

NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

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

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

Ashton Medical Practice, General Medical Service Re provision- Closure Process at Cardonald Branch Surgery

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).

Ashton Medical Practice submitted a formal application to NHS Greater Glasgow and Clyde to withdraw GP services from their branch surgery premises within Cardonald Medical Centre, 1831 Paisley Road West, Glasgow, G52 3SS. It is proposed to continue to deliver services from the main premises at Ashton House 3 Ashton Road, Glasgow G12 8SP and the other branch surgery at Springburn Health Centre, 200 Springburn Way, Glasgow G21 1TR.

The GP practice patient list size and movement is routinely collected on a quarterly basis. At the time of their application the practice had a total practice population of 8,030 patients, of which 2,131 (April, 2025) of those patients were registered with the branch at Cardonald Medical Centre. It has been assumed that patients attend the branch at Cardonald if they are resident in the South of Glasgow or resident in the bordering area of Renfrewshire. 2,064 patients were resident in South Glasgow and 67 were resident in Renfrewshire.

There are three GP practices located in Cardonald Health Centre, two of them single-handed GPs: Dr Campbell (Ashton Medical Practice), Dr O'Neill and the partnership practice of Dr Datta & Dr McGill. Each of these three practices lease the premises from a private landlord.

In relation to branch surgery closures, the Planning with People Guidance (2024) [Health and social care - Planning with People: community engagement and participation guidance - updated 2024 - gov. scot](#) issued to NHS Boards, Integration Joint boards and Local Authorities advises that decisions are taken only after full consultation with local communities and other interested parties; and that any decisions taken align to other strategies designed to improve patient access to services. Proposals for major service change in the NHS (including delegated services for Integration Joint Boards) must be subject to at least three months of public consultation.

Glasgow City Health & Social Care Partnership (HSCP) undertook an extensive options appraisal with NHSGGC to explore future service delivery to support informed decision making. Further details can be found in the published IJB meeting papers at <https://glasgowcity.hscp.scot/glasgow-city-integration-joint-board-papers>. This

included 3-month GP practice and HSCP patient and stakeholder consultations, which ran from Thursday 20th March – Thursday 12th June 2025. An initial Equality Impact Assessment (EQIA) was written to support decision making around whether to approve or not approve the request to close a branch. This EQIA was undertaken during the consultation process to follow Scottish Government guidance: *'An initial EQIA should be carried out to ensure an inclusive approach at this early stage in the engagement process. This is the right time to ensure the right people are involved'* (Health and social care - Planning with People: community engagement and participation guidance - updated 2024 - gov. scot 4).

The options appraisal indicated that the practice with one GP contract holder does not have enough GP staff to run the branch and deliver general medical services to the total practice population of 8,030 patients on the 1st April 2025. The practice is not in a financial position to take on extra partners. There is therefore a significant risk that due to sustainability issues that Dr Campbell will choose to hand back the General Medical Services (GMS) contract for all three branches.

Glasgow City HSCP's Primary Care Management Group met on the 25th of June 2025 to consider the options and supported the application to withdraw GMS services from the Cardonald Branch surgery, which subsequently received Glasgow City Integration Joint Board (IJB) ratification on 15th July 2025 via delegated authority. The EQIA to support decision making was published on the Glasgow City HSP website on 1st August 2025 [EQIA - Cardonald Branch of Ashton Medical | Glasgow City Health and Social Care Partnership](#)

Now that a decision has been made, the initial equality impact assessment (EQIA) requires to be updated to determine the potential health impact on protected characteristic groups impacted by the closure and potential legal risk. This EQIA details the procedure and transition plans for implementing the branch closure, with a focus on supporting all patients and identifying appropriate mitigation measures to ensure that, vulnerable patients registered with the Cardonald branch continue to have access to GMS services.

All patients, staff and stakeholders were contacted on the 1st August 2025 to inform them of the branch closure outcome. Patients were informed in writing by Ashton Medical Practice that the Cardonald Branch will close. During the consultation period a patient FAQ was provided, this has been updated with closure related information. The closure letter and updated FAQ were translated into the eight non-English languages spoken by the practice patient population. Patients were advised that they and their family can remain registered and receive services at Ashton Medical Practice's main site at Ashton Road or at the Springburn branch. They will also be free to re-register with another practice which accepts patients from their postcode area and whose list is open. Patients registered at the Cardonald branch of Ashton Medical Practice will be contacted and asked to confirm by email or phone if they require assistance in selecting a different GP practice. NHS Greater Glasgow & Clyde (NHS GGC) will provide this support as needed.

By Glasgow City HSCP (GCHSCP) supporting the closure of the Cardonald branch, a further decision is now required about how to continue to provide a GP service to the Cardonald registered patients, who do not wish to attend Ashton Medical Practice's other premises. Following advice from the board's GMS team the options of re-tendering or converting to a 2C (NHS directly managed practice) is not contractually possible as only the branch surgery is closing not the whole practice which holds the main GMS contract. The available options are:

- Option 1. Invite notifications of interest from existing GP Contractors who wish to expand their patient list size
- Option 2. Disperse patients by assigning patients to existing GP contractor(s) within the local area

To reduce a possible increase in local GP practices requesting to close their patient list registration, to address potential staffing capacity challenges or a lack of space to accommodate additional patients, option 1 is the recommended option. NHSGGC will invite notifications of interest from existing GP contractors who wish to expand their patient list in both Sectors (Glasgow South & Renfrewshire) to take on a block of patients within their existing GMS contract or PMS agreement. Successful practices will be allocated an agreed total number of patients from postcode areas they have applied for, this block could possibly be several hundred patients. GP contractors who bid will be subject to a submission scoring criterion before being awarded and will have demonstrated to the selection panel that the practice:

- Is easily accessible, from existing Cardonald Branch practice
- Has capacity with a plan in place to manage the administration of new patient registrations and medicals
- Has previous experience of managing transition of patients
- Has clinical capacity and can provide GMS services, including home visits
- Has relevant specialist expertise and special interests

Before transfer of patients occurs, the patient allocation process would be required to be undertaken, including eHealth and Practitioner Services undertaking processes to transfer patient medical records. NHS GGC will inform the remaining patients of their allocated GP practice and the transfer date to the new practice. Ashton Medical Practice will continue operating in Cardonald Medical Centre during these steps, so there will be no impact to patient care. Patients will be informed that these processes are likely to take several months to complete so, in the meantime, they will remain registered with Cardonald branch and should continue to contact the practice as normal.

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

Name: Lara Calder	Date of Lead Reviewer Training: 08.05.25
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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):

Gary Dover- Assistant Chief Officer, GCHSCP
 Dr Richard Groden- Clinical Director, South Glasgow
 Dr Fiona Kinnon- Clinical Director, NW Glasgow
 Jenny McCann- Primary Care Programme Manager, GCHSCP

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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>Currently equalities data is collected on age, sex and languages spoken but not ethnicity.</p> <p>The profile of patients registered at the Cardonald branch on the 1st April 2025 was 2,131 patients (CHI download, April 2025). Registered population numbers were collected again and have reduced during the patient consultation period by 240 to 1,891 (CHI download, 16th July, 2025).</p> <p>62% of the patients were between the ages of 25 and 64. 20.5% of the registered population is under 24 and 11% are 65+.</p> <p>Of the patients, 46% are female and 54% are male. No age group or gender is disproportionately represented within the registered practice population.</p> <p>Approximately 3% of patients were recorded as speakers of other languages than English (69). According to the latest 2022 census data, 12% of people in Glasgow speak a language other than English at home. This is a disproportionately low level for a practice located within Glasgow city boundary.</p> <p>From the patient consultation survey respondents, 13% of the practice population was from a Black, Asian, and Minority Ethnic (BAME) background. According to the census, 7.1% of Scotland's population comes from BAME background. Glasgow City has a particularly diverse population, with 11.4% of Scotland's total population BAME population (Census, 2022).</p>	<p>We will review the impact of the closure by working with other stakeholders already involved and with the local GP practices who successfully bid to receive an allocation of Cardonald branch patients to seek evidence of inequalities because of the changes.</p> <p>For example, changes in access for Cardonald branch patients, local registration patterns and any capacity issues or difficulties with other GP practices.</p> <p>In the future IT systems allowing, we would like to collect further routine data on protected characteristics across all GP surgeries.</p>
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics. ✓</p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result, an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>The understanding that General practice and the HSCP services a diverse population has led to the development of a range of policies and processes to ensure that service users are treated with dignity and respect and people access services appropriate to their needs. These measures include the provision of interpreting, translation services, provision of gender and culturally aware sensitive services.</p> <p>The geographical spread and number of patients registered at the Cardonald branch number from each postcode was undertaken to inform the service closure. There is a wide spread of patients from a range of postcode areas but the five main postcode areas which the Cardonald branch takes its patients from are:</p> <p>Pollokshields (G41) – 76 patients, Govan (G51) – 170 patients, Cardonald (G52) – 1,630 patients, Greater Pollock (G53) – 157 patients and Renfrewshire (PA1/PA2/PA3/PA4) – 67 patients</p> <p>Analysis was undertaken of the GP practice capacity in each of the Glasgow City postcode areas. Each of the four South Glasgow City postcode areas of G41, G51, G52 and G53 are over capacity except for G51 which is nearly at capacity. This is due to several factors, including the dispersal of patients to neighbouring practices because of the recent closure of Greenlaw Medical Practice and the Keir Street, Pollokshields branch in G41.</p> <p>Patients who decide not to remain registered at Ashton Medical Practice's main site or the branch surgery at Springburn Health Centre or register with a local practice within their postcode catchment will be assisted to find an alternative practice in their postcode area. Analysis of the advantages and disadvantages with this option for both patients and local GP practices and their staff has been undertaken. In implementing this approach, the following requirements would apply:</p>	<p>Whilst work has been done to inform service design, consistent recording of data to provide better evidence around the protected characteristics can be problematic due to the variations within each GP practice, limitations of EMIS and Vision data system, and the number of catchment practices due to the geographical spread of patient postcodes.</p> <p>Patients will have the option to remain registered at Ashton Medical Practice's and be free to register with any local practice that covers their postcode catchment. All remaining patients would be assisted to find an alternative practice in their postcode area.</p> <p>It should be noted that practices can request to open and close their lists and not register any new patients if circumstances require. Currently 3 South practices in the South of Glasgow City have closed</p>
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			<ol style="list-style-type: none"> 1. Patients will always have the right to choose another GP practice if they are unhappy with the practice they have been allocated to and will be given information on how to do this. 2. Patients will be allocated to practices that accept registrations from within their postcode area. This supports easier access to community primary care services and community pharmacy 3. Vulnerable patients with ongoing packages of care will be identified and support put in place to ensure a smooth transition. 4. Families should be transferred to the same GP practice where possible. 5. Global Sum funding will follow patients to their new practice to ensure that there is sufficient capacity to support them within those practices. 	<p>their patient registration list. Dr Datta & Dr McGill at Cardonald Medical Centre have applied to close their list. This has been approved for a 3 month period from 1st August. Another local GP practice has recently requested to close their patient list. In addition, patients have recently been allocated to South practices with the Keir Street, Pollokshields surgery closure in June.</p>
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result, staff were trained in LGBT+ issues and</i></p>	<p>A number of documents were reviewed to inform the approach being adopted by the HSCP:</p> <ul style="list-style-type: none"> • Health and social care - Planning with People: community engagement and participation guidance - updated 2024 - gov.scot • hisengage.scot/service-change/resources/identifying-major-service-change/ • General Practice - Primary care services - gov.scot • Housing Land Audit March 2024.pdf • 2022 census Scotland's Census • Scotland's Census 2022: What do the latest statistics tell us about minority ethnic groups in Scotland? — CRER • Practice list closure - Safe working in general practice - BMA • Demographics and Needs Profile Summary 2024 Glasgow City Health and Social Care Partnership • https://glasgowcity.hscp.scot/glasgow-city-integration-joint-board-papers 	<p>As previously mentioned, our approach is to focus in a proportionate way on people who have difficulty accessing services and/or are further from engagement with services. This group of patients will be identified via EMIS records and by the practice's clinical and administrative staff.</p>

	<p>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics ✓</p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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"> • NHSGGC Primary Care Strategy <p>We have used these documents to support the engagement and decision-making process. We have also considered the HIS guidance on what needs to be considered as major service change guidance on identifying major health service changes. The closure of this branch surgery would not meet the threshold for major service change (the examples, given on the HIS website are all of larger service change initiatives) and, therefore it was not necessary to consult and involve HIS in this instance.</p> <p>Learning from the patient survey indicated that distance from the main Ashton Medical practice and travel (76% of respondents) as the most frequent concern. As part of the options appraisal, a mapping exercise on the proximity and capacity of alternate GPs within the patient's postcode catchment area has been undertaken by the HSCP.</p> <p>During the closure process, our approach will be to focus in a proportionate way on people who are furthest from engagement with services and for whom we believe the risk of poor physical and mental health is highest.</p>	<p>The HIS guidance refers to the legal duty to support, ensure and monitor the discharge of health bodies' duties in respect of public involvement.</p> <p>Furthermore, there is overarching work at a national, board and HSCP level looking at the sustainability of primary care, including general practice. GP workforce recruitment and retention is a government priority to increase capacity to mitigate the risk that new patients will not be able to access a GP and the impact for existing patients within surgeries.</p>
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and	<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</i>	Healthcare Improvement Scotland requests people and communities are engaged in shaping health and care services. It has a legal duty to support, ensure and monitor the discharge of health bodies' duties in respect of public involvement, including quality assurance of changes to delegated health services being made by Integration Joint Boards. As part of this duty a consultation to engage with the practice patient population to discuss some of	A frequently Asked Question sheet (FAQ) was developed to support patient understanding about the consultation. Another patient FAQ has been prepared in advance of stakeholders being

<p>how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics ✓</p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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>the issues related to the potential branch closure, such as barriers for individual service users, the services to be provided alongside promoting equity of access.</p> <p>Consultation by the GP Practice</p> <p>The practice sent a letter by text message to all patients at the Cardonald branch on Thursday 20th March 2025 with a link to a survey to give them the opportunity to comment on the proposed withdrawal of GP services by Thursday 12th June 2025. The NHS GGC Equalities Monitoring Form was also included in the survey.</p> <p>Early responses from the survey indicated that patients were not responding to certain questions, stated they didn't understand certain question or were seeking clarity from the practice about the proposed branch closure. A Frequently Asked Questions (FAQ) document was subsequently developed and sent to patients to help answer any queries.</p> <p>The consultation was advertised within the GP surgery and paper copies were also available for any patient who preferred this.</p> <p>The letter and the survey were sent to 1,591 patients who were 16 years of age and over. Letters and surveys were also sent in other languages other than English to any patients who had an alert on their records that they required an interpreter: Arabic 24, Urdu 17, Kurdish Sorani 7, Punjabi 7, Farsi 6, Romanian 3, Italian 3, Polish 2</p> <p>Summary of results of the patient survey</p> <p>Approximately, one fifth (412 patients) of the branch practice patients responded to the survey. To ensure it fully informs decision making, any significant outlier comments will be considered on a case-by-case basis.</p> <p>The survey results show that the majority (88%) of respondents had visited the Cardonald branch in the last year and due to distance and location 78% would</p>	<p>informed of the closure and translated for patients where English is not their first language.</p> <p>We have put steps in to support patients and will continue to seek feedback from patients and other stakeholders to improve the care we provide and mitigate impacts that were identified via patient consultation.</p> <p>With the closure decision, we will consider if specific feedback around protected characteristics can be identified and impacts are minimised. An initial EQIA was produced to inform decision making. This current EQIA has been updated to reflect the impact and further opportunities or requirements for mitigation.</p>
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			<p>find it difficult to travel to one of the other two sites Glasgow's Hillhead or Springburn areas. When asked how they intended to access GP services, if the branch was to close, the majority (71%) of respondents said they would look for another GP in the Cardonald area.</p> <p>Patients were asked how they would access GP services if the branch was to close and most of the respondents didn't answer the question at all, didn't understand the question or didn't know. They were also asked if there was any further information they would like to know at the consultation stage. Most people didn't answer or didn't require any further information but answers given included details of how to find a new GP practice and clarification of whether the branch was actually closing and if so, why it was closing and when it would be closing.</p> <p>The final question asked patients if they had any further comments. 63% of respondents made no further comment. 7% of respondents said they would prefer the branch to stay open, 7% were not happy with the proposal to close the branch and 8% of comments received reflected the fact that some patients were extremely unhappy with the proposal. Reasons for this ranged from them not understanding why the branch may close, to difficulties travelling to the main site at Ashton Road or the other branch at Springburn. There were several comments complimenting the branch and the staff who worked there with patients saying they had always been happy with the practice and would be very disappointed if it closed.</p> <p>Consultation by the HSCP</p> <p>The HSCP consulted with other people and organisations who may be interested and/or affected over the same 12-week consultation period. The purpose of the consultation was to seek their views on the proposed withdrawal of GP services from the Cardonald Branch, before a decision could be taken on the application. The HSCP contacted: GP Stakeholders, LMC/GP Sub, Local GPs covering the same postcode area as the branch surgery,</p>	
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			<p>Councillors/MSPs/MPs, Local MPs and MSPs, Councillors to make them aware of the proposal.</p> <p>HSCP Stakeholders were also consulted: Relevant Assistant Chief Officers/Heads of Locality, Relevant clinical service leads including District Nursing and Home Visiting, Primary Care Improvement Plan (PCIP) Service Leads, Head of Adult Services & Service Managers, Head of Childrens Services & Service Managers, Community Pharmacy Lead, E health GP Lead, Mental Health Leads, Community Pharmacy Lead, Patient stakeholder groups, Local Area Partnership, Local HSCP Community & Engagement & Development Officer(s) and Locality Engagement Forum, Housing Associations, Community Councils and Care Homes.</p>	
		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 ✓</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 potential branch closure process does not impact any further on issues regarding the physical accessibility of buildings for disabled people. This is a matter for individual contracted GP practices who were originally obliged to meet the requirements of being fully accessible and compliant with Disability Discrimination Act (DDA) 1995 which was later replaced by the Equality Act 2010.</p> <p>However, the patient survey indicated a high number of patients with physical disabilities. Consideration for any remaining patients, requiring assistance to find an alternative practice, to accommodate their access needs will be given. The GP practice EMIS system includes Read Codes for disabilities to help healthcare providers identify and manage patients with specific conditions. In addition, the GP, Practice Manager and staff are familiar with vulnerable patients registered with the branch and will be able to advise.</p> <p>With the branch closure, the impact for disabled patients who have not registered with a local practice themselves and require disabled parking will be considered when allocating patients to a new GP practice. Primary Care</p>	<p>The individual contracted GP practices are obliged to meet the requirements of being fully accessible and comply with the Equality Act 2010.</p> <p>With the branch closure, this EQIA has been updated to reflect the agreed next steps about how to support all patients (where appropriate) and the requirements for those with protected characteristics to continue to access GMS services.</p>

	<p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected Characteristics. ✓</p> <p>4) Not applicable <input type="checkbox"/></p>		<p>community staff like District Nurses, Phlebotomists and the vaccine team provide a domiciliary visiting service to housebound patients, and this will continue wherever patients are registered in Glasgow city.</p> <p>While GPs do offer home visits, Cardonald branch patients have been advised that if they register with Ashton's main surgery or Springburn branch but need home visits, they should consider registering with a local practice, as it may be practically difficult for the GPs to provide home visits to patients located in South Glasgow from the north Glasgow sites.</p>	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
6.	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>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 ✓</p> <p>2) Promote equality of opportunity ✓</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 &</i></p>	<p>From the patient survey consultation, 93% of patients responded that they did not need an interpreter or other communication support. 4% of respondents answered yes to support required and 1% preferred not to answer. 4% responded that they had a hearing disability (for example deafness or partial hearing). The GP practice currently ensures that all written material can be accessed by people where English is not their first language. The GP practice uses NHSGGC interpreting services and provides translations of all written material.</p> <p>There has been significant work in primary care regarding interpreting services to identify and reduce barriers to access. An Interpreting Staff Reference group which works to support acute and primary care services has been re-established. Interpreting data is now captured and examined to provide better evidence around usage for protected characteristics in line with the Equality Act. The BSL Action Plan includes an initiative to improve access to primary care for BSL users, and a QR code poster is being introduced to facilitate the use of Sign Video interpreting services.</p> <p>As outlined previously, all stakeholders will be contacted to inform them of the branch closure outcome. With support from NHSGGC's GMS team, GCHSCP</p>	<p>We will continue to seek opportunities to engage with patients and protected characteristics groups and ask them to provide both general feedback and specific issues so that we can investigate and seek to overcome yet unidentified barriers.</p> <p>As required, all patients will be allocated a new local GP. For those who have not actively re-registered with a new GP practice, we will allocate and support registration with local catchment GP practices.</p>

	<p>3) Foster good relations between protected characteristics ✓</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>victimisation and promote equality of opportunity).</i></p>	<p>Primary Care Improvement Team, and Practitioner National Services, the GP practice will notify patients about the closure, provide FAQs, and offer registration help via a dedicated phone number and email. Information and support will also be provided to the patients about how to access GP practices and local practice details by visiting the NHS Inform website: Registering with a GP practice NHS inform</p> <p>Patients will be given the option to remain with Ashton Medical Practice and be registered at their other premises or register with another local practice which accepts patients from their postcode area (71% of respondents said they would look for another GP in the Cardonald area). Patients who have not registered independently and do not wish to remain with Ashton and contact NHS GGC to inform them of this will be assigned to local practices. Those patients will be informed of their new practice, that the transfer has taken place and their medical records have been transferred. Arrangements will be put in place with community pharmacy to make sure that patients have bridging prescriptions.</p> <p>Cardonald branch had 2,131 registered patients (CHI download, April 2025), This had reduced during the patient consultation period to 1,891 (CHI download, 16th July, 2025). With the agreed branch surgery closure, all remaining patients will be risk assessed. The practice does not have a specialist community link worker but vulnerable patients will be matched with practices with more support services and supported with engagement and registration to ensure patients know and can access their new GP.</p> <p>GP practices and healthcare services are currently under pressure. However, there is still good access to local catchment practices, even with list closures in South Glasgow. Furthermore a few local existing GP contractors have indicated an interest in expanding their patient list. As outlined previously, NHSGGC will write to invite notifications of interest from existing local GP Contractors who wish to increase their patient list size. This will involve a selection panel being formed to select suitable practices who can fulfil the allocation criteria.</p>	<p>We are aware that the number of patients registered may reduce during the closure period as patients independently re-register and this will be monitored. The Cardonald branch will remain open until all patients that require to be are transferred to a new GP practice.</p> <p>For note, all GP surgeries in Scotland offer temporary registration for urgent care. This ensures people can access care in emergency circumstances, and we can ensure their registration and access. This will partially assist the HSCP in addressing its responsibilities in relation to removing discrimination, alongside promoting equality of access.</p>
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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 ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics. ✓</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Patient Consultation Survey Results (survey only open to those 16+):</p> <p>Respondent's age ranges: 4% were aged 16-24 years, 14% were aged 25-34 years, 20% were aged 35- 44 years, 13% were aged 45-54 years, 19% were aged 55-64 years, 17% were aged 65-74 years, 7% were aged 75+. 2% preferred not to give their age.</p> <p>The practice branch closure does not have a disproportionate impact on differences due to age as the patients who have not already actively registered locally will be dispersed by assigning patients to existing GP practices and will still receive primary care services. However, patients who have been registered with the practice for a long period will be impacted by the change of an unfamiliar premises, location and staff.</p>	<p>The practice now has 1,891 registered patients, and prior to closure, all will receive written contact.</p> <p>Patients who do not wish to remain registered at Ashton Medical Practice's main site or the branch surgery at Springburn Health Centre or who have not registered themselves with another local practice (71% of respondents said they would look for another GP in the Cardonald area), and contact NHS GGC for assistance will be allocated to local practices and their medical care records will be transferred.</p> <p>Arrangements will be put in place with community pharmacy to make sure that patients have bridging prescriptions. Should the branch close, the GP practice, with the support of NHSGGC's</p>

			<p>GMS team, would write to registered patients and provide FAQs, contact details of their future GP practice as allocated.</p> <p>Patients will always have the right to choose another GP practice if they are unhappy with the practice they have been allocated to and will be given information on how to do this.</p> <p>Vulnerable patients with ongoing packages of care will be identified and support put in place to ensure a smooth transition. Families should be transferred to the same GP practice where possible.</p> <p>Global Sum funding will follow patients to their new practice to ensure that there is sufficient capacity to support them within those practices.</p>
(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>Patient Consultation Survey Results:</p> <p>Of the 412 people that responded to the patient consultation survey a high number of patients have indicated they have a disability. In the survey, 40% have a physical or mental health condition or illness lasting or expected to last</p>	<p>The patient survey indicated a high number of patients with physical disabilities. Consideration for any remaining</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 ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics. ✓</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>12 months or more. 49% answered no to this question, 5% preferred not to answer and 5% answered that they did not know.</p> <p>42% answered yes that their condition or illness reduced their ability to carry out day-to-day activities a little and 39% answered yes, that it reduced their ability a lot. 14% answered no, not at all and 2% preferred not to answer.</p> <p>The areas that their condition or illness affected them was:</p> <ul style="list-style-type: none"> - 24% had mobility issues (for example walking short distances or climbing stairs), - 20% had a long-term illness (such as diabetes, cancer, HIV, heart disease or epilepsy), - 18% mental health issues - 9% stamina, breathing or fatigue, - 6% other, - 4% hearing (for example deafness or partial hearing), - 4% dexterity (for example lifting or carrying objects, using a keyboard), - 3% preferred not to answer, - 2% had memory issues, - 2% none of these, - 1% learning, understanding or concentrating, - 1% socially or behaviourally (for example associated with autism, attention deficit disorder). <p>Those with a disability are more likely to access their GP practice for routine and recurring appointments so therefore more likely to be impacted by the change. As mentioned previously, each registered patient who does not wish to remain registered at Ashton Medical Practice's main site or the branch surgery at Springburn Health Centre or register with a local practice within their postcode catchment and has not already registered themselves with a new GP surgery will have their physical and mental health needs assessed through a review of their clinical notes. This would form the basis for proportionate transfer based upon need, with patients being lettered and telephoned in some cases to support a suitable practice & patient pairing and smooth transition.</p>	<p>patients, requiring assistance to find an alternative practice, to accommodate their access needs will be given.</p> <p>The practice now has 1,891 registered patients, and prior to closure, all will receive written contact.</p> <p>Patients who do not wish to remain registered at Ashton Medical Practice's main site or the branch surgery at Springburn Health Centre or who have not registered themselves with another local practice (71% of respondents said they would look for another GP in the Cardonald area), and contact NHS GGC for assistance will be allocated to local practices and their medical care records will be transferred.</p> <p>Arrangements will be put in place with community pharmacy to make sure that patients have bridging prescriptions. Should the branch close,</p>
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		<p>EMIS medical records will be transferred with patients to ensure continuity of care for those currently receiving ongoing treatment or routine appointments that may be linked to their disability.</p>	<p>the GP practice with the support of NHSGGC's GMS team and National Services, who manage GP registration, would write to registered patients and provide FAQs, contact details of their future GP practice as allocated.</p> <p>Patients will always have the right to choose another GP practice if they are unhappy with the practice they have been allocated to and will be given information on how to do this.</p> <p>Vulnerable patients with ongoing packages of care will be identified and support put in place to ensure a smooth transition. Families should be transferred to the same GP practice where possible.</p> <p>Global Sum funding will follow patients to their new practice to ensure that there is sufficient capacity to support them within those practices.</p>
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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics ✓</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Patient Consultation Survey Results:</p> <p>Of the 412 patient consultation survey respondents, 96% did not consider themselves as trans or have a trans history. The other 4% preferred not to answer so it is difficult to ascertain whether gender identity is a factor to be considered.</p> <p>The proposal to close the Cardonald Branch does not have a disproportionate impact on people with gender identity – the transfer process is aimed at ensuring that people secure appropriate support to access mainstream local GP services. This will assist the HSCP in addressing its responsibilities in relation to removing discrimination, harassment and victimisation alongside promoting equality of opportunity.</p>	<p>The practice now has 1,891 registered patients, and prior to closure, all will receive written contact.</p> <p>Patients who do not wish to remain registered at Ashton Medical Practice's main site or the branch surgery at Springburn Health Centre or who have not registered themselves with another local practice (71% of respondents said they would look for another GP in the Cardonald area), and contact the NHS GGC for assistance will be allocated to local practices and their medical care records will be transferred</p> <p>Arrangements will be put in place with community pharmacy to make sure that patients have bridging prescriptions. Should the branch close, the GP Practice, with the</p>

			<p>support of NHSGGC's GMS team and National Services who manage GP registration, would write to registered patients and provide FAQs, contact details of their future GP practice as allocated.</p> <p>Patients will always have the right to choose another GP practice if they are unhappy with the practice they have been allocated to and will be given information on how to do this.</p> <p>Vulnerable patients with ongoing packages of care will be identified and support put in place to ensure a smooth transition. Families should be transferred to the same GP practice where possible.</p> <p>Global Sum funding will follow patients to their new practice to ensure that there is sufficient capacity to support them within those practices.</p>
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	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 ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics ✓</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The practice changes identified does not have a disproportionate impact on people who are married or in a civil partnership –The new GP registration process is aimed at ensuring that people secured appropriate support to access local GP services.</p> <p>Those who are married or in a civil partnership with dependent children will not be disproportionately impacted as families should be transferred to the same GP practice where possible.</p>	<p>The practice now has 1,891 registered patients, and prior to closure, all will receive written contact.</p> <p>Patients who do not wish to remain registered at Ashton Medical Practice's main site or the branch surgery at Springburn Health Centre or who have not registered themselves with another local practice (71% of respondents said they would look for another GP in the Cardonald area), and contact NHS GGC for assistance will be allocated to local practices and their medical care records will be transferred.</p> <p>Arrangements will be put in place with community pharmacy to make sure that patients have bridging prescriptions. Should the branch close, the GP Practice, with the support of NHSGGC's</p>

			<p>GMS team and National Services who manage GP registration, would write to registered patients and provide FAQs, contact details of their future GP practice as allocated.</p> <p>Patients will always have the right to choose another GP practice if they are unhappy with the practice they have been allocated to and will be given information on how to do this.</p> <p>Vulnerable patients with ongoing packages of care will be identified and support put in place to ensure a smooth transition.</p> <p>Families should be transferred to the same GP practice where possible.</p> <p>Global Sum funding will follow patients to their new practice to ensure that there is sufficient capacity to support them within those practices.</p>
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(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 ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics. ✓</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The practice changes identified does not have a disproportionate impact on women who are pregnant –The transfer process is aimed at ensuring that people secured appropriate support to access local GP services.</p> <p>GP services have a shared care agreement with mainstream acute maternity services across a wide area and for vulnerable women the practice staff liaise with the Special Needs in Pregnancy Service (SNIPS) and community based children and families social work teams. Community primary care services provided by the HSCP, like Health Visiting, are provided on a geographical basis so will not be affected by the proposed branch closure.</p> <p>Women with caring responsibilities would be more likely to be impacted if family members including children and dependent adults were allocated to different GP practices. Patients with families will be transferred to the same GP practice where possible when working within the postcode catchments.</p>	<p>The practice now has 1,891 registered patients, and prior to closure, all will receive written contact.</p> <p>Patients who do not wish to remain registered at Ashton Medical Practice's main site or the branch surgery at Springburn Health Centre or who have not registered themselves with another local practice (71% of respondents said they would look for another GP in the Cardonald area), and contact NHS GGC for assistance will be allocated to local practices and their medical care records will be transferred.</p> <p>Patients will always have the right to choose another GP practice if they are unhappy with the practice they have been allocated to and will be given information on how to do this.</p> <p>Vulnerable patients with ongoing packages of care will be identified and</p>
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			<p>support put in place to ensure a smooth transition.</p> <p>Families should be transferred to the same GP practice where possible.</p> <p>Global Sum funding will follow patients to their new practice to ensure that there is sufficient capacity to support them within those practices.</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>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p>	<p>Patient Consultation Survey Results:</p> <p>Of the 412 people that responded to the patient consultation survey:</p> <ul style="list-style-type: none"> - 81% are white (89% Scottish, 6% other British, 1% Polish, 1% other, 0% Roma or Irish) - 8% Asian (55% Pakistani, Scottish Pakistani or British Pakistani) (24% Indian, Scottish Indian or British Indian) (17% other Asian) and (3% Chinese, Scottish Chinese or British Chinese) - 3% African (81% African, Scottish African or British African) (18% other) - 3% prefer not to answer, - 1% other ethnic minority group (57% other & 42% Arab, Scottish Arab or British Arab) - 1% Caribbean or black - 0% mixed or multiple ethnic groups 	<p>The practice now has 1,891 registered patients, and prior to closure, all will receive written contact.</p> <p>Patients who do not wish to remain registered at Ashton Medical Practice's main site or the branch surgery at Springburn Health Centre or who have not registered themselves with another local practice (71% of respondents said they would look for another GP</p>

	<p>3) Foster good relations between protected characteristics ✓</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>It is noted that 13% of the practice population who responded to the patient survey are from a BAME backgrounds which is close to the 2022 Census percentage of 11.7% population for Glasgow city.</p> <p>The registration process is aimed at ensuring that people secure appropriate support within their new GP service. The languages spoken at the potential new practices will be taken into consideration.</p>	<p>in the Cardonald area), and contact NHS GGC for assistance will be allocated to local practices and their medical care records will be transferred.</p> <p>Arrangements will be put in place with community pharmacy to make sure that patients have bridging prescriptions. Should the branch close, the GP Practice, with the support of NHSGGC's GMS team and National Services who manage GP registration, would write to registered patients and provide FAQs, contact details of their future GP practice as allocated.</p> <p>Vulnerable patients with ongoing packages of care will be identified and support put in place to ensure a smooth transition. Families should be transferred to the same GP practice where possible.</p>
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			Global Sum funding will follow patients to their new practice to ensure that there is sufficient capacity to support them within those practices.
(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 ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics. ✓</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Patient Consultation Survey Results:</p> <p>Of the 412 people that responded to the patient consultation survey:</p> <p>The equalities monitoring captures religion and belief with 34% stating they had no religion, 25% were Roman Catholic, 17% Church of Scotland, 7% are Muslim, 6% would prefer not to say, 4% Atheist and 3% other Christian and 1% other.</p> <p>The proposal does not have a disproportionate impact on differences due to religion or belief – The registration process is aimed at ensuring that people secured appropriate support to at a local mainstream GP service.</p>	<p>The practice now has 1,891 registered patients, and prior to closure, all will receive written contact.</p> <p>Patients who do not wish to remain registered at Ashton Medical Practice's main site or the branch surgery at Springburn Health Centre or who have not registered themselves with another local practice (71% of respondents said they would look for another GP in the Cardonald area), and contact NHS GGC for assistance will be allocated to local practices and their medical care records will be transferred.</p> <p>Arrangements will be put in place with community pharmacy to make sure that patients have bridging prescriptions.</p>

			<p>Should the branch close, the GP Practice, with the support of NHSGGC's GMS team and National Services who manage GP registration, would write to registered patients and provide FAQs, contact details of their future GP practice as allocated.</p> <p>Patients will always have the right to choose another GP practice if they are unhappy with the practice they have been allocated to and will be given information on how to do this.</p> <p>Vulnerable patients with ongoing packages of care will be identified and support put in place to ensure a smooth transition.</p> <p>Families should be transferred to the same GP practice where possible.</p> <p>Global Sum funding will follow patients to their new practice to ensure that there is sufficient</p>
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			capacity to support them within those practices.
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	<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 ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics. ✓</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Patient Consultation Survey Results:</p> <p>From the patient consultation survey, 58% of the respondents were female and 39% male. The higher female response is typical within survey responses.</p> <p>The proposed practice branch closure does not have a disproportionate impact on differences due to sex – The new GP registration process is aimed at ensuring that people secured appropriate support to access local GP services.</p>	<p>The practice now has 1,891 registered patients, and prior to closure, all will receive written contact.</p> <p>Patients who do not wish to remain registered at Ashton Medical Practice's main site or the branch surgery at Springburn Health Centre or who have not registered themselves with another local practice (71% of respondents said they would look for another GP in the Cardonald area), and contact NHS GGC for assistance will be allocated to local practices and their medical care records will be transferred.</p> <p>Arrangements will be put in place with community pharmacy to make sure that patients have bridging prescriptions.</p>

			<p>Should the branch close, the GP Practice, with the support of NHSGGC's GMS team and National Services who manage GP registration, would write to registered patients and provide FAQs, contact details of their future GP practice as allocated.</p> <p>Patients will always have the right to choose another GP practice if they are unhappy with the practice they have been allocated to and will be given information on how to do this.</p> <p>Vulnerable patients with ongoing packages of care will be identified and support put in place to ensure a smooth transition.</p> <p>Families should be transferred to the same GP practice where possible.</p> <p>Global Sum funding will follow patients to their new practice to ensure that there is sufficient</p>
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			capacity to support them within those practices.
(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 ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics. ✓</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Patient Consultation Survey Results:</p> <p>From the patient survey results 85% of respondents thought of themselves as being heterosexual/straight (attracted to opposite sex only). 6% preferred not to answer, 3% thought they were gay or lesbian (attracted to same sex only), 2% were bisexual (attracted to same and opposite sex) and 1% were other.</p> <p>The proposed branch closure does not have a disproportionate impact on patient differences due to their sexual orientation. The new GP registration process is aimed at ensuring that people secured appropriate support to access mainstream local GP services.</p>	<p>The practice now has 1,891 registered patients, and prior to closure, all will receive written contact.</p> <p>Patients who do not wish to remain registered at Ashton Medical Practice's main site or the branch surgery at Springburn Health Centre or who have not registered themselves with another local practice (71% of respondents said they would look for another GP in the Cardonald area), and contact NHS GGC for assistance will be allocated to local practices and their medical care records will be transferred.</p> <p>Arrangements will be put in place with community pharmacy to make sure that patients have bridging prescriptions. Should the branch close, the GP Practice, with the support of NHSGGC's GMS team and National</p>

			<p>Services who manage GP registration, would write to registered patients and provide FAQs, contact details of their future GP practice as allocated.</p> <p>Patients will always have the right to choose another GP practice if they are unhappy with the practice they have been allocated to and will be given information on how to do this.</p> <p>Vulnerable patients with ongoing packages of care will be identified and support put in place to ensure a smooth transition.</p> <p>Families should be transferred to the same GP practice where possible.</p> <p>Global Sum funding will follow patients to their new practice to ensure that there is sufficient capacity to support them within those practices.</p>
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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <ol style="list-style-type: none"> 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)? 3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage? 	<p>There is a clear relationship between socio- economic hardship and health. Poverty in essence, is a key driver of ill health. The GCHSCP provides Welfare Advice Health Partnerships (WAHP) within Glasgow City GP Practices. This is a service funded by the GCHSCP to mitigate the impact of poverty on health by offering access to money and debt advice and wider welfare support.</p> <p>A disproportionately high percentage (43.7%) of all people in Glasgow live in areas that are among the 20% most deprived data zones in Scotland. Cardonald has mixed socio-economic status. According to the Scottish Index of Multiple Deprivation (SIMD), different areas within Cardonald vary in terms of income levels, employment rates, and access to services.</p> <p>The Cardonald branch has access to all the priority Primacy Care Improvement Services. However, the Cardonald Branch of Ashton Medical Practice is not a Deep End GP practice. It therefore does not have additional deprivation linked services like a WAHP advisor or a Community Links Worker attached. With the branch surgery closure, all remaining patients will be risk assessed and matched with a surgery with more support services. Vulnerable patients will be supported with engagement and registration to ensure patients know and can access their new GP.</p>	<p>The practice now has 1,891 registered patients, and prior to closure, all will receive written contact.</p> <p>Patients who do not wish to remain registered at Ashton Medical Practice's main site or the branch surgery at Springburn Health Centre or who have not registered themselves with another local practice (71% of respondents said they would look for another GP in the Cardonald area), and contact NHS GGC for assistance will be allocated to local practices and their medical care records will be transferred.</p> <p>Arrangements will be put in place with community pharmacy to make sure that patients have bridging prescriptions. Should the branch close, the GP Practice with the</p>

	<p>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</p> <p>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage?</p> <p>'Making Fair Financial Decisions' (EHRC, 2019)²¹ provides useful information about the 'Brown Principles' which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		<p>support of NHSGGC's GMS team and National Services who manage GP registration, would write to registered patients and provide FAQs, contact details of their future GP practice as allocated.</p> <p>Patients will always have the right to choose another GP practice if they are unhappy with the practice they have been allocated to and will be given information on how to do this.</p> <p>Vulnerable patients with ongoing packages of care will be identified and support put in place to ensure a smooth transition. Families should be transferred to the same GP practice where possible.</p> <p>Global Sum funding will follow patients to their new practice to ensure that there is sufficient capacity to support them within those practices.</p>
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(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>Potential impact on carers and carer support services to access appointments will be minimised by allocating patients with other family members to local and accessible GP practices.</p> <p>Homeless people can continue to temporarily register at any local GP service, in line with current practice.</p> <p>Under the shared care agreement between general practitioners and GCHSCP Addictions Services, patients with substance misuse issues will continue to be able to access care & treatment from Alcohol Drug Recovery Services workers.</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 ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics. ✓</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The BMA recommends a list size of 1,500 patients per 1 WTE GP. Dr Campbell is currently a single-handed GP with a patient to GP ratio of 1 to 8,030 and therefore depends on locum GPs.</p> <p>The branch closure was requested by Dr Campbell as the practice has sustainability issues, as it does not have enough GP staff or income to run the 3 premises and pay for locum cover to deliver general medical services to the total practice population of 8,030 patients. It is not in a financial position to take on extra partners.</p> <p>The closure process is expected to take up to six months and when patients leave the practice to re-register elsewhere, the practice will lose global sum income. However, there will be the same ongoing cost to Ashton Medical Practice of running, staffing and leasing the premises at Cardonald Medical Centre while this process takes place. There is therefore still a significant risk that due to sustainability issues that Dr Campbell could hand back the GMS contract for all three branches.</p>	<p>Dr Campbell is reliant on locum GPs which can potentially reduce continuity of patient care.</p> <p>The transfer of care to other local GP practices may re-distribute medical treatment, care and resources and provide more support for patients with more complex physical and mental healthcare needs.</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>Clinical and administrative general practice staff have access to Learn pro and TURAS Equality & Diversity modules and online equalities training that sets out what adjustments should be made for people who may require support to engage with health care. However, there is no obligation for GP practices (other staff) to undertake or record minimum completion rates of staff training, and they do not have mandatory learning programmes. As independent contractors they are not required to report staff training to GCHSCP.</p> <p>Recently, to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups, Primary Care Improvement funding was utilised to offer online 'Active Bystander Training' for all GP practice staff working within Glasgow City.</p>	<p>All general practice staff have access provided by National Education Scotland & NHSGGC to a range of online equality and anti- discriminatory practice training in relation to the care and welfare of people with protected characteristics.</p> <p>Equality and diversity training face to face online courses are delivered by NHSGGC's Equalities Human Rights Team, are open to general practices, including how to use interpreting services.</p>
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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 anticipated impact on human rights, patients will be able to access health care through an alternative GP and will have the right to choose a GP or change if they are allocated an alternative. Patient records will continue to be confidential.

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*.

Steps have been taken to ensure a transparent process. All stakeholders will be informed of the closure and have previously been asked for their views, with targeted survey to all patients. This stakeholder engagement will continue during the closure period. Patients will be informed of their options in accessing an alternative GP and to be able to choose or change, if allocated an alternative GP practice they are not happy with.

- **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.

N/A

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

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)
Patient consultation has provided insight into the general practice population profile and needs. With the closure of the branch surgery this information will be utilised for a smoother patient transfer process. The following equalities actions will be undertaken:		

<ol style="list-style-type: none"> 1. We will write to Cardonald registered patients to inform them of the GP branch closure, outline their registration options, provide FAQs, and explain the timescales and process. We will provide phone and email contacts for patients who require assistance with registering with a new GP practice. 2. For patients who choose to be allocated we will provide support and when allocated provide contact details of their future GP practice. 3. We will provide patient registration information as needed for patients who choose to transfer to another GP practice or for those who are dissatisfied with their allocated practice. 4. Existing local GP contractors will be invited to express interest in expanding their patient lists. The selection panel will assess bids based on submission scoring criteria, including equalities, and practices selected must meet these eligibility requirements. 5. Medical records will be transferred with the allocated practices so no disruption in the continuity of medical care and treatment. 6. Arrangements will be put in place with community pharmacy for patients to have bridging prescriptions. 7. Mapping work of patient postcodes, GP catchment practices and capacity has been undertaken but will be refined further. E.g. GP practices proximity. 8. Vulnerable patients with ongoing packages of care will be identified and support put in place to practice match them and ensure a smooth transition E.g. EMIS clinical data, practice staff have clinical and administration patient knowledge, for risk assessment and social & medical needs to manage and support the transfer of patients. 9. Explore options for future provision of support for vulnerable patients. E.g. volunteer led "Meet and Greet" service and/or Community Links Worker service support. 10. We will continue to explore the potential use of a range of engagement methods to gain further stakeholder and patient views as required: <ol style="list-style-type: none"> a. HSCP services, local GP practices and the Local Medical Committee were informed and consulted and we continue to liaise and update. b. Patient engagement may be in groups or individual, based on proportionate patient need, with patients being contacted by letter, text or phone to ensure appropriate practice matching and a smooth transfer. 11. We will continue to raise awareness of local GPs and other community services available and how to access them via a variety of ways, including utilising existing websites, newsletters, posters and 	<ol style="list-style-type: none"> 1. Ashton MP, GMS team & PCIT 2.Ashton MP & GMS team 3.Ashton MP & GMS team 4.Clinical Directors & GMS team 5.Ashton MP, e-Health. PMS medical records, GMS team 6. Community Pharmacy, PCIP pharmacy team & Ashton MP 7.PCIT 8.Ashton MP & GMS team & social work, community support workers- CLW 9.PCIT, Ashton MP & social work, community support workers- CLW 10a.Clinical directors & PCIT 10b.Ashton MP, GMS team & community support workers-CLW 11.PCIT & Ashton MP
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signposting. 12. Global Sum funding will follow patients to their new practice to ensure that there is sufficient capacity to support them within those practices. 13. Patient & stakeholder complaints will be monitored and addressed as required (none received to date)		12.GMS Team 13. Ashton MP, GMS, PCIT & Clinical Directors
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Ongoing 6 Monthly Review- please write your 6 monthly EQIA review date:

N/A- Estimated patient transfer process to other local GP practices & Cardonald branch practice closure –Mid December 2025

Lead Reviewer:	Name	Lara Calder
EQIA Sign Off:	Job Title	Primary Care Improvement & Development Manager
	Signature	<i>Lara Calder</i>
	Date	05.08.25
Quality Assurance Sign Off:	Name	Alastair Low
	Job Title	Manager, Equality and Human Rights Team
	Signature	<i>Alastair Low</i>
	Date	12/08/25