



## NHS Greater Glasgow and 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 [Equality@ggc.scot.nhs.uk](mailto:Equality@ggc.scot.nhs.uk) for further details or call 0141 2014560.

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

Relocation of Bishopbriggs & Auchinairn Community Treatment & Care Services from General Practice to Shop Front Premises

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

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

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

In 2018, the General Medical Services Contract and subsequent Memorandum of Understanding placed responsibility on HSCPs to implement a range of multi-disciplinary services. The aim of the contract was to ensure that patients received the right treatment from the right person at the right time in the right place, therefore, reducing workload within practice and more importantly allow GPs to become Expert Medical Generalists who would treat the complex patient.

One of the core services stipulated to be implemented within the contract and subsequent MoU was a Community Treatment & Care Service. The Bishopbriggs & Auchinairn area of East Dunbartonshire were the first area to receive this service, however, due to the HSCPs limitations in clinical space and accommodation, the service was accommodated within the local General Practices.

In late 2025, the Community Treatment & Care Service will relocate from general practice to a shop front premise which will be developed into a clinical space and allow the service to undertake clinical interventions.

There are various reasons why this relocation is necessary. As stated, General Practice have been hosting HSCP CTAC staff since 2019, with no compensation which has restricted them in terms of their own recruitment and planning.

Access and referral pathways processes will remain unchanged for patients and by having a dedicated, central space will allow for increased access and appointments for the local population.

The service is planned to run from Monday to Friday 8:30-4:30pm each day, however, this will be impacted slightly due to Agenda for Change reduced working week conditions.

Building on the East Dunbartonshire HSCP Property Strategy (May 2018), the 2023-2025 strategy set the direction for actions needed to deliver health and social care services across East Dunbartonshire HSCP.

The HSCP Property Strategy 2023-2025 aligns to the HSCP Strategic Plan 2025-2030 and sets the aspirations for modern, fit for purpose accommodation from which to deliver health and social care services to the population of East Dunbartonshire and support delivery of our strategic priorities.

The Scottish Government's Financial Planning Guidance for Health and Social Care Integration states that:

*"The Chief Officer of the Integration Joint Board is recommended to consult with the Local Authority and Health Board partners to make best use of existing resources and develop capital programmes. The Integration Joint Board should identify the asset requirements to support the Strategic Plan. This will enable the Chief Officer to identify capital investment projects, or business cases to submit to the Health Board and Local Authority for consideration as part of the capital planning processes, recognising that partnership discussion would be required at an early stage if a project was jointly funded."*

The current property assets utilised by East Dunbartonshire HSCP are managed by NHS GG&C or East Dunbartonshire Council and the HSCP work closely with our parent bodies' policies and governance processes for management of property assets.

The second iteration of our HSCP Property Strategy plan will align with the HSCP Strategic Plan Priorities 2025-2030 by:-

**Empowering People through**

- Reducing inequality and inequity of outcomes by ensuring services are accessible and delivered close to local communities

**Empowering Communities through**

- Building local Integrated Teams

- Modernise Day Services

#### **Maximising Operation Integration through**

- Right Care, Right Place: Urgent and un-scheduled health and social care redesign by ensuring there is capacity within local accommodation to deliver services in the right setting as close to local communities as possible in line with the NHSGGC Moving Forward Together strategy.

#### **Workforce and Organisational Development through**

- Supporting the wellbeing of the health and social care workforce by having modern, fit for purpose accommodation which provides a positive working environment and supports staff to work flexibly in line with hybrid working policies

#### **Medium Term Financial Planning and Strategic Planning by**

- Maximising available resources by ensuring existing accommodation is used to its full potential and, first and foremost, supports frontline service delivery to our patients and service users and consider the priorities for increasing accommodation capacity across the HSCP area.

#### **Collaborative Commissioning and whole system working by**

- Supporting Primary Care improvement by developing accommodation solutions to expand clinical services in delivery of the GP Contract.

#### **Infrastructure and Technology through**

- Maximising the potential of digital solutions to reflect new ways for individuals to access and receive services through a digital first approach with buildings adapted to meet and facilitate the digital challenge.

As the service relocation is directed by the East Dunbartonshire HSCP Property Strategy and East Dunbartonshire HSCP Strategic Plan, this EQIA should be read alongside both EQIAs.

#### **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.)**

East Dunbartonshire HSCP undertakes an EQIA on significant changes to policy or services, and decisions that could have disproportionate impacts on individuals or groups protected under the Equalities Act 2010. We believe that it is good practice when developing a policy, strategy or a new initiative to anticipate the likely effects it may have, and to take steps to prevent or minimise, any likely harmful effects, especially on persons who share any of the characteristics that are protected under the Equalities Act. This ensures that disadvantaged groups are not further

disadvantaged by the policies, services and strategies we implement. It also ensures that the IJB are properly advised of the potential effects of proposals before they take decisions that affect people's lives.

**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)**

<b>Name:</b> James Johnstone	<b>Date of Lead Reviewer Training:</b> December 2024
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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):**

Vandrew Mclean, Corporate Business Manager  
James Johnstone, Primary Care Transformation Manager  
Dianne Rice, Primary Care Development Officer  
Kathleen Halpin, Chief Nurse  
Caroline Lilley, Senior Nurse  
Fiona Denham, Team Lead, CTAC  
Kirsty Gilliland, HSCP Administrator

		<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
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>In preparation for completion of this EQIA a request was made to the Primacy Care Intelligence Service (PCIS) for report relating to protected characteristics for both the affected area of Bishopbriggs and Auchinairn, and East Dunbartonshire wide.</p> <p>Unfortunately, we were advised that PCIS are unable to provide this as read codes which are deemed personally sensitive are excluded from Enhanced Services Contract Reporting Options (ESCRO) report.</p> <p>All CTAC patients' care is transferred from General Practice and only basic information is</p>	In the absence of data and information, the HSCP are unable to note any negative impacts.

			<p>communicated e.g. name, DOB, and address.</p> <p>Locally anything expressed by the patient / carer, in regards to any requirements / needs will be added to the patient information system as an alert. As part of SOP, Administration staff will also ask patients if there is any additional requirements needed for patients for them to attend their appointment. This information will be collected and also added to patient information system as an alert also as the system does not have the capability to record specific demographic information.</p>	
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		<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
<b>2.</b>	<p><b>Please provide details of how data captured has been/will be used to inform policy content or service design.</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p><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>	As above	No negative impacts to note

		<i>Example</i>	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 <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p><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 questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	As above	No negative impacts to note



		<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
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 General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p>	<p><b><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></b></p> <p><b><i>(Due regard to promoting equality of opportunity)</i></b></p> <p><b><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take</i></b></p>	<p>A Design and Delivery Project Group has been established which includes, as part of its governance, a communication plan.</p> <p>Listed below is engagement activity which the HSCP has initiated and will continue to deliver until the premises is operational.</p> <ul style="list-style-type: none"> <li>• Updates to East Dunbartonshire HSCP Public, Service User &amp; Carer (PSUC) group</li> <li>• Regular engagement with local Practices</li> <li>• Staff meetings</li> <li>• QR code / webpage developed for public access</li> <li>• Social Media posts &amp; updates</li> <li>• Engagement with existing patients advising of change</li> </ul>	<p>Design and Delivery Project Group monitoring relocation regarding parking and if any potential mitigations are required.</p>

	<p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p>	<p><i>actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>undertaken by clinical staff</p>	
	<p>4) Not applicable <input checked="" type="checkbox"/></p>			

		<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
5.	<p><b>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?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p>	<p><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>As a new building, it will be fully DDA compliant and can also provide services for bariatric patients.</p> <p>The premises is all on one level with parking close by which includes access to local amenities. The premises is part of a larger site which again is on one level and includes many amenities. Safe crossing and transport is accessible from the site. The premises itself officer one accessible patient WC and one accessible staff WC. There is also a staff room incorporated which includes seating area, lockers and kitchen facilities. The current model implemented is cluster /</p>	<p><u><b>No negative impacts to note</b></u></p>

	4) Not applicable <input checked="" type="checkbox"/>		<p>area wide meaning patients could choose to attend any other practice within that cluster for treatment. The cluster is small with all of the practices close together. The new premises is in close proximity to the practices and should not affect any patients accessing the service. Where it may be highlighted during communication with patients that they may have difficulty accessing information or the service, the HSCP will seek to provide information / detail in an accessible format for the patient.</p>	
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		<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
<b>6.</b>	<p><b>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes)</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	As above	Services provided will not change and new relocation will not impact on how we communicate to service users and staff.

	<p><b>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.</b></p>			
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7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	<p><b>Age</b></p> <p><b>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).</b></p> <p><b>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.</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p>	<p>The service has always been available only to adults (16+).</p> <p>Under 16's has never been managed in CTAC and this is the case within other HSCTs in GG&amp;C.</p> <p>Service will be undertaken in one central place which will prevent patients from travelling to different locations (practices).</p>	<p>No negative impacts to note</p>

	3) Foster good relations between protected characteristics.	<input type="checkbox"/>		
	4) Not applicable	<input checked="" type="checkbox"/>		



(b)	<p><b>Disability</b></p> <p><b>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>Service will be undertaken in one central place which will prevent patients from travelling to different locations (practices). Although a small premises, the building is fully DDA compliant.</p>	<p>The outside of the building is protected by a canopy which can allow for patients to wait, if they feel. The type of service allows for short interventions allows for regular turnover of patients.</p>
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>

(c)	<p><b>Gender Reassignment</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>All CTAC patients' details are held within GP systems and when referred to service only basic standard data is communicated e.g. name, DOB, and address. Where expressed by the patient / carer, information will be collected on preferred communication pathways / contacts.</p> <p>In the future we would wish to collect further data on protected characteristics.</p> <p>A request was made through PCIS for report relating to protected characteristics for both the affected area and East Dunbartonshire wide. We have been advised that PCIS are unable to provide this as readcodes which are</p>	<p>In the absence of data and information, the HSCP are unable to note any negative impacts.</p>
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		deemed personally sensitive are excluded from ESCRO report.	
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>

(d)	<p><b>Marriage and Civil Partnership</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	As above	As above
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(e)	<p><b>Pregnancy and Maternity</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	As above	As above
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

(f)	<p><b>Race</b></p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	As above	As above
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(g)	<p><b>Religion and Belief</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	As above	As above
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

(h)	<p><b>Sex</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	As above	As above
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(i)	<p><b>Sexual Orientation</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	As above	As above
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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p><b>Socio – Economic Status &amp; Social Class</b></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>In addition to the above, if this constitutes a ‘strategic decision’ you should evidence 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 <u>strategic decisions</u> and complete a separate assessment. Additional information available here: <a href="https://www.gov.scot/publications/fairer-scotland-duty/pages/introduction/pages/1-1-introduction/pages/1-1-1-guidance-for-public-bodies/pages/1-1-1-1-guidance-for-public-bodies.aspx">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></p>	<p>We feel the site will have a positive impact for patients as the new site is within the current GP Cluster area (Bishopbriggs &amp; Auchinairn).</p> <p>With the implemented model, patients already travel within the cluster currently.</p>	<p>Each practice within the area has patients registered outwith the geographical boundary, however, the distance from the furthest practice is 0.9miles and given patients already travel within the cluster due to the model implemented, the HSCP do not feel it is required to note any mitigations.</p>
(k)	<p><b>Other marginalised groups</b></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 &amp; refugees and travellers?</p>	<p>All CTAC patients details are held within GP systems and when referred to service only basic standard data is communicated e.g. name, DOB, and address. Where expressed by the patient / carer, information will</p>	<p>No negative impacts to note</p>

		<p>be collected on preferred communication pathways / contacts.</p> <p>In the future we would wish to collect further data on protected characteristics.</p> <p>A request was made through PCIS for report relating to protected characteristics for both the affected area and East Dunbartonshire wide. We have been advised that PCIS are unable to provide this as readcodes which are deemed personally sensitive are excluded from ESCRO report.</p>	
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8.	<p><b>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?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	Positive impact regarding service provision within the cluster.	No negative impacts to note
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		<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
<b>9.</b>	<b>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.</b>	<p>Statutory / mandatory training undertaken on a regular basis.</p> <p>Clinical staff registration up to date and have regular clinical supervision.</p> <p>Other relevant training undertaken when required / available.</p>	No negative impacts to note.

**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 impact to note

**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\* .**

Not applicable

\*

- **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.

### **United Nations Convention on the Rights of the Child**

**The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024** came into force on the 16<sup>th</sup> 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. The full list of articles to be considered is available [here](#) for 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.

Not applicable

**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 a options considered need to be reframed against the best possible outcome for children.

Not applicable

**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.

Not applicable

**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.

Not applicable



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:

<input checked="" type="checkbox"/>	Option 1: No major change (where no impact or potential for improvement is found, no action is required)
<input type="checkbox"/>	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)
<input type="checkbox"/>	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)
<input type="checkbox"/>	Option 4: Full mitigation of identified risk not made, decision to continue without objective justification (Lead Reviewer to provide explanatory note here):
<input type="checkbox"/>	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)

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.

Not applicable

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)

No actions identified

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

Lead Reviewer:  
EQIA Sign Off:

Name Job Title James Johnstone  
Primary Care Transformation Manager

Signature Date  
25<sup>th</sup> November 2025

**Quality Assurance Sign Off:**

**Name**  
**Job Title**  
**Signature**

**Julian Heng**  
**Planning and Development Manager**

A handwritten signature in black ink, appearing to read 'Julian Heng', written in a cursive style.

**Date**                      **16<sup>th</sup> January 2026**

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

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

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

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

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

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

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

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