

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:

Hospital at Home – Glasgow City Test of Change

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

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

What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.

Hospital at home is a UK wide initiative that has existed for some years. Over the last year Scottish Government have set out intentions to roll this initiative out across Scotland and all Health Board areas. In 2019 in GGC discussion started as to how this model could be adapted and in 2020 it was agreed Glasgow City HSCP would start a test of Change in its South locality initially on behalf of GGC. Hospital at home is part of the unscheduled care Programme for GGC

Hospital at Home Service provides hospital level care at home for acutely ill patients and service users who would otherwise need to access care in a hospital setting. If a GP assessment demonstrates a patient can receive the right level of care at home, then this will be supported by a dedicated Hospital at Home Team based in the community. The service will be delivered by a team of community practitioners with oversight from acute specialists who will support care delivery. These specialists include Consultant Nurse, Geriatrician/s, ANPs, Nurse practitioners, Specialist GP hours, nurses, pharmacists, pharmacist technicians, physiotherapists, occupational therapists and health care support workers. If patients require further support this will be progressed by the team alongside your GP.

This service has come as a result of several considerations:

- Avoidance of unnecessary hospital admission
- Earlier discharge from in-patient facilities to support person centred care.
- Safe effective person-centred-hospital level care in a person's home
- Management of more severe conditions
- Multi-disciplinary team approach

- Service in order to learn and make any service improvements. As this is a test for change, this has already been approved and agreed on. The assessment is standardised for service users however this will be adapted on an individual basis. We will take into consideration any changes we need to make in the referral process. The approach works with a variety of specialists, liaising between GPs and HSCP services. Should the individual require to go to hospital, this will be done in a person centred way and being informed by a variety of specialists.

The assessment process for the service will be inclusive and exclusive on the assessment carried out by a clinical physician if deemed safe so. The inclusion factors thought the referral process are the following:

- *Over the age of 65*
- *Acute functional decline due to underlying health conditions;*
- *Acute complex multiple medical problems*
- *Frailty – acute decline of uncertain cause*
- *Exacerbation of COPD/Asthma/heart failure*
- *High risk of hospital admission/deterioration*
- *Acutely unwell nursing/care home patient with any of these presentations*
- *Severe infections - pneumonia, UTI or cellulitis*
- *Delirium*
- *recurrent falls with no injury likely due to underlying acute illness*
- *Dehydration*
- *UTI with multi-resistant organisms needing IV antibiotics*
- *Acute presentation of suspected advanced malignancy*
- *Covid-19 illness*

There are factors which would exclude an individual from the hospital at home service however, if the assessment deems they are not able to access the service they would be referred through the rehabilitation team or appropriate service. The exclusive factors are where there are serious health issues/concerns therefore it would not be appropriate. These are:

- *Stroke/TIA*
- *Cardiac event*
- *Fractures - needing acute assessment and possible surgical management e.g. Hip*
- *GI bleed*
- *Acute abdomen*
- *DVT*
- *Social care crisis*
- *Diabetic ketoacidosis*
- *Head injury*

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.)

- Part of the NHSGGC Board and HSCP objectives
- Proposed roll out of service board wide in future
- Represent significant change in the way services are delivered, want to ensure evidence and due regarding of the equality act (2010). Consideration around protected characteristic information has been taken through utilising the trackcare system. In order to make the service as accessible as possible during the consultation, engagement and communication period

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: Callum Lynch - interim arrangement prior to being signed off by executive group leads Dr Julie Egan and Alan Gilmour	Date of Lead Reviewer Training: 07/12/2021
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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):

- Alan Gilmour – Planning Manager Older People and South Locality NHS Greater Glasgow and Clyde
- Dr Julia Egan – Nurse Director Glasgow Health and Social Care Partnership
- Andrea Showell – Hospital at home practice development nurse NHS Greater Glasgow and Clyde
- Ann Lees Health Economist, Corporate Planning, NHS Greater Glasgow and Clyde
- Callum Lynch, Community Engagement Officer NHS Greater Glasgow and Clyde

<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>	<ul style="list-style-type: none"> - The data captured will be limited to those fields available via Trackcare patient information management system. - There are: <ul style="list-style-type: none"> - Name - Address - Religion - Ethnicity - Interpreter required - Communication format - Gender - Age - Marital status - This will be delivered by acute staff and community staff who will use trackcare as the main information system. As this service is a new service, we will be using the trackcare monitoring information system to track, monitor and evaluate the individuals who will access the service. This will be piloted in the south will roll out across the city. We will continue to monitor the data of service users who access the hospital at home service 	<ul style="list-style-type: none"> - Trackcare doesn't routinely capture all protected characteristics.
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by</i></p>	<ul style="list-style-type: none"> - The programme will identify whether access to the services is equal in terms of any protected characteristics - Would use protected characteristic data analysis to check for patterning of alignment to service. - As a test of change (For 1 year) it will be a 	<ul style="list-style-type: none"> - Action to consider how to use protected characteristic data analysis to check for patterns aligning to the service development and design.

	<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><i>BME (Black and Minority Ethnic) people.</i> <i>Engagement activity found promotional material for the interventions was not representative.</i> <i>As a result an adapted range of materials were introduced with ongoing monitoring of uptake.</i> <i>(Due regard promoting equality of opportunity)</i></p>	<p>component of the ongoing review and the evaluation. Subsequently this will be used in future development and learning. The service will be rolled out in the south of Glasgow only with the intent to roll it out city wide.</p> <ul style="list-style-type: none"> - The impact and evaluation has already started, the hospital at home team are consistently learning, gathering evidence, impact and feedback from patients to ensure that the service is consistently evolving and learning to meet the needs of service users. - We will undertake a review of the service that will include patient engagement where PC data will be collected to give a better understanding of service experience. - The evaluation will be carried out through the evaluation sub group alongside the consultant nurse whose core role function will be to monitor the impact evaluation of the service. 	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>3.</p>	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick</p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment.</i> <i>Research suggested that young LGBT+ people had a disproportionately</i></p>	<p>Glasgow HSCP and NHSGGC have benched this work over the Hospital at Home services that exist in other boards. There have been shared learning meetings in which information has been exchanged.</p> <p>This is a test of change and will only be done in the south. We will be carrying out an evaluation process to understand clearly the barriers some protected characteristic groups could face. This will look at gathering the following information about these groups:</p>	<ul style="list-style-type: none"> - It has been agreed that qualitative data evaluation will be carried out in the first year of the service being established.

	<p>relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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>	<ul style="list-style-type: none"> • age • disability • gender reassignment • marriage and civil partnership • pregnancy and maternity • race • religion or belief • sex • sexual orientation 	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>4.</p>	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?</p> <p>Your evidence should show which of the 3</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</i></p>	<ul style="list-style-type: none"> - During the participation and engagement process the HSCP will be partnership will be engaging with equality groups reaching out through the HSCP and NHSGGC channels. This will be to show equality groups how to access the service and in addition if there are any gaps then to gather feedback around this. We will be carrying out engagement with equality groups throughout the learning process to ensure the service is as accessible as possible. - As this is a UK known service there has been previous work done to ensure and identify gaps for groups. We have consulted with 	<ul style="list-style-type: none"> - Action of carrying out some form of engagement with equality groups.

	<p>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>result the service introduced a home visit and telephone service which significantly increased uptake.</p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</p>	<p>relevant stakeholders and they have been involved in the development stage of the service. Furthermore, stakeholders are engaged and represented in the governance groups of the service alongside consistent patient feedback to understand where we can improve, build upon or change the service where possible to meet their needs.</p>	
	<p>Example</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>5.</p>	<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><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.</i></p>	<ul style="list-style-type: none"> - Hospital at home service is physically accessible to anyone who qualifies to access the service. As the service will be in the comfort of people's homes, physical accessibility will not be an issue. Where adaptations may be required the appropriate referral through the rehabilitation services will happen. Where support is required externally, NHSGGC and HSCP facilities all have 	<ul style="list-style-type: none"> - No action required.

	<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><i>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>accessibility points for those who will need it.</p> <ul style="list-style-type: none"> - As part of the assessment any reasonable adjustment will be considered to support an individual to receive care at home. 	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>6.</p>	<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</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</i></p>	<ul style="list-style-type: none"> - There is a clear communication plan and strategy that is attached to the communication and engagement process for the Hospital at Home Service. The communication with staff and service users will be available in different languages, in braille and also we will be producing video and audio versions of the messaging. This will ensure that we will reduce any form of indirect discrimination and adapt to service user and staff's needs. - Built into the communication plan is products 	<p>No Negative impact. We will produce and offer staff and service users communication that suits their needs through the NHSGGC equality and translating team.</p>

<p>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 raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>	<p><i>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>that vary for stakeholder groups and includes an equality component ensuring consideration and actions are taken to support this.</p> <ul style="list-style-type: none"> - Any communication support requirements would be met through application of NHSGGC's clear to All Policy and interpreting support. 	
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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>	<ul style="list-style-type: none"> - Trackcare monitors service user's age and this ensures that specialists are able to adapt their approach to people accessing the hospital at home service. The service is available to over 65s - The age cut off for the service is 65+. This is part of the inclusion criteria. This is due to the service being a test of change and in addition it allows for a focus on a sample. After evaluation processes take place this will be revisited during the pilot to see where and if so possible to include those under 65. 	No Implications
(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>	<ul style="list-style-type: none"> - The service is accessible and non-discriminatory to those with disabilities. Where there are disabilities the specialist's services will support individuals to access the service and provide the required support for this. For where there may be audio or visual 	No Implication

	<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>impairments there will be support including access to staff.</p> <ul style="list-style-type: none"> - There is an occupational therapy to the team and a direct link to the rehabilitation team whom have access to long term rehabilitation needs through various services such as physiotherapy, speech and language and occupational therapy etc. 	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(c)</p>	<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>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>We will ensure gender identities are respected and individuals who are Trans feel safe and respected in their own home. This will be done through appropriate use of pronouns and use of language.</p>	<p>This information will be collected as part of the qualitative work.</p>

	4) Not applicable <input type="checkbox"/>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<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 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 will consult with partners, significant others, family members and next of kin to understand the level of care, support and any other factors required for the individual's care plan. This will be alongside the assessment from the consultant and other health professionals in the individual's life.</p>	<p>No negative implications</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>N/A to this service</p>	<p>If this information is not available through track care and an analysis of how this may impact individuals accessing the H@H service then this is an action.</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>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(f)</p>	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input 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 service will not disproportionately impact anyone based on their race. The service will be available to anyone no matter their race. Where cultural elements of race exist, the service will look to remove these barriers to ensure it meets the needs of individuals based on their race. We will provide interpreters and translated information for anyone who doesn't have English as their first language.</p>	<p>This information will be collected as part of the qualitative process.</p>

<p>(g))</p>	<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 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 have put measures in place to ensure there are no disproportional impacts due to individual's religion and beliefs. In the communication process we will be targeting religious groups and sending out materials to these groups. Furthermore in someone's care plan they will be able to make any asks to ensure their religious beliefs are respected for example: if they wish for female only staff we will include this and accommodate this where we can and capacity allows.</p> <p>We have the appropriate systems in place should someone's belief shape the level of care they receive during the process of during the palliative care process. There is chaplaincy support available through the service.</p>	<p>No Implications</p>
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(h))</p>	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p>There will be no disproportionate implications for individuals accessing the hospital at home service based on their sex. Where individuals or family may desire specialists based on their sex e.g. male or female only then this is something we can look to accommodate on based on capacity and resource. Individual's sex will not inhibit their access to a service. The need for this will be carefully assessed and this should be included by the patient/family or carers at the point of referral and assessment. Should there be a necessary requirement for a professional with a specific sex, and there is no capacity, we can refer the individual through the</p>	<p>No Implications</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>	rehabilitation service.	
(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 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>Individual's sexual orientation will not affect their ability to access the service. Sexual preference will not be part of the referral process and will not dictate the quality or level of service that someone will be entitled to.</p> <p>All staff are required as part of mandatory training through NHSGGC to learn about sexual orientation and the meaning for people. Staff will not discriminate based on sexual orientation and will ensure their language is open. For example using phrases such as partner where information is not known to support individuals. Following an evaluation of the service and implications, we will consider altering track care where possible to be inclusive of this information should the individual (s) wish to disclose.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

<p>(j)</p>	<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. If relevant, you should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: interim guidance for public bodies - gov.scot (www.gov.scot)</p>	<p>The development of the service will not disproportionately impact individuals from different social economic backgrounds. Everyone will have the same level of care delivered. As the service develops we will be inclusive of this in the evaluation and monitoring process. There is no data to suggest hospital at home is patterned by SIMD therefore the initiative is being set up to prevent all patients whatever their SMID category from being admitted to hospital.</p> <p>That said, we recognise that certain vulnerable and hard to reach groups are more likely to have, from evidence to suffer from co-morbidity and complex conditions as opposed to those from more affluent areas and a different SMID category. This service is an enhanced service for communities.</p> <p>The service is being established in the south as a test of change, geographical basis and consideration of the Queen Elizabeth University Hospital. There will be further review to expand the service wider across the city.</p>	<p>Socio economic factors will be included in the monitoring and evaluation process of the service.</p>
<p>(k)</p>	<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>Asylum Seekers, refugees and travellers will be able to access the service through their GP. However, during the communication and engagement process we will be distributing information or to 3rd sector organisations that will be able to forward this onto the networks they are connected to. This way we will be able to ensure information is out there as wide as possible and reaching as many people as possible. The hospital at home care will be able to travel out to any form of supported accommodations individuals will be in.</p> <p>This and homelessness is out with the scope of the test if change. However this is something that we</p>	<p>No short term implications however further engagement will be done to look at other marginalised group as a test for change.</p>

		would be looking to look at in the future development of the service	
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 checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	Key part of the evaluation is an economic evaluation of the test of change and this would be reported back on this basis.	No implication
		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>	There are a number of new staff that would go through induction process that would capture mandatory learning programmes around equality	No further action required.

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

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

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

None were 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* .

The design of the service takes into consideration a human rights approach. It looks at the growing movement and recognition of human rights. It aims to deliver non-discriminatory hospital at home service that is not discriminatory on the basis of race, colour, sex, language, religion, political, socio economic factors, family status, disability, age, marital and family status, gender identity or any other characteristics. It also aims to include service users in the participation in the learning and design of the service. We aim to ensure meaningful participation to key stakeholders and acknowledge our accountability. We want to ensure and empower all staff and service users are knowledgeable with skills and committed to support service users and upholding and championing their human rights. We will be running and a communication and engagement process that will be considerate of the PANEL human rights approach.

*

- **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)

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

September 14th 2022

<p>Lead Reviewer: EQIA Sign Off: Callum Lynch</p>	<p>Name Callum Lynch Job Title community engagement and development officer Signature Date 9/3/2022</p>
<p>Quality Assurance Sign Off:</p>	<p>Name Alastair Low Job Title Planning Manager Signature Date 22/03/22</p>

**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:

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