

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 Reprovision- Potential Closure of 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. The practice has a total practice population of 8,030 patients, of which 2,131 of those patients are currently 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 are resident in South Glasgow and 67 are 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.

Glasgow City HSCP is undertaking an options appraisal with NHSGGC to explore future service delivery. Further details can be found in the published IJB meeting papers at <https://glasgowcity.hscp.scot/glasgow-city-integration-joint-board-papers>. The HSCP requires to make an informed decision as to whether it does or does not support the application to close the Cardonald Branch surgery:

A. Do not support closure of Cardonald branch

The BMA recommends a ratio of 1 WTE GP to 1,500 patients. If the decision is taken to keep the branch open, the practice with one GP contract holder will not have enough GP staff to run the branch and deliver general medical services to the total practice population of 8,030 patients. The practice is not in a financial position to take on extra partners due to the high

cost of the rent at the main site at Ashton Road. There is therefore a significant risk that due to sustainability issues that Dr Campbell will choose to hand back the contract for all three branches.

B. Support Cardonald branch closure

If Glasgow City HSCP does support the closure of the Cardonald branch, then a further decision will be required about how to continue to provide general medical services to the patients currently registered at the Cardonald branch who do not wish to remain Ashton Medical Practice's main site or the branch surgery at Springburn Health Centre, and are unable to do this themselves.

There requires to be an equality impact assessment (EQIA) undertaken to determine the potential health impact on protected groups impacted by the closure and potential legal risk. An initial EQIA will be completed for either decision, to approve or do not approve the request to close a branch. If the branch closes following the consultation and options appraisal decision, this EQIA will be updated to outline the next steps for supporting patients. Where appropriate, necessary mitigations will be made to measure and address the most significant negative impacts, ensuring continued access to GMS services. It will also reflect the impact on protected characteristics and identify further opportunities or requirements for mitigation.

The Scottish Government guidance (2024) Health and social care - Planning with People: community engagement and participation guidance - updated 2024 - gov. scot states: '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'. Consequently, this EQIA was undertaken during the consultation process.

In relation to branch surgery closures, the Planning with People Guidance (2024) 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. Therefore, both the GP practice and HSCP consultations ran for 12 weeks from Thursday 20th March – Thursday 12th June 2025. Following, the consultation period and HSCP options appraisal, the practice patients will be contacted with the outcome and if the branch was to close the patients would be given a notice period for patient practice transfer.

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.	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.	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	<p>Currently equalities data is collected on age, sex and languages spoken but not ethnicity.</p> <p>The profile of patients registered on the 1st April at the Cardonald branch was 2,131. 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 2,131 patients, 46% are female (982) and 54% are male (1,149). 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>In the future, we would like to collect further routine data on protected characteristics.</p>	<p>The CHI download on 01.04.25 showed the number of registered patients was 2,131. We will monitor registered patient number as the number of patients registered may change by the end of the consultation period.</p> <p>We will review the impact of the proposed closure by working with other stakeholders to seek evidence of inequalities because of the changes.</p> <p>Changes on access for Cardonald branch patients and registration patterns and difficulties with other GP practices.</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>There has been significant work in primary care regarding interpreting services to identify 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.</p> <p>The geographical spread and number of patients registered at the Cardonald branch number from each postcode was undertaken to inform the potential service/ branch closure. 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) – 1630 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>Whilst work has been done in these four areas, recording to provide better evidence around the protected characteristics can be problematic due to the variations within each GP practice, limitations of EMIS data system, and the number of practices.</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, excluding Cardonald branch, two practices in</p>

			If a decision was made to agree to the closure of the branch surgery, patients who decide not to remain registered at Ashton Medical Practice's main site or the branch surgery at Springburn Health Centre or to register with a local practice within their postcode catchment would be assisted to find an alternative practice in their postcode area.	the South of Glasgow City have closed their registration list and also patients are being allocated to South practices with the Keir Street, Pollokshields surgery closure.
		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>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</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 were more confident in asking related</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 • 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</p>	<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 can be identified via EMIS records and by the practice's clinical and administrative staff.</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</p>

	<p>3) Foster good relations between protected characteristics ✓</p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>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>Our approach is 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>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.	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? 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</p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a</i></p>	<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, 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 Children 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</p>	<p>A frequently Asked Question sheet (FAQ) was developed to support patient understanding about the consultation.</p> <p>We will continue to seek feedback from patients and other stakeholders to improve the care we provide and mitigate impacts that are identified via patient consultation.</p> <p>Once decisions are made, we will consider if specific feedback around protected</p>



	<p>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>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>& Engagement & Development Officer(s) and Locality Engagement Forum, Housing Associations, Community Councils and Care Homes.</p> <p>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 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>characteristics can be identified and impacts are minimised. Dependent on decision, the EQIA will be updated to reflect the impact and further opportunities or requirements for mitigation.</p>
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			<p>Summary of results of the patient survey</p> <p>Approximately, one fifth (412 patients) of the branch practice patients have responded to the survey had responded to the patient questionnaire at the time of writing this EQIA, a fortnight before the end of the twelve12-week consultation period on 12th June 2025. To ensure it fully informs decision making, any significant outlier comments will be considered on a case-by-case basis. However, at date of EQIA completion, very few additional patient returns were being received.</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 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>Engagement to date has not always been positive in that some patients are unhappy about the proposal. The final question asked patients if they had any further comments. Respondents (28) said they would prefer the branch to stay open, (30) were not happy with the proposal to close the branch and (31) 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.</p> <p>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>	
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		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>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>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 are obliged to meet the requirements of being fully accessible and compliant with Disability Discrimination Act.</p> <p>However, the patient survey indicated a high number of patients with physical disabilities. 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>Dependent on the first decision, should the branch close, this EQIA will be updated to reflect the agreed next steps about how to support patients (where appropriate) to continue to access GMS services, reflecting the impact especially for protected characteristics and further opportunities or requirements for mitigation</p>	<p>Consideration for any remaining patients, requiring assistance to find an alternative practice, to accommodate their access needs will be given</p>
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

<p>6.</p>	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to</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 & victimisation and promote equality of opportunity).</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. 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 NHS GGC interpreting services and provides translations of all written material.</p> <p>On the 1st April 2025, the practice had 2,131 registered patients, and should the decision be made to close the branch surgery, all will be risk assessed and receive written contact-</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, following the HSCP consultation a few local existing GP contractors have indicated an interest to expand their patient list.</p> <p>The practice does not have a specialist community link worker to support further with engagement and registration to ensure patients know and can access their GP. Should the branch close, this EQIA will be updated to reflect transition plans to support vulnerable patients to continue to access GMS services.</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>We will, if required provide information and support about how to access GP practices and for those who have not actively registered with a new GP practice (71% of respondents said they would look for another GP in the Cardonald area),, we will assist them to find an alternative practice in their postcode area</p> <p>If required 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.</p> <p>This will partially assist the HSCP in addressing its responsibilities in relation</p>
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	show how the service review or policy has taken note of this.			to removing discrimination, alongside promoting equality of access.
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 Survey Results (survey only open to those 16+):</p> <p>Respondent's age ranges were: 4% 16-24 years, 14% were 25-34 years, 20% were 35- 44 years, 13% were aged 45-54 years, 19% were 55-64 years, 17% aged 65-74 years, 7% were 75+. 2% preferred not to give their age.</p> <p>The proposed practice branch closure does not have a disproportionate impact on differences due to age as the patients will still be able to receive primary care services.</p>		<p>The practice has 2,131 registered patients, and should the decision be made to close the branch surgery, all will be risk assessed and receive written contact.</p> <p>We will, if required provide information and support about how to access GP practices and for those who have not actively registered with a new GP practice (71% of respondents said they would look for another GP in the Cardonald area), we will assist them to find an alternative practice in their postcode area. Their medical care records will automatically be transferred.</p> <p>Again, if required arrangements will be put in place with community pharmacy to make sure</p>

			<p>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 with contact details of their future GP practice.</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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(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation ✓</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 Survey Results:</p> <p>For disability 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 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> <p>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> <p>Those with a disability more likely to access GP for routine and recurring appointments so therefore more likely to be impacted by any change. As mentioned previously, as each registered patient who has not already registered themselves with a new GP surgery will have their physical and mental health needs assessed through a review of their EMIS clinical notes. This would form the basis for proportionate transfer based upon need, with patients being lettered and telephoned and in some cases.</p>	<p>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.</p> <p>The practice has 2,131 registered patients, and should the decision be made to close the branch surgery, all will be risk assessed and receive written contact.</p> <p>We will, if required provide information and support about how to access GP practices and for those who have not actively registered with a new GP practice (71% of respondents said they would look for another GP in the Cardonald area), we will assist them to find an alternative practice in their postcode area and their medical care records will be transferred.</p> <p>Again, if required arrangements will be put in place with community pharmacy to make sure</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>Of the patient 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 where 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 – If required, the new GP registration process is aimed at ensuring that people secure appropriate support to access mainstream local GP services. This assists the HSCP in addressing its responsibilities in relation to removing discrimination, harassment and victimisation alongside promoting equality of opportunity.</p>	<p>The practice has 2,131 registered patients, and should the decision be made to close the branch surgery, all will be risk assessed and receive written contact.</p> <p>We will, if required provide information and support about how to access GP practices and for those who have not actively registered with a new GP practice (71% of respondents said they would look for another GP in the Cardonald area), we will assist them to find an alternative practice in their postcode area and their medical care records will be transferred.</p> <p>Again, if required, 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</p>

			<p>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.</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>
	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>Any potential practice changes 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 secure appropriate support to access mainstream local GP services.</p>	<p>The practice has 2,131 registered patients, and should the decision be made to close the branch surgery, all will be risk assessed and receive written contact.</p> <p>We will, if required provide information and support about how to access GP practices and for those who have not actively registered with a new GP practice (71% of respondents said they would look for another GP in the Cardonald area), we will assist them to find an alternative practice in their postcode area and their medical care records will be transferred.</p> <p>Again, if required, 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</p>

			<p>patients and provide FAQs, contact details of their future GP practice.</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>
(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>Any potential practice changes identified does not have a disproportionate impact on women who are pregnant – The new GP registration process is aimed at ensuring that people secure appropriate support to access mainstream local GP services. GP services have a shared care agreement with mainstream maternity services and for vulnerable women the Practice staff liaise with the Special Needs in Pregnancy Service (SNIPS) and children and families social work teams.</p>	<p>The practice has 2,131 registered patients, and should the decision be made to close the branch surgery, all will be risk assessed and receive written contact.</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>Community primary care services provided by the HSC, like Health Visiting, are provided on a geographical basis so would 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 adults were registered to different GP practices. Families should be transferred to the same GP practice where possible when working within the postcode catchments.</p>	<p>We will, if required provide information and support about how to access GP practices and for those who have not actively registered with a new GP practice (71% of respondents said they would look for another GP in the Cardonald area), we will assist them to find an alternative practice in their postcode area and their medical care records will be transferred. Again, if required, 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.</p> <p>Patients will always have the right to choose another GP practice if they are unhappy with the practice they have been allocated</p>
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			<p>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>
	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>Patient Survey Results:</p> <p>81% are white (89% Scottish, 6% other British, 1% Polish, 1% other, 0% Roma or Irish)</p> <p>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)</p> <p>3% African (81% African, Scottish African or British African) (18% other)</p> <p>3% prefer not to answer,</p> <p>1% other ethnic minority group (57% other & 42% Arab, Scottish Arab or British Arab)</p> <p>1% Caribbean or black</p>	<p>The practice has 2,131 registered patients, and should the decision be made to close the branch surgery, all will be risk assessed and receive written contact.</p> <p>We will, if required provide information and support about how to access GP practices and for those</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>0% mixed or multiple ethnic groups</p> <p>It is noted that 13% of the practice population who responded to the patient survey are from a BAME backgrounds, closely matching 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>who have not actively registered with a new GP practice (71% of respondents said they would look for another GP in the Cardonald area), we will assist them to find an alternative practice in their postcode area and their medical care records will be transferred.</p> <p>Again, if required, 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.</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>
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			<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>
(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>Patient Survey Results:</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 has 2,131 registered patients, and should the decision be made to close the branch surgery, all will be risk assessed and receive written contact.</p> <p>We will, if required provide information and support about how to access GP practices and for those who have not actively registered with a new GP practice (71% of respondents said they would look for another GP in the Cardonald area), we will assist them to find an alternative practice in their</p>

	<p>4) Not applicable <input type="checkbox"/></p>		<p>postcode area and their medical care records will be transferred. Again, if required, 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.</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>
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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.
	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>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 proposal 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 has 2,131 registered patients, and should the decision be made to close the branch surgery, all will be risk assessed and receive written contact.</p> <p>We will, if required provide information and support about how to access GP practices and for those who have not actively registered with a new GP practice (71% of respondents said they would look for another GP in the Cardonald area), we will assist them to find an alternative practice in their postcode area and their medical care records will be transferred. Again, if required, arrangements will</p>

			<p>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.</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</p>
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			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>From the patient survey results:</p> <p>85% 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 proposal 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 has 2,131 registered patients, and should the decision be made to close the branch surgery, all will be risk assessed and receive written contact.</p> <p>We will, if required provide information and support about how to access GP practices and for those who have not actively registered with a new GP practice (71% of respondents said they would look for another GP in the Cardonald area), we will assist them to find an alternative practice in their postcode area and their medical care records will be transferred.</p> <p>Again, if required, 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,</p>

			<p>would write to registered patients and provide FAQs, contact details of their future GP practice.</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>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

<p>(j)</p>	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on 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 and economic hardship and health. Poverty in essence, is a key driver of ill health.</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 HSCP provides Welfare advice Health partnerships (WAHP) within Glasgow City GP Practices. This is a service funded by the HSCP to mitigate the impact of poverty on health by offering access to money and debt advice and wider welfare support.</p> <p>The Cardonald branch has access to all the mainstream Primacy Care Improvement Services. However, the Cardonald Branch of Ashton Medical Practice is not a Deep End GP practice. It does not have additional deprivation linked services like a WAHP advisor or a Community Links Worker attached.</p>	<p>The practice has 2,131 registered patients, and should the decision be made to close the branch surgery, all will be risk assessed and receive written contact.</p> <p>We will, if required provide information and support about how to access GP practices and for those who have not actively registered with a new GP practice (71% of respondents said they would look for another GP in the Cardonald area), we will assist them to find an alternative practice in their postcode area and their medical care records will be transferred.</p> <p>Again, if required, 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,</p>
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	<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? '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>contact details of their future GP.</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>
(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>If a decision was made to agree to the closure of the branch surgery, any potential impact on carers and carer support services to access appointments will be minimised by providing information and support about how to access local GP practices.</p> <p>Homeless people can continue to temporarily register at any local GP service, in line with current practice</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.	
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 proposed branch closure is requested as the practice is not in a financial position to take on extra partners due to the high cost of the practice premises rent.</p> <p>Due to the practice having one GP and the cost of locum staff, the single-handed GP will not have enough GP staff to run the branch and deliver general medical services to the total practice population of 8,030 patients.</p> <p>The BMA recommends a list size is 1,500 patients to 1 WTE GP. Currently, the patient to GP ratio is 1 to 8030 patients, so Dr Campbell is reliant on locum GPs which can potentially reduce continuity of patient care.</p> <p>Any 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 a range of online equality and anti-discriminatory practice training in relation to the care and welfare of people with protected characteristics.</p> <p>All 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. There is no obligation for GP practices to undertake or record minimum completion rates of</p>	

		<p>staff training, and they do not have statutory and mandatory learning programmes. As independent contractors they are not required to report staff training to the HSCP.</p> <p>Equality and diversity training face to face online courses are delivered by the Equalities Human Rights Team, including how to use interpreting services.</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 'Active Bystander Training' for all GP practice staff.</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, if the branch was to close patients will be able to access health care through an alternative GP and will have the right to choose or change their GP. 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 have been informed of the potential closure and asked for their views, with targeted survey to all patients. Patients will be informed of their options in accessing an alternative GP and to be able to choose or change, if allocated an alternative.

- **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.

Date for completion

Who is responsible?(initials)

Should the decision be made to close the branch surgery, the following actions will be undertaken:

- Patient consultation has provided insight into the general practice population profile and the patient needs, which we would utilise for smoother transition.
- We will explore the potential use of a range of engagement methods to gain further patient views.
- HSCP services, local GP practices were informed/consulted, as were the Local medical Committee and we will continue to liaise with and update.
- Continue to raise awareness of local services available and how to access them via a variety of ways, including utilising existing websites, newsletters, posters and signposting.
- Develop, review and update our communication and engagement plan.
- 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 patient registration information.
- Mapping work of patient postcodes, GP catchment practices and capacity has been undertaken. We would write to Cardonald registered patients and provide FAQs and contact details of their future GP practice as allocated.
- Families should be transferred to the same GP practice where possible.
- Vulnerable patients with ongoing packages of care will be identified and support put in place to ensure a smooth transition- EMIS data, clinical and administration patient knowledge is available for risk assessment and social/medical management to reallocate patients to local practices, with support regarding local services able to be provided on a basis that is proportionate to need.

To be confirmed depending on options appraisal decision

<ul style="list-style-type: none"> • Explore options for future provision of support for vulnerable patients. E.g. volunteer led “Meet and Greet” service. • Patient complaints to be monitored (no formalised complaints received to date) • Transport mapping work would be undertaken to limit patient access difficulties. This would include GP practices with disabled parking and public transport routes and GP practices proximity. • EMIS medical records will be transferred with the allocated patients, so no disruption in medical care and treatment. • Arrangements will be put in place with community pharmacy for patients to have bridging prescriptions. • Global Sum funding will follow patients to their new practice to ensure that there is sufficient capacity to support them within those practices. 	
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Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

T be confirmed depending on the decision made following the options appraisal

Lead Reviewer:	Name	Lara Calder
EQIA Sign Off:	Job Title	Primary Care Improvement & Development Manager
	Signature	<i>Lara Calder</i>
	Date	17.06.25
Quality Assurance Sign Off:	Name	Alastair Low
	Job Title	EHRT Manager
	Signature	A Low
	Date	28/07/25

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

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

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

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

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

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

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

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