 months
Archway List	16 months
Young People List	21 months
Pre-Termination of Pregnancy	n/a
Post Termination of Pregnancy	27 months
Listening Ear List	2 weeks

Note – referrals for pre-termination of pregnancy counselling are time sensitive and are prioritised as urgent with no

waiting list.

Activity

Clients are offered up to 18 sessions depending on reason for presentation and individual need. By exception if a client feels they need additional sessions (up to 3), this will be considered and approved by the Team Lead.

Reporting

Under current governance arrangements, and in contrast with, e.g. Psychological Therapies and Psychotherapies services across the board, there are no requirements to report on adherence to current clinical guidelines and established evidence base for interventions, waiting times, key aspects of treatment delivery or outcomes, beyond local requests.

Conclusions

This review concluded that:

- There are no comparable services in the UK or more specifically within Scotland
- There is a substantial waiting list and hidden need that is being missed from a mental health perspective
- The review involved an appraisal of the evidence base for counselling as a therapeutic approach to respond to the aforementioned patient need, there was no evidence to support counselling as an intervention. This included no reportable benefits for patients who receive it. This has been supported by the review process which has identified that there is no clinical evidence that counselling offers therapeutic benefit to patients.
- There are clinical governance issues with a service providing emotional support sitting in a sexual health service that has no responsibility for delivering mental health services.
- The only exception is TOPAR (Termination of Pregnancy and referral service) and Gay and bi-sexual men (GBMSM) with high risk taking sexual behaviours. However, services for GBMSM can be delivered by the third sector in line with other HSCPs across Scotland. TOPAR counselling can be delivered by this service, in line with

business as usual.

Proposal

The Sandyford Counselling & Support Service will be closed. A notice period of 90 days will be issued, to allow time for patients currently receiving treatment to complete their treatment (usually 12 weeks) and all people currently on the waiting list will receive notification in writing that the service will cease and signposting to other resources can be included, as appropriate. Notification will also be circulated to Primary Care and secondary Care colleagues (including CMHTS) to no longer refer to the service. There are currently 431 people on the waiting list

- **Individuals who have experienced rape or sexual assault –** will continue to receive support through Archway services. Archway currently provide funding towards SCaSS, this will be returned to them to support future service delivery.
- **Individuals who have experienced sexual trauma, sexual abuse (including childhood sexual abuse) which is having a current impact on their wellbeing -** can be signposted to services in the 3rd sector.
- **Individuals who have sexual health problems which are having an impact on their current sexual functioning -** can speak to their GP and be referred to the Sexual Problems Service.
- **Individuals who are questioning and/or have issues around their sexual orientation or identity** - will be able to access support by 3rd sector organisations
- **Individuals who are questioning and/or have issues around their gender identity** - will be able to access support via 3rd sector organisations
- **Women who are considering or who have had termination of pregnancy** - this will continue to be available in the Sandyford Centre by clinical staff
- **Gay and bisexual men who have sex with men who have concerns about balancing risks and sexual relationships** - will be able to access support via 3rd sector organisations
- **Young people aged 13 to 17 years who benefit from counselling support around any of the above issues -** can access the sexual health services young people's team, and where appropriate may be referred to the specialist young person's team for support.

Workforce implications

The proposal includes a reduction of 11 staff (5 FTE).

Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 52% are aged 30 – 49 years and 33% and are aged 50 – 65 years. It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment. Work will be ongoing with staffside as proposals are implemented. If this proposal is approved, there will be ongoing engagement with staffside as part of the change management programme as proposals are implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.

Given the stage of implementation, 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 in a position to authorise any actions identified as a result of the EQIA)

Name:	**Date of Lead Reviewer Training:**
Rhoda MacLeod	

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):

Jennifer Jamieson

		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.***	Age Sex Gender Reassignment Ethnicity Demographics (SIMD)	
		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**	***A physical activity programme for people with long term conditions reviewed***	Individual access needs would be captured at point of referral and adaptations made, on a case by case basis. For example, if	

	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** ☐	***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)***	someone is a wheelchair user, then ground floor accommodation would be provided, due to access limitations of the building.	
		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?**	***Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care***	As outlined in section 1, a group was commissioned in May 2023 to support the review and produce a report outlining options and implications for future service configuration and delivery, to be presented to the Head of Service (HoS) and Adult Core	

	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** ☐	***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).***	Leadership for consideration, and to inform strategic decision making. Key deliverables of the review group were to identify: • What needs to be delivered from SCaSS as part of the Sandyford Sexual Health Service and how this should be delivered • What skill mix is required for delivery • How to ensure efficiency, effectiveness and sustainability (especially in relation to waiting times for all aspects of the service) • How to ensure appropriate and adequate internal governance of SCaSS • How/where SCaSS fits alongside other services within NHS GGC, e.g., mental health, psychotherapy, psychology and specialist services • How SCaSS aligns with current national standards and strategy for sexual health service delivery • Any potential risks to the organisation related to aspects of service delivery or non-delivery • Any other potential unknown/s (e.g. public health issues) that may be being masked due to current service configuration and operationalisation	

			In addition, the Chair and Change & Development Manager also prepared a detailed timeline outlining the establishment and subsequent development of SCaSS. This was completed by analysing all available reports from previously completed reviews or redesigns of the service. The results of this review informed this proposal. Sexual health standards – Healthcare Improvement Scotland Psychological therapy services – see also matrix_part_1.pdf (scot.nhs.uk) Psychological therapies and interventions specification - gov.scot (www.gov.scot).	
		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**	***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,***	Staff were involved throughout the review. A series of short life working groups were established. These were tasked with agreed key areas of focus and reporting back into the main review group for consideration in shaping the recommendations to be included in the final report. Two members of the SCaSS staff were invited to participate in each of the SLWGs in order to	Further work is required to engage with other HSCP's across NHS GGC. In particular Primary Care

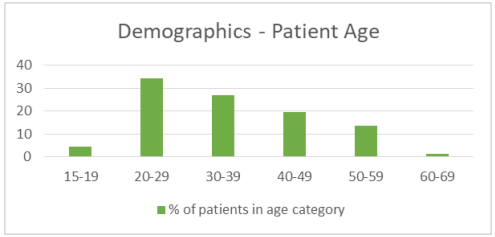
	information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support. **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	***made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.*** ***(Due regard to promoting equality of opportunity)*** **** The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.***	strengthen participation and engagement from front line staff within the service, building on their knowledge of the client group and service delivery. These working groups were: • **Waiting Lists Group** - Review of waiting lists to include referral management processes, efficient and effective use of resources and impact on service users and overall service provision • **Quality Measures Group -** Benchmarking the service against comparable services, review of best practice and interventions in line with evidence base and national standards, review of clinical outcomes • **Governance Oversight Group** - Training, clinical supervision, evaluation of service provision, reporting mechanisms and content • **Service User Engagement Group** - Consider how voices of service users can be invited to inform the work of the review. Give consideration to the sensitivities to be taken into account when deciding mechanisms for engagement with this vulnerable group • **Staff Engagement Group** - Seek to ensure that staff are kept informed of the progress of the review, are	

			represented throughout the review and have the ability to share their views. It is noted that the 'Quality Measures Group' did not reach agreement on the key findings and recommendations detailed in their report. Despite multiple attempts having been taken to try and resolve this. It was agreed that the collated findings and report were presented to the Head of Service and the Adult Core Leadership Group **Service User Engagement Group** The group on Service User Engagement reported that the CORE (Clinical Outcomes in Routine Evaluation) is sometimes used as an evaluation tool within the service. However, this is inconsistent across the Counsellors. When used, clients are encouraged to complete a longer or shorter version of the questionnaire at the start, during, and end of therapy. However, it was noted that this was also inconsistent with no clear explanation available for the choice of version used Current evaluation therefore consists primarily of client self-reports. It was	

			noted by the Chair of the Group that this lack of routine evaluation of outcomes appears to fall short of both the governance standards set out for delivery of sexual health services – see Sexual health standards – Healthcare Improvement Scotland as well as psychological therapy services – see also matrix_part_1.pdf (scot.nhs.uk) and Psychological therapies and interventions specification - gov.scot (www.gov.scot). Clients are asked to complete a service evaluation at the end of their therapeutic engagement. Participation is voluntary and feedback anonymised. 101 of these self-report evaluation forms were collated by the counsellors and shared with the review team. These demonstrated feedback that the clients' experiences of receiving counselling is generally positive. A staff group is in place for engagement and includes Trade union representation. The proposal to carry out the review was shared with the Area Partnership Forum who endorsed the review.	
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action**

				Required
5.	**Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	***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).***	A strong emphasis by the service in accommodating individual requests. This includes availability around working patterns and preference for day or evening sessions. There is one male Counsellor employed within the service and where possible when a request is made for a male Counsellor this is accommodated. This inevitably means some people on the waiting list may wait longer to be accommodated. Counselling sessions are offered in person or via virtual patient management (Attend Anywhere). The Listening Ear service provides short term emotional support and advice. Adults on the waiting list for counselling can access this service. Service users can self-refer or be referred by other services within the wider Sandyford Sexual Health service. Support is provided face to face in person, online or via telephone.	
		Example	**Service Evidence Provided**	**Possible negative impact and**

				Additional Mitigating Action Required
6.	**How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐ **The British Sign**	***Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.*** ***Written materials were offered in other languages and formats.*** ***(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).***	A communications plan will be developed to communicate the change. Patients who are currently receiving treatment will be notified of the closure of the service, in writing People on the waiting list for treatment, will be sent a letter to notify them of the closure of the service and signposting to other resources can be included. HR will support change management process for staff within the service. Staff. Notification will also be circulated to Chief Officers and Primary Care (including CMHTS) to no longer refer to the service. Communication support will be provided in line with the NHSGGC Clear to All Policy, ensuring access to Interpreters translations and alternative formats, where needed.	

	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.			
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).** **If this decision is likely to impact on children and young people (below the age of 18) you will need to evidence how you have considered the General Principles of the United Nations Convention on the**		The majority of patients are aged 20 - 39 years of age. Therefore this age group are most likely to be impacted by the closure of the service.  It is noted that one of the criteria for to access the service is for Young	A notice period of 90 days will be issued, to allow time for patients currently receiving treatment to complete their treatment (usually 12 weeks) and all people currently on the waiting list will receive notification in writing that the service will cease and signposting to other resources can be included. • **Individuals who have experienced rape or sexual assault –** will continue to receive support through

	Rights of the Child. Please include this in Section 10 of the form. **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** ☐	people aged 13 to 17 years who benefit from counselling support around any of the inclusion criteria. Young people will continue to have access the sexual health services young people's team, and where appropriate may be referred to the specialist young person's team for support.	Archway services. Archway currently provide funding towards SCaSS, this will be returned to them to support future service delivery. • **Individuals who have experienced sexual trauma, sexual abuse (including childhood sexual abuse) which is having a current impact on their wellbeing -** can be signposted to services in the 3rd sector. • **Individuals who have sexual health problems which are having an impact on their current sexual functioning -** can speak to their GP and be referred to the Sexual Problems Service. • **Individuals who are questioning and/or have issues around their sexual orientation or identity** - will be able to access support by 3rd sector organisations • **Individuals who are questioning and/or have issues around their gender identity** - will be able to access support via 3rd sector

			organisations • **Women who are considering or who have had termination of pregnancy** - will continue to be available in the Sandyford Centre by clinical staff • **Gay and bisexual men who have sex with men who have concerns about balancing risks and sexual relationships** - will be able to access support via 3rd sector organisations • **Young people aged 13 to 17 years who benefit from counselling support around any of the above issues -** can access the sexual health services young people's team, and where appropriate may be referred to the specialist young person's team for support.
(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**	It is noted that all patients and those on the waiting list have been triaged and screened for significant mental health concerns. No one on the waiting list or in treatment was assessed as requiring Mental Health Services.	As above

	relevant boxes). **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	Communication support will be provided in line with the NHSGGC Clear to All Policy, ensuring access to Interpreters translations and alternative formats, where needed.	
	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** ☐	15% identify gender issues as their reason for referral. It is recognised that although 80% of the sample identified that their gender was the same as that assigned at birth and represent the majority of the patients, the representation of people whose gender is not the same as that assigned at birth is higher than that of the wider population. According to census 2022, 4,000 (0.6%) of Glasgow residents identified themselves as having a Trans	As above Patients wishing to access assessment support for gender incongruence can still be referred to the Gender Service's waiting list for Adults and Young People. Patients can also access support via 3rd sector services

	characteristics **4) Not applicable** ☐	History. Therefore the closure of the service is more likely to experience this group. It is noted that one of the service criteria is Individuals who are questioning and/or have issues around their gender identity. It is not expected there will be a significant impact due to the low numbers of people presenting due to this criteria.	
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(d)	**Marriage and Civil Partnership** **Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐	No direct impacts have been identified at this time.	As above

	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** ☐	No direct impacts have been identified at this time.	As above
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(f)	**Race**	No direct impacts have been	As above

	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** ☐	identified at this time. Communication support will be provided in line with the NHSGGC Clear to All Policy, ensuring access to Interpreters translations and alternative formats, where needed.	
(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** ☐	No direct impacts have been identified at this time.	As above

	2) Promote equality of opportunity ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐		
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(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 protec** ☐ **characteristics.** **4) Not applicable** ☐	The closure of the service is more likely to impact on women. 34.33% of the sample identified as male 58.21% identified as female 7.46% identified as non-binary. It is noted that two of the service criteria's are: • Individuals who have experienced rape or sexual assault • Women who are considering or who have had termination of pregnancy	As above The clinical service will remain accessible and there are a number of direct services available for women only – these include TOPAR, SRH services and contraception services. The service provides a holistic model of care, so patients emotional health and well being is considered at each appointment. Patients who require some additional support for their emotional health can be referred to other services where appropriate.
(i)	**Sexual Orientation**	Although it is noted that two of the	As above

	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** ☐	service criteria's are: • Individuals who are questioning and/or have issues around their sexual orientation or identity • Gay and bisexual men who have sex with men who have concerns about balancing risks and sexual relationships It is not expected there will be a significant impact on sexual orientation due to the low numbers of people presenting due to this criteria.	• **Individuals who are questioning and/or have issues around their sexual orientation or identity** - will be able to access support by 3rd sector organisations • **Gay and bisexual men who have sex with men who have concerns about balancing risks and sexual relationships** - will be able to access support via 3rd sector organisations
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(j)	**Socio – Economic Status & Social Class** **Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?** **In addition to the above, if this constitutes a 'strategic decision' you should evidence due**	There is potential for impact due to socio-economic factors. There is potential for a greater impact on people on lower incomes who are unable to seek alternative private counselling if they wished to do so.	As above Patients will still be able to access other services, such as third sector organisations as well as other NHS organisations in the NHSGGC area.

	regard to meeting the requirements of the Fairer Scotland Duty (2018). Public bodies in Scotland must actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions and complete a separate assessment. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)		
(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?**	It is noted that people with a significant current level of addiction that would contraindicate psychological therapy were not suitable for accessing the service and were signposted to alternative support services.	As above This will be unaffected as patients can be referred to CMHTs and ADRs services from primary care
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** ☐ **2) Promote equality of opportunity** ☐	This EQIA aligns with the IJB Financial Allocations and Budgets 2025-26 paper, being presented to IJB members in March 2025. The Sandyford Counselling & Support Services will be closed. A notice period of 90 days will be issued, to allow time for patients currently receiving treatment to complete their treatment (usually 12 weeks) and all people currently on the waiting list will receive notification in writing that the service	As above

	3) Foster good relations between protected characteristics. ☐ **4) Not applicable** ☐	will cease and signposting to other resources can be included. The proposal includes a reduction of 11 staff (5 FTE). It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment. Work will be ongoing with staffside as proposals are implemented. If this proposal is approved, there will be ongoing engagement with staffside as part of the change management programme as proposals are implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required. Given the stage of this programme of work, the eqia will be monitored and updated during the implementation and updated in line with the 6 monthly review process.	
		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**	Staff complete the equality and diversity module on Learnpro	

	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.		

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

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

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

No direct impact on human rights identified

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* .

*

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

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

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

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

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

☐ Option 4: Full mitigation of identified risk not made, decision to continue without objective justification (Lead Reviewer to provide explanatory note here):

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

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

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	**Date for completion**	**Who is responsible?(initials)**
Engage with other HSCP's across NHS GGC Notify people on the waiting list that the service will cease and signposting to other resources can be included.		

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

Lead Reviewer:	**Name**	**Rhoda MacLeod**
EQIA Sign Off:	**Job Title**	**Head of Sexual Health Services**
	Signature	
	Date	**27/02/25**
Quality Assurance Sign Off:	**Name**	**Alastair Low**
(NHSGGC Assessments)	**Job Title**	**Planning Manager**
	Signature	***Alastair Low***
	Date	**04/03/25**

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

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

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

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

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

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

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

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

Name of completing officer:

Date submitted:

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