APPENDIX B
Equality Impact Assessment (EQIA)
Rapid Impact Checklist

Completing this form will help decide whether the policy will further require a Full EQIA and/or integrated Impact Assessment. *Policy refers to service, function, policy, framework, strategy, new service, service redesign, and programmes.

Title	**General Practice Vision**
Directorate, service or department	Aberdeen City Primary Care Team, ACHSCP on behalf of 3 x HSCP's

Main contact of the policy*

Name	Ali Chapman	Tel No	
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Department	Primary Care, ACHSCP		

Policy

Aim	In June/July 2023, the three HSCP Chief Officers were set an objective to design and create a SMART delivery plan for a Grampian Primary Care Strategy. This was in response to the challenging implementation of the 2018 GMS contract, due to a number of factors, including, recruitment and retention, the application of multi-disciplinary teams across a wide and rural geography resulting in teams being spread too thinly, and a large region with diverse populations, communities and needs. All of which have an impact on the sustainability of general practice.
Purpose	Due to the continuing pressure being faced across General Practice, the project brought together key stakeholders, teams and colleagues from across the system for the opportunity to help shape the future of General Practice.
Intended/desired outcomes	A High level strategy and vision will be created for Grampian with associated objectives and Delivery plan

Part 1. Which groups of the population do you think will be affected by the proposal?

People and Groups:
- Staff
- Patient
- Minority ethnic people (incl. Gypsy/travellers, refugees & asylum seekers)
- Women and men
- People in religious/faith groups
- People of low income
- Homeless people
- People involved in criminal justice system
- People with mental health problems
- Carers (paid or unpaid, family member)
- People affected by substance misuse or addictions

• Disabled people	• Low literacy/health literacy
• Older people, children and young people	• Living in deprived area, remote or rural area
• Lesbian, gay, bisexual and transgender	• Unemployed
	• Any other groups

The proposal/policy will affect

This proposal may affect all residents of the Grampian area, as well as all staff within General Practice and the wider Primary Care and NHS system.

The output of the programme will be a vision and associated series of objectives that will be presented to the three IJBs. At this time we are unable to determine if there is one (or more) specific group that will be negatively impacted with any future changes, as there may be a range or programmes and projects that could be a result of this work.

It is anticipated that this programme of work may allow General Practice in Grampian to deliver services differently in Grampian, in a way that is more representative of the needs of those in the north east, coupled with the local challenges around recruitment, retention and the rurality of some areas within the Grampian area. This would be seen as having a positive impact on patients across Grampian.

Any workstreams agreed by the IJBs and Scottish Government will ensure an EQIA specific to that workstreams will be completed.

Part 2. Identifying the impacts (in brief) on groups with protected characteristics, including economic impact and human rights.

Protected Characteristic	Positive or Negative Impact Social and Economic, Human Rights Additional Information [Positive impact/Negative Impact/No adverse impact has been identified. Briefly explain the impact, including any social, economic or human rights]
Age (early years, children, young people, middle years, older people)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known
Disability (physical disability, learning disability, neurological, sensory loss, mental health, long term conditions)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known
Gender (male, female)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known

Gender Reassignment (people who have proposed, started, in the process or completed a process to change their sex)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known
Marriage or Civil Partnership (people who are married, unmarried or in civil partnership)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known
Pregnancy or Maternity (pregnant and/or on maternity leave, including breastfeeding)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known
Race (minority ethnic people, racial groups, national origins, gypsies/travellers, refugees, asylum seekers, migrant workers)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known
Religion or Belief (different religions or beliefs, including non-belief)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known
Sexual Orientation (e.g. lesbian, gay, bisexual, heterosexual)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known

Part 3. Any adverse or potential adverse impact identified? ☐ Yes   ☒ No

Briefly describe the adverse or potential impact and how it will be addressed or mitigated
At the current stage of the project we are unable to determine any adverse or potential impact. Once the delivery plan has been developed the EQIA will be revisited to look at this in more detail and how this will be addressed or mitigated.

Part 4. Health Determinants/Health in All. Identify the positive and negative impacts and which groups will be affected?

What impact will the proposal have on lifestyles?	
• Diet and nutrition	No Impact
• Exercise and physical activity	No Impact
• Substance use: tobacco, alcohol and drugs	No Impact
• Risk taking behaviour	No Impact
• Education and learning or skills	No Impact

Will the proposal have any impact on the social environment?	
• Social status	No Impact
• Employment (paid or unpaid)	Possible impact to NHS and GP Staff
• Social/family support	Possible impact to those who provide social /family support
• Stress	Possible impact
• Income	No Impact

Will the proposal have an impact on the physical environment?	
• Living conditions	No Impact
• Working conditions	Possible impact to NHS and GP Staff
• Pollution or climate change	Possible impact
• Accidental injuries or public safety	No Impact
• Transmission of infectious disease	No Impact

Will the proposal affect access to experience of services?	
• Health care	Yes
• Transport	No
• Social services	No
• Housing services	No
• Education	No

Part 5. Will it have any impact on the following?

		Describe or summarise how this policy will contribute to or achieve
Eliminate discrimination? If you answer YES, explain if it is a positive or negative effect. It can be YES because (a) it eliminates or reduce discrimination or (b) enhance/promote discriminatory practice	☐ Yes ☐ No ☒ N/A	
Equality of opportunity? Does the policy offer equality to all without discrimination on the protected characteristics or other groups How does it remove or minimise disadvantages? What steps were taken to meet the needs of people who share protected characteristics? How does it encourage persons who share protected characteristics participate in the activity?	☒ Yes ☐ No ☐ N/A	This programme aims to create a vision of how general practice is delivered in Grampian to meet the needs of the population. Therefore it is anticipated that there would be the potential to redesign services which would provide an opportunity to look at new ways of working, access to services and additional opportunities for improving the overall patient experience.
Foster good relations between groups? Does it foster good relations between groups e.g. promote positive attitudes, having due regards to tackle prejudice, promote understanding, interactions, personal security or participation	☒ Yes ☐ No ☐ N/A	The project team are taking a co-production approach in conjunction with the NHS Grampian Public Involvement Team. This will foster good relations between key stakeholders including patient groups, NHS and General Practice This will allow for a common understanding of the challenges facing general practice from a range of different perspectives with the opportunity to shape services together moving forward

Part 6. Rapid Impact Checklist: Summary Sheet

Positive Impacts (Note the groups affected)	Negative Impacts (Note the groups affected)
At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known

Additional Information and Evidence Required
n/a

Recommendations
At this time this policy does not adversely impact any of the protected characteristics. It is recommended each project group re-visits the HIIA to ensure any service change is considered on a case by case basis.
From the outcome of Parts 1-5, have negative impacts been identified for groups with protected characteristics or other groups? Has a full EQIA process been recommended? If not, why not?
No. As above   will be revisited on case by case basis for each service re-design.

Part 7. Is this policy* a strategic decision?   ☒ Yes   ☐ No

If **No, go to Part 9**.

If **Yes, go to Part 8**. A policy* that has a potential to impact on health and widen health inequalities must have "due regard" for the Fairer Scotland Duty. A policy that is a "strategic decision" must take into account how they can **reduce inequalities of outcome caused by socio-economic disadvantage**. See page 15 of the FSD Guidance for the definition of 'strategic decision.'

The Fairer Scotland Duty places a legal responsibility on public bodies to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage. The Duty applies at strategic level, which normally include decisions around setting priorities and targets, allocating resources and commissioning services. To assess if your policy is a strategic decision, please refer to: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)

Part 8. Fairer Scotland Duty. What likely will this policy have on people experiencing different kinds of social disadvantage?

Socio-Economic Disadvantage	Positive impact/Negative Impact/No adverse impact has been identified
Low Income/Income Poverty – cannot afford to maintain regular payments such as bills, food, clothing	No impact has been identified at this stage, the EQIA will be revisited once the further detail of the delivery plan is known
Low and/or no wealth – enough money to meet Basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future	No impact has been identified at this stage, the EQIA will be revisited once the further detail of the delivery plan is known
Material Deprivation – being unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, leisure/hobbies	No impact has been identified at this stage, the EQIA will be revisited once the further detail of the delivery plan is known
Area Deprivation – where you live (rural areas), where you work (accessibility of transport)	No impact has been identified at this stage, the EQIA will be revisited once the further detail of the delivery plan is known
Socio-economic Background – social class i.e. parent's education, employment and income	No impact has been identified at this stage, the EQIA will be revisited once the further detail of the delivery plan is known

Part 9. Does the policy need to consider the impact on other areas?

Human Rights (Human Rights Assessment)	☐ Yes	☒ No
Children's rights and welfare (Children's Rights Impact Assessment)	☐ Yes	☒ No
Environment	☐ Yes	☒ No
Financial	☐ Yes	☒ No
Island or Rural Communities	☐ Yes	☒ No

Part 10. Children and Young People (Scotland) Act (2014)

The Child Rights and Wellbeing Impact Assessment (CRWIA) is a process which you can identify, research, research and record the anticipated impact of any proposed policy on children's human rights and wellbeing.

Check the CRWIA Screening Sheet – this asks you to consider:

- What aspects will affect children and young people up to 18 year
- What likely impact will be
- Which groups of children and young people will be ore affected

Children's Rights & Wellbeing Impact Assessment (CRWIA) - Children's Rights and Wellbeing Impact Assessment guidance - gov.scot (www.gov.scot)

Part 11. Has your assessment been able to demonstrate the following and why?

☒ **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 issue can be addressed)

Explain decision

At this time the programme is focussed on determining a high level vision and smart objectives for the delivery of general practice in Grampian. No service changes have been determined or commission at this stage. Therefore it is suggested that the programme continues with no major change.

At a time that any programmes of work, including any service change are agreed by the IJBs and the Scottish Government the EQIA will be revisited,

To be completed by Team Lead of the policy/proposal	
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Date	30/08/2023

Part 12. Has the policy document been checked by a Level 1 EQIA assessor?

☒ Yes   ☐ No

If yes, please fill in details	
Name	Teresa Waugh
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Date	12/09/2023

Return to Equality and Diversity at roda.bird@nhs.scot

- **Completed form**
- **Copy of final draft/version of any documentation**

To be completed by Equality and Diversity – for quality control purposes and recording

Recommendations ☐ Rapid EQIA ☐ Full EQIA ☐ Fairer Scotland Duty	
Name	
Job Title	
Email	
Date	