NHS Greater Glasgow & Clyde
Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.

Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process.

Please contact ggc.equality.team@nhs.scot for further details or call 0141 201 4874.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:
Marie Curie Fast Track (MCFT) Service – STEP Forward Review

Please tick the relevant box:-

- Current Service ☒
- Service Development ☐
- Service Redesign ☐
- New Service ☐
- New Policy ☒
- Policy Review ☐

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Description of the service & rationale for selection for EQIA. (Please state if this is part of a service-wide consideration 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.

The Marie Curie Fast Track (MCFT) Service is commissioned by Glasgow City HSCP to provide a rapid response specialist palliative-care support at home (or in a homely setting) to patients nearing the end of life.

The MCFT Service is being reviewed as part of the Step Forward system-wide review of services across Glasgow City HSCP. This EQIA is being undertaken to assess and document the impact of any reduction or cessation of the MCFT Service on the patients, families and carers they support.

The service operates 8am-8pm, 365 days a year. Patients can receive up to 4 visits per day depending on clinical need with support typically lasting 3-7 days.

Service aims:

• Provide rapid / immediate care coordination for patients / carers at home
• Liaising on behalf of carers and signposting them to other services
• Improve end-of-life experiences by providing:
  - support with personal care
  - respite for carers
  - highly experienced staff with advanced communication skills (especially around sensitive / distressing End-of-Life subject matter)
  - access to bereavement support

Proposal

The proposal is to cease the service. Patients' basic care needs would transfer to HSCP Care at Home and District Nursing pathways. The BJC identifies a gap because these services are not a like-for-like specialist palliative service. It is recognised that MCFT offers additional benefits through a dedicated, relationship-based model of support. Whilst this specific approach will not continue, individuals will still be able to access support, advice and signposting through mainstream services and professional teams. Although there may be less continuity from a single named worker, there is no identified risk to the provision of essential care, and patients' assessed care needs will continue to be met

Therefore, going forward, relevant needs and referral information should support transition to Care at Home and District Nursing, including assessment of personal-care need, activation of appropriate packages, and signposting to carers, bereavement, welfare-rights, charging-policy and community support. The BJC confirms established Care at Home referral pathways and the ability to activate packages within four hours. Further work will be undertaken to agree information sharing and transition protocol as part of implementation planning. With the exception of the individual, personalised support, signposting is available to alternative provision. There is no current charge for the service and there is no charge for the care at home, carer support or District Nursing under the revised model.
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.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report. The Marie Curie Fast Track Service requires an EQIA as it has been selected for a review as part of Glasgow City HSCP's STEP Forward programme. The STEP Forward programme entails the review of every service provided or commissioned by the HSCP within a 3 year time period (2026-2028).
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: Patrick Mandara Date of Lead Reviewer Training: 07/07/26
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) Patrick Mandara, Service Improvement & Change Manager, Glasgow City HSCP Elizabeth Lochrie, Interim Head of Service, Older People and Primary Care. Glasgow City HSCP Chris Furse, Senior Officer, Glasgow City HSCP

1. What equalities information is routinely collected from people currently using the service or affected by the policy?
If this is a new service proposal what data do you have on proposed service user groups. Please note below any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted. **Service Evidence Provided:** Data collected includes age, sex, geography, deprivation, diagnosis, referral source and activity. • 80.3% are aged 65+, • 67.5% live in the three most deprived SIMD deciles and most have cancer diagnoses recognised as disabilities under the Equality Act. • 344 Patients a received support during the 2025/26 financial year this equates to approximately 28 or 29 patients and families receiving support each month. **Possible negative impact and additional mitigating action required:** Equality data across each of the characteristics will be collected, in line with business as usual for directly delivered services.

2. Please provide details of how data captured has been/will be used to inform policy content or service design.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐

Service Evidence Provided:
Data has been used to identify disproportionate impacts on older people, disabled people, carers and deprived communities and to inform mitigation and transition planning.

The service user data informs us that between 300-350 service users a year and their families will be negatively impacted by the decision to cease providing the Marie Curie Fast Track Service. However, this provision has never been a statutory service and sufficient capacity exists within the Care at Home workforce to pick up and provide care for this number of clients.

Historically, collected information supported referral triage, identification of need and urgency, delivery of short-term high-intensity support, the number and frequency of visits, and monitoring of outcomes including preferred place of death. The BJC also notes performance monitoring of patient numbers, care contacts, referral urgency, demographics and qualitative family feedback. Data also notes who referrers so we can target redirections or other supports, as well as target our communications to support transition.

Possible negative impact and additional mitigating action required:
Going forward, relevant needs and referral information should support transition to Care at Home and District Nursing, including assessment of personal-care need, activation of appropriate packages, and signposting to carers, bereavement, welfare-rights, charging-policy and community support.
The BJC confirms established Care at Home referral pathways and the ability to activate packages within four hours for hospital discharge, but the detailed information-sharing and transition protocol still requires confirmation in the implementation plan.

3. How have you applied learning from research evidence about the experience of equality groups to the service or Policy?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:

The BJC's Green Book options appraisal considered Business as Usual, Do Minimum and Cease Service. Three redesign models were discounted because they produced similar savings to Do Minimum while reducing geographical spread and operational resilience. The evidence reviewed included service activity, demographics, referral urgency, and preferred place of death, family feedback, unscheduled-care research, bed-day costs and strategic policy alignment. The appraisal found strong social and patient benefit but limited directly measured evidence of admission avoidance, delayed-discharge reduction or reduced partner-service input.

The BJC cites the Glasgow City HSCP IJB Strategic Plan 2023-2026, NHS Scotland Operational Improvement Plan (March 2025), Scottish Government Palliative Care Strategy 2025-30, Public Health Scotland place-of-death data, Audit Scotland delayed-discharge evidence, and peer-reviewed research on unscheduled care and end-of-life healthcare use to enable the panel to make an informed decision.

Possible negative impact and additional mitigating action required:

4. Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?

The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:

Qualitative feedback from families

The MCFT Service collects regular feedback from carers and families. In 2025, a qualitative survey which received 62 responses produced the following results:

Impact	Number	Percentage of patients
Achieved preferred place of care	60	97%
Decreased anxiety/family reassured	54	87%
Enabling them to cope with caring responsibilities	30	48%
Better connected with other services and support	17	27%
Improved physical comfort	14	23%
Avoided an unnecessary hospital admission	12	19%
Achieved preferred place of death	9	15%
Enabling them to cope with caring responsibilities	7	11%
More informed about what may happen in the future	4	6%
Breathlessness improved	3	5%
Feeling more at peace	3	5%
Avoided ambulance call out	2	3%
Avoided residential home/nursing home admission	2	3%
Crisis prevented	2	3%
Enhanced independence at home	2	3%
Practical problems linked to illness addressed	2	3%
Avoided a GP/Out of hours GP callout	1	2%
Better rested	1	2%

Better supported with practicalities linked to care after death	1	2%
Decreased anxiety for patient	1	2%
Enabled to focus on what matters most to them	1	2%
Enabled to share how they are feeling	1	2%

The MCFT Service provided the following themed selection of qualitative / narrative feedback from families / carers:

Enabling care at home:

A central theme is the ability of the service to support individuals to remain at home, including at end of life. Respondents frequently highlighted that care from Marie Curie enabled them to honour patient preferences and avoid hospital admission. “They helped us to look after him at home, which is what he wanted.”, “It helped us have Mum at home to die, which is what she wanted.”, “If they hadn’t come, she would probably have gone to hospital.”

Reducing carer burden and providing reassurance:

The service plays a critical role in supporting family members and carers, particularly during periods of crisis or deterioration. Feedback consistently describes reduced stress, increased reassurance, and the ability for carers to rest or step back from constant responsibility. “I was on my own caring for my wife, and it was a struggle – the support was wonderful.”, “The service gave us much needed support, reassurance and respite.”, “I felt isolated… the visits gave me support and someone to talk to.”

Rapid response and timeliness:

Users highly value the speed of response, with staff often attending at short notice or on the same day. This responsiveness is particularly important where needs escalate quickly or other services are unavailable. “They were visiting within a couple of hours of referral.”, “The staff came that day when we needed help.”, “They came just at the right time when we were struggling.”

Compassion, dignity and person-centred care:

Care delivery is consistently described as compassionate, respectful and tailored to individual needs. Respondents emphasised the kindness, patience and professionalism of staff, alongside maintaining dignity at all times.” The care was given with compassion, dignity and respect at all times.”, “The staff were so kind and gentle and never rushed.”, “They treated Mum the way we would have ourselves.”

Practical care and comfort:

Hands-on personal care and attention to comfort are highly valued. Feedback highlights the importance of support with washing, mobility, and ensuring individuals feel clean, comfortable and well cared for “They made sure he was comfortable and well cared for at all times.”, “Helped with washing, changing and keeping her comfortable.”, “It’s the little things they did that made such a difference.”

Information, guidance and confidence-building:

Staff are seen as a key source of advice and reassurance, helping families understand care needs, use equipment, and navigate wider services. This builds confidence and reduces uncertainty during difficult periods “They took time to explain everything and answer all our questions.” “They showed us how to use the equipment safely.”, “They helped me understand who to contact and when.”

Coordination with wider services:

The service contributes to continuity of care by working alongside district nursing and other providers, helping to bridge gaps and support transitions within the system. “They helped arrange other services when we needed extra support.”, “It created seamless continuity with district nursing and home care.” “They supported us while waiting on a hospice bed.”

Emotional support and human presence:

Beyond clinical care, respondents valued the emotional support provided. Staff were described as providing reassurance, companionship and a calming presence during highly distressing situations. “They gave us reassurance and time to talk during a very difficult time, “They cheered me up and brought some hope during a depressing time.” “They were always kind, supportive and never appeared to be in a hurry.”

Specific engagement with current service users and carers was not carried out for the purpose of the BJC. However, previous family and carer feedback gathered by Marie Curie identified priorities including remaining at home, rapid response, personal care and comfort, reduced carer burden, compassionate communication, coordination, information and emotional support.

We have available resources within HSCP to meet some of these priorities, but not all. The rapid response is available through District Nurses and HSCP Care at Home – their Hospital Discharge processes support 4 hour turnaround and a significant focus of the District Nursing Service is in complex case management.

Support from the DN service encompasses a range of clinical interventions and support. This includes the initiation and management of continuous subcutaneous infusions (syringe drivers), the arrangement of anticipatory (just in case) medication, and the assessment and provision of pressure relieving equipment for individuals The service also includes liaison with GPs and other professionals, as well as the assessment and management of pressure ulcers and other wounds.

The primary focus of the service is the delivery of clinical care and symptom management. While staff provide reassurance, compassion and emotional support to patients and families this is not the service's principal function. The teams operate within the HSCP's Older People and Primary Care structures however and therefore have well established pathways for escalating or referring to Social Work and other services where additional support needs are identified.

It is anticipated that there will be an impact on Carers. Carers support remains with SW Teams and likely to move to HSC Connect whose response will be more rapid in nature.

Engagement has not been undertaken with the service provider. The service is provided through a rolling contract, and a notice period is not required, however will be given as a professional courtesy.

Possible negative impact and Additional Mitigating Action Required:
As part of implementation, engagement will be undertaken with relevant teams' senior management, including care at home and district nurses, to support awareness raising and responsiveness from HSCP services.

5. Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☒

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:
The proposed option is to cease the service. This is a specialist service provided by Marie Curie and only open to those living at home or being discharged from hospital in the final stages of life.

Possible negative impact and additional mitigating action required:
Service provision by Care at Home, and other HSCP services would continue to be available in the service users home.

6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

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.

Service Evidence Provided:

An implementation and communications plan will provide accessible information on:

- alternative pathways,
- Care at Home services,
- carers services,
- charging policies and support options.

Interpreting services will be available via SW for Care at Home and NHS for District Nurses. It is recognised that urgent interpreters or out of hours can be challenging for unplanned visits and telephone interpreting may have to be utilised.

Possible negative impact and additional mitigating action required :

7. Protected Characteristic

(a) Age

Could the service design or policy content have a disproportionate impact on people due to differences in age?

(Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).

If this decision is likely to impact on children and young people (below the age of 18) you will need to evidence how you have considered the General Principles of the United Nations Convention on the Rights of the Child. Please include this in Section 10 of the form.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

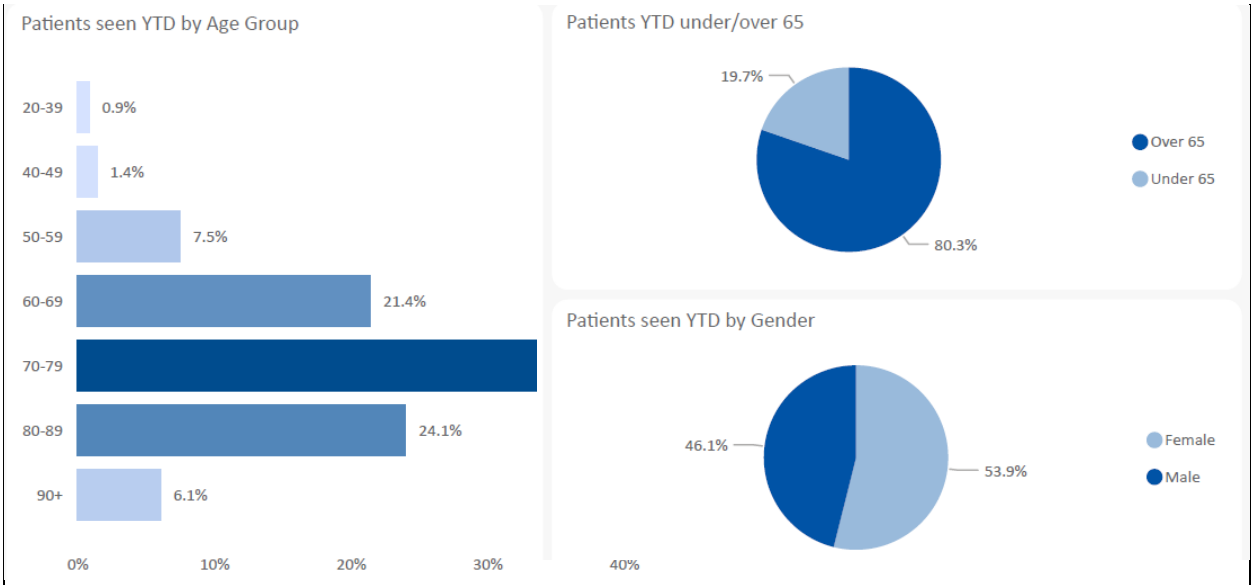
3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐

Service Evidence Provided:

This Service is for adults aged 18+. No direct impacts on children identified, though some indirect impacts on young carers may occur. Information and support pathways will remain available.

The age and gender profile of patients is detailed in the graph below.



The vast majority of patients were aged 65+ (80.3%) and there was a gender split of 54%(M)/46%(F).

Possible negative impact and additional mitigating action required:

This service currently provides enhanced relational, emotional and some practical support to individuals and their families during a particularly vulnerable period at the end of life on an intensive and responsive basis, although involvement is generally short term and typically lasts for less than seven days. It is recognised that the service is highly regarded by patients, families and professionals and that some elements of this enhanced services cannot be fully replicated through HSCP. However, support remains available through District Nursing, Care at Home services, Social Work, Carers' support services, Occupational Therapy, respite provision if needed and wider palliative care services, these services continue to support people to remain at home where appropriate, receive symptom management, access care planning and obtain support for carers and families.
While the model of service delivery will change, no evidence that people would be unable to access essential end of life care or support.

The proposed option is to cease this service. Negative impacts anticipated are:

- Patients and families will lose access to high level end of life/palliative Care provided by the Marie Curie Fast Track Service (MCFT).
- Marie Curie service has been provided free of charge to patients and their families. Care at Home services are available on the basis of assessed eligibility and need and, where personal care is required, are also provided free of charge

- If looking for non-personal care in final week or days of someone's life, we will provide it primarily through Carers services. Support for carers would continue to be available through existing statutory and third-sector services, subject to assessment and local eligibility arrangements but Glasgow City HSCP do not currently charge for carers services
- Welfare-rights and financial-support information will be provided.
- The Care at Home service is a task based service and will not provide a similar level of holistic support or length of visit as MCFT.
- The BJC supports confidence that Care at Home can absorb patient numbers and meet basic/personal-care needs, including activation of packages within four hours. It does not establish that the replacement pathway can provide like-for-like specialist palliative care, holistic support, carer respite, advanced end-of-life communication, bereavement support, or the same visit duration/frequency and has been noted as a residual service gap.
- The change in provision is liable to focus on the emotional impacts for patients and families/carers.

Mitigating actions

- Those currently accessing MCFT routinely also access HSCP services, there is capacity to meet the demand of the approximately 300 people per annum accessing the service.
- Communicate to patients, families and Carers that the MCFT will ceased but that support is available through Care at Home Services.
- Transition arrangements will be discussed with Marie Curie as part of the implementation plan to agree pathways and signposting. Due to the nature of the service, wait listing is not possible and smooth transition to support the change is required.
- Consider the potential to invest some of the saving from the MCFT service into an expanded Care at Home Service.
- Care at home can be activated within 4 hours ensuring that patients can receive care within the same time-frame as currently available through the Fast Track Service
- Knock on impact for families and carers if extra caring duties impact on their ability to work. It is acknowledged that even where assessed basic care needs can be met by statutory services, the proposal still has the potential to have a significant adverse impact on patients, families and carers at an exceptionally vulnerable time. This includes the loss of rapid, holistic specialist palliative support.

While other support services will not provide the same specialist palliative care focus as the Marie Curie Fast Track Service, they will continue to meet assessed care and support needs.

We recognise that Marie Curie provides a more holistic model of support, including emotional support, reassurance, and practical assistance to patients and families during the final stages

of life. The loss of this additional specialist and pastoral input may be felt by some individuals and families.

However, alternative services will remain available to provide essential care and support, and the impact is considered manageable given that the Marie Curie intervention is typically time-limited and focused on the final days and weeks of life.

Information and support to access the following services will be provided

- alternative pathways,
- Care at Home services,
- Carers services,
- Signposting for support options.
- Communications plan to be developed that outlines Welfare and benefits advice available and the provision of community supports such as Carers Services.

(b) Disability

Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐

Service Evidence Provided:

The MCFT service has been provided solely for those who have only days or weeks to live and therefore every service user and potentially some of the families/carers supporting them would also meet the Disability Protected characteristic.
The BJC states that the service is needs-led and supports patients predominantly with a cancer diagnosis (81%). Cancer is treated as relevant to the disability protected characteristic in the EQIA.

Possible negative impact and additional mitigating action required:

As outlined under age section.

(c) Gender Reassignment

Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☒

Service Evidence Provided:

No specific differential evidence identified

Possible negative impact and additional mitigating action required:

(d) Marriage and Civil Partnership

Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☒

Service Evidence Provided:

No specific differential impact identified.

Possible negative impact and additional mitigating action required:

(e) Pregnancy and Maternity

Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☒

Service Evidence Provided:

No specific differential impact identified.

Possible negative impact and additional mitigating action required:

(f) Race

Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

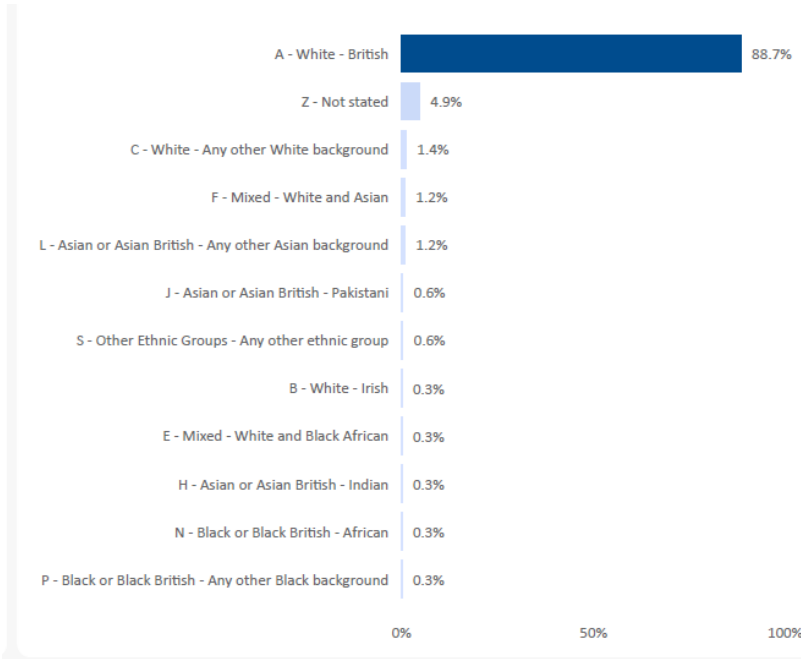
2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☒

Service Evidence Provided:

As evidenced below, a vast majority of service users accessing the service are White-British. Accessible communication and interpretation services will remain available for any service users where this is required.



Possible negative impact and additional mitigating action required:
As outlined under age section.

(g) Religion and Belief

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐

Service Evidence Provided:

Potential reduction in holistic support around end-of-life preferences. The existing NHSGG&C Spiritual and chaplaincy support available within Acute sites are being engaged to establish their ability to respond to community-based need.

Respect for religious rituals and practices at the end of life would be adhered to wherever possible. This may include; ssupporting family presence where this is important for religious observance, cconsidering requirements around modesty and same-sex carers where practicable, and personal care arrangements.
Recognising specific beliefs around pain relief, medical interventions, hydration or nutrition will be considered and recorded as part of assessment where these influence decision-making

Possible negative impact and additional mitigating action required:

As outlined under age section.

(h) Sex

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

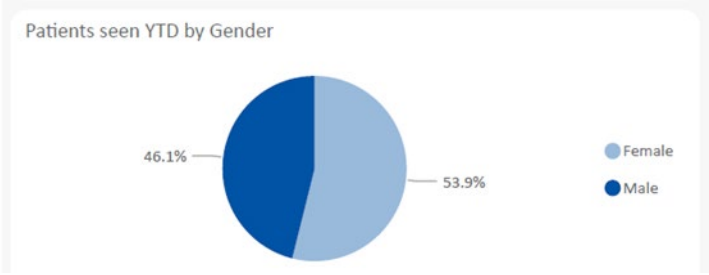
2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:

MCFC data highlights that 54% of service users are/where female and Women still undertake the bulk of caring roles and functions.



There is a gender split of 54%(M)/46%(F).

Possible negative impact and additional mitigating action required:

As outlined under age section, in particular support for Carers.
As part of the implementation plan, work will be undertaken to embed end of life care patients as a priority for signposting and Carer supports.

(i) Sexual Orientation

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☒

Service Evidence Provided:

No specific evidence of differential impact identified.

Possible negative impact and additional mitigating action required:

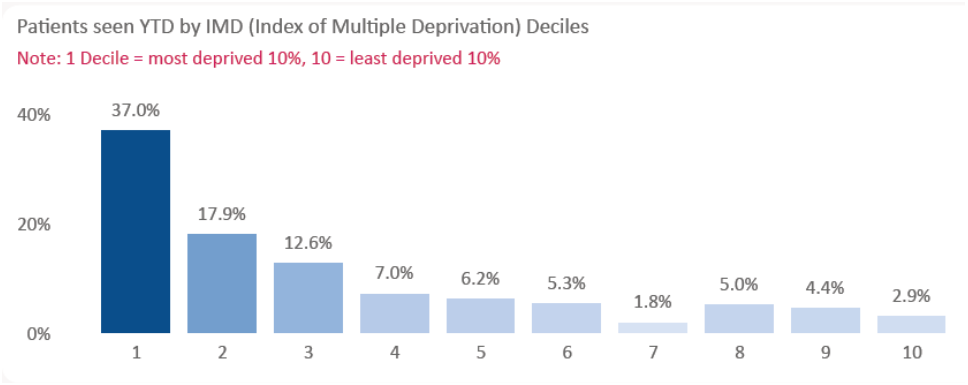
(j) Socio – Economic Status & Social Class

Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?

In addition to the above, if this constitutes a 'strategic decision' you should evidence below due regard to meeting the requirements of the Fairer Scotland Duty (2018). Public bodies in Scotland must actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions and complete a separate assessment. Additional information available from the Fairer Scotland Duty: guidance for public bodies - gov.scot

Service Evidence Provided:

The graph below highlights that 67% of patients currently seen by the MCFT service reside within areas of Glasgow within the top 3 deprivation indices with 37% of patients living within areas in decile 1.



Possible negative impact and additional mitigating action required:

As outlined under age. In particular there is no charge for the care at home or district nurses services and Carer's supports will continue to be available.

(k) Other marginalised groups

How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?

Service Evidence Provided:

People with limited support networks may experience greater impact and will require signposting to community supports. These could include:

- The homeless or families and carers who are homeless.
- Those who have recently arrived in Scotland seeking asylum or those recently granted refugee status (Leave to remain).

Impacts and mitigations as outlined under age.

Possible negative impact and additional mitigating action required:
Wherever possible ensure support is available for marginalised groups. To include:

- Providing interpreters and communication in accessible formats and appropriate languages.
- Make available information and support regarding accessible Community resources.

8. Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:

Ceasing the MCFT Service would provide an in-year saving of £67,691 for FY26/27 following the payment of a 3-month contractual exit period. Thereafter, annual savings would be £270,766 per financial year.

This service was commissioned from NHS funding delegated to Glasgow City HSCP. It is possible that some additional resource could be directed from the Glasgow City HSCP budget to support the anticipated increased demand for Care at Home Services when MCFT ceases to operate.

Possible negative impact and additional mitigating action required:

Service users will be made aware of the option to utilise Care at Home services as outlined in previous sections of this EQIA.

9. What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups?
As a minimum include below recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights. **Service Evidence Provided:** Staff employed by Glasgow City HSCP who work in the Care at Home Service undergo equalities training including the compulsory online Gold Modules. A robust complaints process is in place. NHS staff eg District Nurses are encouraged to completed Learnpro module on equality and diversity **Possible negative impact and additional mitigating 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 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.

MCFT is not a statutory service. Service users will still have access to Social Care from the Care Services team and information on the Charging policy and any welfare rights and community supports available will be communicated to affected Service users and their families/carers. It is not expected to impact on a person's right to choose their preferred place of death.

Please explain 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* (see below).

*FAIR is an acronym for the following -

- **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.

11. The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 came into force on the 16th July 2024. All public bodies may choose to evidence consideration of the possible impact of decisions on the rights of children (up to the age of 18). Evidence should be included below in relation to the General Principles of the Act. Go to the full list of articles to be considered for further information.

No Discrimination: Where the decision may have an impact, explain how the EQIA has considered discrimination on the grounds of protected characteristics for children. You may have considered children in each of the EQIA sections and returned relevant evidence.

This Service is for adults aged 18+. No direct impacts on children identified, though some indirect impacts on young carers may occur. Information and support pathways will remain available.

Best Interests of the child: Where the decision may have an impact, explain how the EQIA has evaluated possible negative, positive or neutral impacts on children. You may find that options considered need to be reframed against the best possible outcome for children.

Life, survival and development: Where the decision may have an impact, explain how the EQIA has considered a child's right to health and more holistic development opportunities.

Respect of children's views: Where the decision may have an impact, explain how the views of children have been sought and responded to. You need to consider what steps were taken in Q4 in relation to this.

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

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

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

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

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

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

Note: Significant adverse equality impacts identified for Age, Disability, Sex and Socio-economic Status. Decision to cease is based on affordability, limited evidence of Return on Investment as outlined in the Business Case against key system outcomes and confidence that statutory services can absorb core care needs. This service currently provides enhanced' pastoral', emotional and some practical support to individuals and their families during a particularly vulnerable period at the end of life on an intensive and responsive basis, although involvement is generally short term and typically lasts for less than seven days. It is recognised that the service is highly regarded by patients, families and professionals and that some elements of this enhanced or gold standard offer cannot be fully replicated through HSCP. However, support remains available through District Nursing, Care at Home services, Social Work, carers' support services, respite provision if needed and wider palliative care services. These services continue to support people to remain at home where appropriate, receive symptom management, access care planning and obtain support for carers and families. While the model of service delivery will change, no evidence that people would be unable to access essential end of life care or support. The decision is therefore considered objectively justified and proportionate, with any identified impacts mitigated through existing services with an appetite to do some work on implementation to support other detail, as noted in EQIA

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 space 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 sections completed above, please summarise the actions this service will be taking forward or tick the box next to 'No Actions Identified'

1 Develop and implement a communications plan.
2 Transition patients to appropriate alternative services.
3 Establish clear pathways to support services, including signposting

No actions identified ☐

Date for completion December 2026
Who is responsible? Elizabeth Lochrie

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

Name Elizabeth Lochrie
Job Title Interim Head of Service
Signature 

Date 06/10/2026

Quality Assurance Sign Off:
Name Dr Noreen Shields
Job Title Planning Manager
Signature 
Date 7/10/26

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

NHS Greater Glasgow & Clyde Equality Impact Assessment Tool
Meeting the Needs of Diverse Communities
6 monthly review sheet

Marie Curie Fast Track – Step Forward Option - Cease

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

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

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

Action:

Reason:

To be completed by
Date
Initials

Action:

Reason:

To be completed by
Date
Initials

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

Action:

Reason:

To be completed by
Date

Initials

Action:

Reason:

To be completed by
Date
Initials

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

Action:

Reason:

Action:

Reason:

Please write your next 6-month review date

Name of completing officer:

Date submitted:

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