

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. Please refer to the EQIA Guidance Document while completing this form. 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 CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

Transformational Change Programme – Sexual Health services

Is this a: Current Service Service Development Service Redesign X 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).

The service provides universal sexual health services for the whole population of GGC as well as specialist sexual health services for complex procedures and for specific population groups. The current service model is open access and appointment-based, accessed mainly by telephone self-referral, and it covers a large geographical area with a large number of sites with varying service provision based on availability of sites in HSCP premises. The community sites vary in their size and frequency of opening times and do not all provide all services

The Transformational Change Programme has recommended that the future service model should comprise of 3 tiers of service provision for clients who need to see specialist sexual health services:

- Tier 3 - one specialist service which will deliver routine scheduled, emergency and urgent/undifferentiated care, and all specialist services; located in Glasgow city centre / North West
- Tier 2 – four larger connecting services which will offer routine scheduled, emergency and urgent/undifferentiated care; located in Renfrewshire and Glasgow North West, with the South and North east services also integrating tier 1 services to establish a more comprehensive service provision including evenings.
- Tier 1 - four smaller, local services which will offer routine scheduled and emergency care; located in Inverclyde, West Dunbartonshire, East Dunbartonshire and East Renfrewshire.

Key service improvements to be delivered are:

- An improved model of service allowing more appointments to be offered across fewer service locations, more people able to be seen each year, and to have more of their needs met in ways that better suit them and by the right staff at the right time.
- People will be able to virtually attend services and access sexually transmitted infection (STI) testing and oral contraception services online.
- Access to service for young people aged up to 18 will be improved with new and more service locations established for them, including early evening and a Saturday afternoon service, resulting in better outcomes for young people.
- Improved access to long acting and reversible methods of contraception (LARC) by providing these appointments at all Sandyford locations.
- Access to sexual health services will be improved by expanding the provision of Test Express services (fast access testing service provided by Health Care Support

Workers for people without symptoms) across all Sandyford locations.

- Quicker and easier telephone booking and access, and a comprehensive online booking system introduced.

Tier 1 services will be provided in Barrhead, Greenock, Kirkintilloch, Vale of Leven and Clydebank, all in the locations where current services are provided.

Tier 2 services will be provided in Paisley, Woodside, Govanhill and Parkhead, in the same service locations (Woodside is a new health centre), and the latter two will have Tier 1 services integrated with them.

Tier 3 services will be provided in Sandyford Central and will also have Tier 1 services provided there.

Current services in Castlemilk and Easterhouse will close and specific services for Young People will open in these locations, as well as a city centre service for young people on a Saturday afternoon. There will be Young Peoples services provided in all non-Glasgow HSCP areas.

Current services in Pollok, Springburn, and Drumchapel will also close.

Appendix 1 shows all of this in some detail.

The changes in how the services are accessed, how and who provides them and the locations they are provided from all require impact assessment. A separate Travel/Transport Impact Assessment has been carried out and the findings are included in this EQIA.

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)

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| Name: Rhoda Macleod | 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):

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| Fiona Noble Planning and Performance Manager, Pauline McGough Clinical Director, Nicky Coia Health Improvement Manager, Lorraine Kelso Nurse Consultant and Head of Profession, Jennifer Schofield Service Manager, Catriona Milosevic Public Health Consultant NHS GGC, John Nugent Clinical Director GC HSCP |
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| <i>Example</i> | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
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| 1. | <p>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.</p> | <p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p> | <p>Sandyford collects data on age, sex, disability, race (ethnicity) and socio-economic status (postcode) when clients register for services. Additional social history information and lifetime/recent sexual histories are collected during consultations. These capture data on the protected characteristics of sexual orientation, and gender identity, as well as data on alcohol use, smoking, substance use, accommodation, violence and abuse, eating disorders, sexual activity status, and partner gender. Maternity/pregnancy data is captured where clients access specific services but this data is not captured routinely from users of all services. Currently there is no routine capture of data on religion and belief or marriage / civil partnership status, as this may put people off seeking non-judgemental sexual health care.</p> | <p>Identified that a previous service change (from walk-in to bookable services) has resulted in a decrease in some recording</p> <p>The introduction of self arrival kiosks and online booking (recommendations of the service review) will improve data collection / recording across most services.</p> |
| | | <p><i>Example</i></p> | <p>Service Evidence Provided</p> | <p>Possible negative impact and Additional Mitigating Action Required</p> |
| 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 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>Data analysis of the previous walk-in service showed a disparity in that urgent care patients risked long waiting times while routine care patients were likely to be seen quickly. The system was therefore changed to a phone-in system to differentiate between urgent care and routine care patients. Information from staff indicates that the change to this system may have negatively impacted on vulnerable service users and/or those with chaotic lifestyles.</p> <p>Service user data in Govanhill showed low uptake from the local BME community. A service was developed with community partners to offer targeted assessment and services.</p> <p>Age related data showed a year on year decline in young people attending services. Following consultation with young people, clinic times at our Parkhead hub were extended. Young people's services will be specifically addressed in the service review and improvements planned.</p> | <p>The review will support improved access for priority groups including some protected characteristic groups (eg some BME communities, hearing impaired and deaf people), diverting those who can self manage to a range of access methods. For example by expanding the provision of Test Express services across all Sandyford locations, quicker and easier telephone booking and access, and a comprehensive online booking system introduced.</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> | | <p>Data collected shows that uptake of services by gay and bisexual men is increasing and the review of this service will consolidate that.</p> <p>We looked at data to see where people who live in the areas where services will close attended during 2018, and cross-referenced this with an analysis of the public transport routes to the services in other areas they attended in 2018 and/or where they may have to travel to in the future model. It showed that in each of these areas (Castlemilk, Easterhouse, Drumchapel, Springburn and Pollok), fewer than 40% attend their most local service (ranging from 22% in Easterhouse to 39% in Pollok), and more than 40% attended Sandyford Central (ranging from 42% of people from Pollok to 65% of people from Drumchapel). It also highlighted that there are direct bus or train routes, and often a choice of transport, from each of the local areas to Sandyford Central and also to the nearest Sandyford service. The exception to this is the Castlemilk area where there is no direct bus route to SF Central. Detail of this in appendix 2.</p> <p>Given that the current service in Greenock is provided across 3 days and the future model will provide more appointments over 2 days, we also looked at the above information for people living in Greenock. Unlike in Glasgow, people from Greenock are less likely to travel and during 2018, 67% of people who attended the service in Greenock came from the local area. Our data showed that 16% of them travelled to Sandyford Central and 8% to the Paisley clinic, and there are good public transport routes to both services.</p> | <p>Further engagement needs to be done with the Castlemilk community with regards to access to services.</p> <p>Further work required to look at the characteristics of those who choose to travel and those who attend locally, in order to determine whether protected characteristics encounter barriers others do not.</p> |
| | <i>Example</i> | 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 | <i>Looked after and accommodated care services reviewed a range of research</i> | Childhood sexual abuse affects 1 in 12 adults and is estimated to currently affect 1 in 20 children. We have carried out an exploratory study to determine if adverse childhood experiences impact risk-taking behaviours and poorer health outcomes of | |

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| <p>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>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>patients attending sexual health services.</p> <p>Consultation with young people suggested that the service is not open at the right times and is not easily accessible in some locations. As a result extended opening times have been established in Parkhead.</p> <p>In 2014, NHS Greater Glasgow and Clyde, jointly with NHS Lothian, published the <i>HIV Prevention Needs Assessment of Men Who Have Sex with Men (MSM)</i>. This identified actions to address ongoing HIV and sexually transmitted infection acquisition among gay and bisexual men. The SRP service for gay and bisexual men had its service model reviewed and revised as a result.</p> <p>An external service evaluation of the Young People’s Gender Service was conducted in 2017, and the evaluation provided very positive feedback on the clinical service and contained suggestions for improving communication with families about the service. There were clear differences in people’s experiences of different waiting areas within Sandyford Central. The service continues to develop and comments from this evaluation have been central to informing any change.</p> <p>We revised our strategic plan following public and partner consultation :</p> <ul style="list-style-type: none"> • adjusted vision statement with key aims; • clarified partnership working with primary care colleagues to improve patient pathways; • made service improvement actions explicit • stated performance measures, highlighting key indicators. <p>A 12-month review of the changes to urgent care provision was conducted and actions identified. Service improvement actions were implemented e.g. providing test only clinics to MSM to further increase capacity.</p> | |
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| | Example | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
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| <p>4. Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?</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>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><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>Consultations with young people identified current opening times were not meeting their needs. Opening times were therefore changed in one location as a test of change and have since been implemented permanently.</p> <p>Tailored Waverley Care African Health Project's Sexual Health Care Access Questionnaire to gain a better understanding of the needs to this priority group.</p> <p>In 2017 the Gender Identity drop in clinic experienced an increased level of demand leading to long waits and unmet demand. A service user focus group was held. Feedback from this consultative process helped informed a new model of bookable clinic which was then implemented.</p> <p>A consultation with students in further and higher education establishments across the GGC area was undertaken in the spring of 2018. Through a series of focus groups students confirmed that self management approaches are very highly acceptable and desirable, especially "remote" testing and contraception provision models.</p> | <p>Prior to implementation of the proposed changes, we will</p> <ul style="list-style-type: none"> • Seek feedback to the proposed service changes through production of a user friendly summary document (leaflet), which will be made accessible to people both physically (in waiting areas, etc) and electronically (website, email, and so on) • Hold briefings for elected members in the areas where there are significant changes to services proposed • Use community engagement structures to engage in a meaningful way with local populations and communities • Use the sexual health website and social media platforms to engage with service users, members of the public, and partners. • Carry out a marketing engagement exercise to establish the new names of the tiered services that are recognisable and meaningful to service users, partners and professional colleagues, staff and the public. |

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| | | | | We will continue to engage with staff through the Staff Reference Group which was established as part of the Service Review implementation phase. This acts as a forum for the exchange and development of ideas, views and concerns, to enable staff to discuss the emerging Implementation Plan, and to test out the implications of service change proposals for staff. |
| | | Example | 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 type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations</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>The Service review has an Accessibility work stream. One of its aims is to 'ensure that Sandyford Services are accessible and target the most vulnerable groups'.</p> <p>The phone in service may pose a barrier to accessibility. NHSGGC Estates department conduct DDA compliance audits, which include Sandyford premises.</p> | <p>Other ways of accessing services will be introduced as part of the Service Review. Online booking will be introduced as the primary method of access into the service from Summer 2019.</p> <p>Telephone system will be upgraded and resourced differently to improve access for those who still choose to phone the service.</p> <p>Online routine sexual health services (routine STI testing and oral contraception) will be piloted in East Renfrewshire and East Dunbartonshire from Autumn 2019. Contraception provision in local pharmacies will be trialled in South Glasgow.</p> |

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| | 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 | |
| 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 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>The British Sign Language (Scotland) Act 2017 aims to</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>We have redesigned and user tested our website which has made our information much more accessible. Further work is ongoing to redesign user pathways to access this information.</p> <p>All our publications follow the Clear to All guidance and adhere to NHSGGC Accessible Information Policy.</p> <p>We routinely use interpreters and provide large print and translated information when required. We are currently improving the quality of information we provide to interpreters in relation to common sexual health issues.</p> <p>We have provided 'Working with Interpreters' and 'Deaf Awareness' training for our staff.</p> <p>We utilise a number of ways of communicating to staff including regular staff ebuletins, team meetings, a twice-daily 'huddle' for staff working on the clinic, quarterly staff events open to all staff. There is a Staff Reference group established as part of the service review and staff are part of this group. There is also a regular Staff Side Engagement meeting.</p> | |

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| | <p>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 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>There are no considered disproportionate barriers created by the move to a new service model or change of locations. We have ensured that the young people's service model has addressed previously expressed concerns by young people by expanding the opening hours into early evening.</p> <p>The new model is specifically aimed at increasing the engagement of young people with services as they are a target group and often vulnerable.</p> | |

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| (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 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>There are no considered disproportionate barriers created by the move to a new service model or change of locations.</p> <p>Current telephone access has been highlighted as a barrier for some people with hearing impairment or learning disability</p> | <p>Improved online engagement, including improved website information and signposting, comprehensive online booking system, clear and published routes in to care, will help improve access. An improved telephone system will also help support those who choose to access services in this way.</p> <p>The introduction of online booking will allow people to identify whether they have a requirement for communication support (eg BSL) when booking an appointment. It will also mean a return to better disability recording of users of the service.</p> <p>Further work required to look at the characteristics of those who choose to travel and those who attend locally, in order to determine whether people with a disability encounter barriers others do not.</p> <p>Tier 2 services will test a mixed model of walk in and bookable appointments from autumn 2019.</p> |
| | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| (c) | <p>Gender Identity</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?</p> | <p>There are no considered disproportionate barriers created by the move to a new service model or change of locations.</p> <p>Gender identity has recently been added to the electronic patient record (NASH) in the lifetime sexual history section which will</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 checked="" type="checkbox"/></p> | <p>ensure people can be offered the right clinical interventions.</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>3) Foster good relations between protected</p> | <p>There are no considered disproportionate barriers created by the move to a new service model or change of locations.</p> | |

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| | <p>characteristics</p> <p>4) Not applicable <input checked="" 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 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>There are no considered disproportionate barriers created by the move to a new service model or change of locations.</p> | <p>Further work required to look at the characteristics of those who choose to travel and those who attend locally, in order to determine whether people who are pregnant or with babies/young children encounter barriers others do not.</p> |
| | 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 boxes).</p> | <p>The introduction of online booking will mean a return to better ethnicity recording of users of the service.</p> <p>Black African populations are more likely to live in poverty with around 80% living in SIMD1 areas of high deprivation, and therefore may find travelling to access services more challenging. We will continue to work closely with third sector partners to support people from these communities to access services.</p> | <p>We are working to improve information on confidentiality to people who require an interpreter and are improving the availability and quality of translated information guidance for interpreters on sexual health issues.</p> |

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| | <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>We are increasing access to routine sexual and reproductive health service provision in Govanhill area which will help to support access for the large and growing Roma population in that community.</p> <p>We are increasing access to routine sexual and reproductive health service provision in Parkhead which will help to support access for the BME communities in the North East of the city.</p> <p>All services have access to interpreters face to face or through language line.</p> | <p>Further work required to look at the characteristics of those who choose to travel and those who attend locally, in order to determine whether people who don't have English as their first language encounter barriers others do not.</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 checked="" type="checkbox"/></p> | <p>There are no considered disproportionate barriers created by the move to a new service model or change of locations.</p> | |
| | <p>Protected Characteristic</p> | <p>Service Evidence Provided</p> | <p>Possible negative impact and Additional Mitigating Action Required</p> |
| (h) | <p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the</p> | <p>Access to long acting reversible contraception (LARC); As a result of the Service Review changes, there will be fewer Sandyford sexual health locations for women to choose to attend. However access to long-acting reversible methods of</p> | |

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| | <p>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 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>contraception (LARC) will increase, as LARC will be offered consistently across all the future locations (currently it is offered at select locations only).</p> <p>If women choose to access Primary Care, they may be offered less effective contraceptive methods (GP knowledge/training or LARC not immediately available) which may increase the risk of unplanned or unwanted pregnancy.</p> <p>Offering opportunistic cytology only in the new service model may reduce uptake rates in women who choose not to be screened in primary care settings. This may affect women from areas of deprivation who already have lower uptake rates disproportionately. The risk of this is an increase in high grade cervical abnormalities and cervical cancer in women at higher risk.</p> <p>The extension of Health Care Support Worker delivered Test-Only clinics carries a risk of reduced Routine Sensitive Enquiry (RSE) into Gender Based Violence.</p> | <p>We will work with partners in primary care to extend access to more effective methods of contraception in the community.</p> <p>We will highlight this potential reduction in cervical smear uptake to the local screening programme lead for screening uptake to consider further action</p> <p>We will increase staff awareness and training to ensure RSE is part of test only clinics, and ensure pathways are in place for when there is disclosure.</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>There are no considered disproportionate barriers created by the move to a new service model or change of locations.</p> <p>Online engagement may help people who have chosen not to disclose their sexual orientation to access appropriate services.</p> | |

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| | <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> |
| (j) | <p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on the 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 in strategic planning. You should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.</p> | <p>People from more deprived areas and/or who are living in poverty may find it more difficult to travel to services which are further away from their own homes. We have identified that most people who use Sandyford services need routine sexual health care and the new service model will increase local provision of this, although the location of some services will change. Increased online access to services will help those people who may find it difficult to travel. However, it is recognised that there is a small vulnerable population who do not have easy access to the internet or consistent mobile phone data/credit.</p> <p>For more specialist services, people will have to travel further to either 1 of 4 Connect services (urgent care) or to the 1 central specialist centre – this reflects NHS GGC Moving Forward Together programme, and should be for 1 or a limited number of visits for individual people. See section 2 above and Appendix 1 for detail on travel route assessments.</p> <p>The new model is specifically aimed at increasing the engagement of young people with services as they are a target group and often vulnerable.</p> | <p>Partnership working will also increase opportunities for people to access routine contraception and STI testing in their local communities and primary care services.</p> <p>We will continue to closely monitor service use by people from areas of higher deprivation</p> <p>We will ensure that people who have a right to be reimbursed for travel to appointments are made aware of how to claim this.</p> <p>We will still provide YP services in local areas plus Saturday pm service</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>People whose life circumstances mean they find managing health care difficult, are vulnerable, and/or who do not regularly access health services may find it more difficult to access services which are further away from their own homes. We have identified that most people who use Sandyford services need routine sexual health care and the new service model will increase local provision of this, although it may mean that the</p> | |

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| | | <p>location of some services change. Partnership working will also increase opportunities for people to access routine contraception and STI testing in their local communities and primary care services. For more specialist services, people will have to travel further to either 1 of 4 Connect services (urgent care) or to the 1 central specialist centre – this reflects NHS GGC Moving Forward Together programme, and should be for 1 or a limited number of visits for individual people.</p> <p>Sandyford Inclusion team ensures access to Sandyford services by marginalised groups; for example people who are homeless, living with disabilities including physical and learning disabilities, seeking asylum, living with alcohol/drug addictions and mental health problems; women experiencing gender based violence; people involved in commercial sexual exploitation; Black and minority ethnic groups; LGBTI individuals.</p> <p>We provide services to women in prison</p> <p>We have an action plan for GBV (gender based violence) data</p> | |
| 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>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>The aim of the service review is to minimise impact on those at higher risk of poor sexual health, while achieving efficiencies within the service. The review was initially predicated on the achievement of £250,000 efficiencies for 2017/18 which was achieved, and a further £100,000 has been achieved in 2018/19. In 2019/20, the service is expected to achieve a further £150,000 efficiency. In order to achieve this, it requires a transformative redesign of the current workforce, the development of a tiered model which will improve the use of existing resources and release further efficiencies. The use of spend to save to develop new technology which will improve accessibility and the service user experience is vital as is the requirement for transitional funding to facilitate the workforce changes required.</p> | |
| Service Evidence Provided | | Possible negative impact and | |

| | | | Additional Mitigating Action Required |
|----|--|---|--|
| 9. | <p>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.</p> | <p>Sandyford has achieved the LGBT Charter of Rights Gold Award which included specific training for 80% of staff.</p> <p>107 Sandyford staff across all disciplines received Safe Lives training in 2016/17 which equipped them with the information and tools to increase the safety of victims of domestic abuse and violence through a risk identified checklist.</p> <p>We conducted a staff survey on their experience of using the GGC Interpreting Service, and actions are being carried out subsequent to this.</p> <p>Ongoing training for staff through learnpro modules compliance, and any further development needs picked up through PDP and appraisal systems.</p> | |

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 risks 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* .

*

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

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

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

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

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) |
|--|---------------------|-------------------------------|
| Online booking will be introduced as the primary method of access into the service Telephone system will be improved for those who choose to access in this way | Summer 2019 | RMcL |
| Online routine sexual health services (routine STI testing and oral contraception) will be piloted in East Renfrewshire and East Dunbartonshire | Autumn 2019. | RMcL |
| Contraception provision in local pharmacies will be trialled in South Glasgow. | | |
| Test Express services will be expanded to be delivered across all Sandyford locations We will increase staff awareness and training to ensure RSE is part of test express clinics, and ensure pathways are in place for when there is disclosure | Autumn 2019 | RMcL |
| Tier 2 services will test a mixed model of walk in and bookable appointments | autumn 2019 | RMcL |
| Further engagement needs to be done with the Castlemilk community with regards to access to services . | Ongoing | RMcL |
| Further work required to look at the characteristics of those who choose to travel and those who attend locally, in order to determine whether protected characteristics encounter barriers others do not. | | RMcL |
| Prior to implementation of the proposed changes, we will <ul style="list-style-type: none"> • Seek feedback to the proposed service changes through production of a user friendly summary document (leaflet), which will be made accessible to people both physically (in waiting areas, etc) | | RMcL |

| | | |
|---|--|------|
| <p>and electronically (website, email, and so on)</p> <ul style="list-style-type: none"> • Hold briefings for elected members in the areas where there are significant changes to services proposed • Use community engagement structures to engage in a meaningful way with local populations and communities • Use the sexual health website and social media platforms to engage with service users, members of the public, and partners. • Carry out a marketing engagement exercise to establish the new names of the tiered services that are recognisable and meaningful to service users, partners and professional colleagues, staff and the public. | | |
| <p>We will continue to engage with staff through the Staff Reference Group which was established as part of the Service Review implementation phase. This acts as a forum for the exchange and development of ideas, views and concerns, to enable staff to discuss the emerging Implementation Plan, and to test out the implications of service change proposals for staff.</p> | | RMcL |

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

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|--------------|
| January 2020 |
|--------------|

**Lead Reviewer:
EQIA Sign Off:**

**Name
Job Title
Signature
Date**

Quality Assurance Sign Off:

**Name
Job Title
Signature
Date**

**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: | | | |

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:

Please email a copy of this EQIA review sheet to [CIT](#) or send to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospitals Site, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4817.