



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. Please refer to the EQIA Guidance Document while completing this form. 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 CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

New Service. Bipolar Hub (South) Pilot

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.

The 'Bipolar Hub' is an innovative partnership with a third sector organisation (Bipolar Scotland). This is a model that has been successfully adopted for other conditions most notably for Dementia and Addictions. The hub will act as a resource for the provision of a range of supports and interventions to complement on-going care provided within CMHT's. It is designed to act as a 'one stop shop' resource in order to ensure up-to-date information, advice and support is readily available for individuals with Bipolar Disorder (BD). It will support individuals take a more active role in their care and the

development of self-management skills whilst reducing overtreatment and non value added clinical contacts. Such a model is in line with a 'Realistic Medicine' approach as well as placing an emphasis on recovery and greater patient autonomy. An initial test of change is limited to the South sector and East Renfrewshire will cover five CMHT's.

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.)

As we are developing a new service we would like to ensure that we meet the 3 public sector duties in relation to equality i.e

eliminate **unlawful discrimination**

advance equality of opportunity between people who share a protected characteristic and those who don't

foster or **encourage good relations** between people who share a protected characteristic and those who don't

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

Name: Heather McKenzie Nesbitt, Nurse Team Leader, Bipolar Hub	Date of Lead Reviewer Training: 12/02/2020
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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):

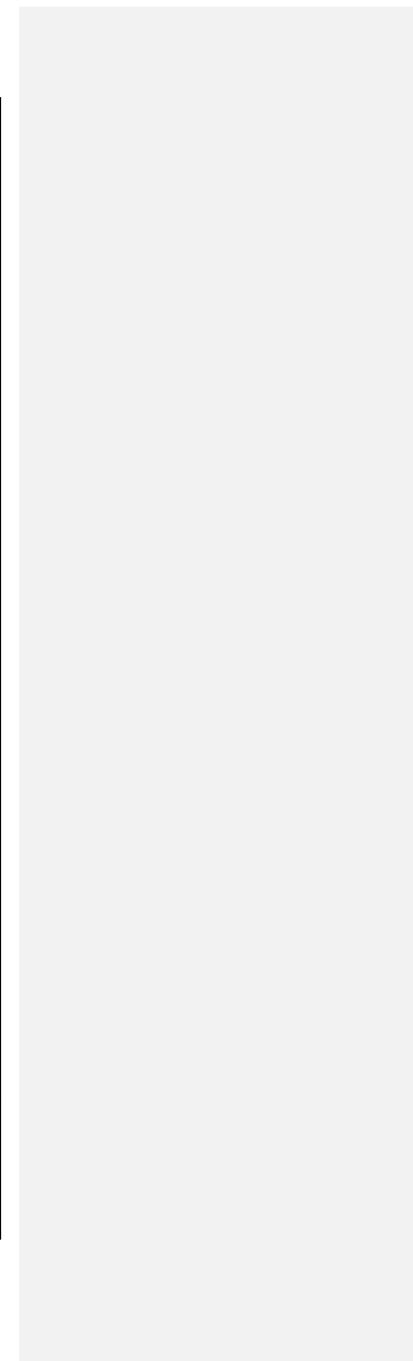
Anne Malarkey, Service Manager, NHSGGC
 Alison Cairns, Chief Executive, Bipolar Scotland (Third Sector Partner)

		<i>Example</i>	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	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	Information on protected characteristics are recorded by the patients referring community mental health team on EMIS. This information can then be audited through EMIS. Not all characteristics are collected with gender reassignment, sexual orientation and race.	Not recording this information may reduce our ability to understand if we are meeting the needs of this group. Discussions are currently being undertaken as to how this information could be collected, where it would be recorded and how it could be audited.

	and an explanation for any protected characteristic data omitted.			
		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 <input type="checkbox"/></p>	<p>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</p>	<p>Data from CMHT which has been reviewed has informed the service that women may access services less frequently due to times of appointments being unsuitable. The service has been designed to be more easily accessed with earlier opening times and drop in clinics. Access to the service will also be available via video conference systems to allow those with caring/mobility challenges to see a professional without coming to a fixed base.</p>	

	<p>victimisation</p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake.</p> <p>(Due regard promoting equality of opportunity)</p>		
	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have</p>	<p>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+</p>	<p>There has been no formal research undertaken prior to the implementation of the service. However through undertaking listening events with third party stakeholders and those with lived experience we have learned that open and flexible access is an important part of what is needed. Those with Bipolar Disorder have a high level of physical health problems and a major focus of the project and this again was welcomed by the stakeholder groups.</p>	

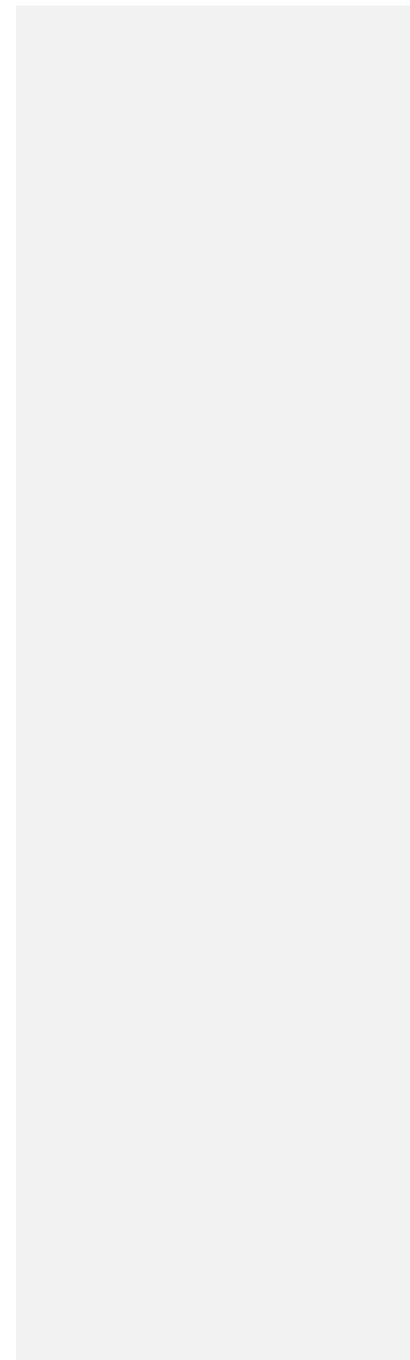
	<p>been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>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.</p> <p>(Due regard to removing discrimination, harassment and victimisation and fostering good relations).</p>		
	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	



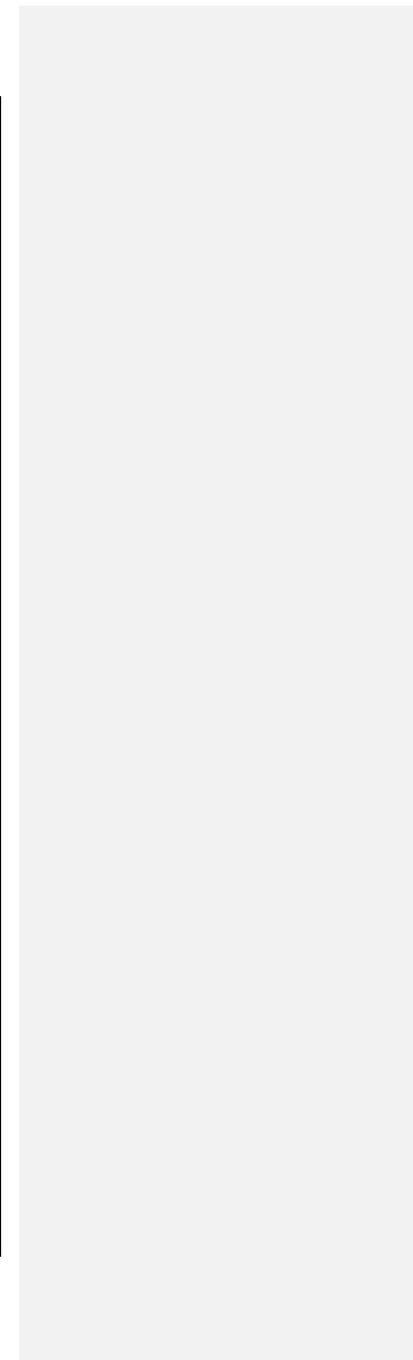
4.	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected <input type="checkbox"/></p>	<p>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.</p> <p>(Due regard to promoting equality of opportunity)</p>	<p>This project is a test of change and is the first in the UK to adopt this approach for those with Bipolar Disorder. We have listened carefully to our local stakeholders (Bipolar Scotland) and they have been partners in developing the service. A world cafe event was held which included those in the catchment area with lived experience of this mental health problem and the information from this collated and used in the planning of the project.</p>	
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	<p>characteristics</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</p>		
		<p>Example</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
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>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</p>	<p>A mapping exercise was undertaken when a base was identified which indicated that the base was accessible by public transport from all the areas that it covers. The physical environment is being adapted so that it can be accessed by those with all levels of mobility with appropriate signage. The project will be entered via a buzzer system at the front door and those requiring further assistance can request this and staff are close by to assist. The use of Attend Anywhere (remote appointments from any</p>	

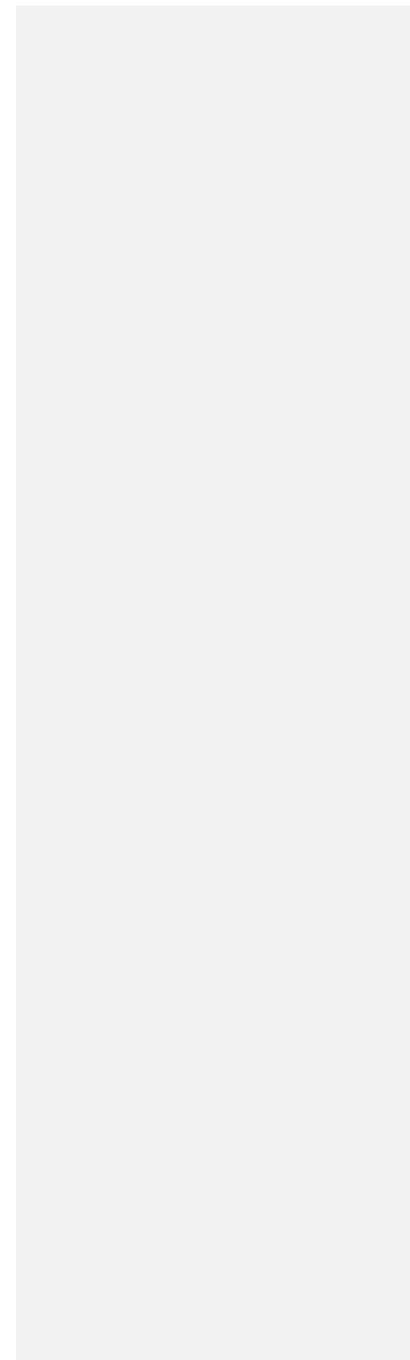
	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>doors retained by magnets that could deactivate in the event of a fire.</p> <p>(Due regard to remove discrimination, harassment and victimisation).</p>	<p>accessible device) will allow a further degree of flexibility in how people can attend. This can also be linked to BSL and telephone interpreting if required.</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>6.</p>	<p>How will the service change or policy</p>	<p><i>Following a service review, an</i></p>	<p>All materials will be reviewed under the NHSGGC Clear to All policy and providing</p>	



	<p>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 type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p>	<p><i>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>	<p>the information in other languages is currently being investigated. The service will comply with the Interpretation Protocol for those with visual or language barriers.</p>	
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	<p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>			
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action	

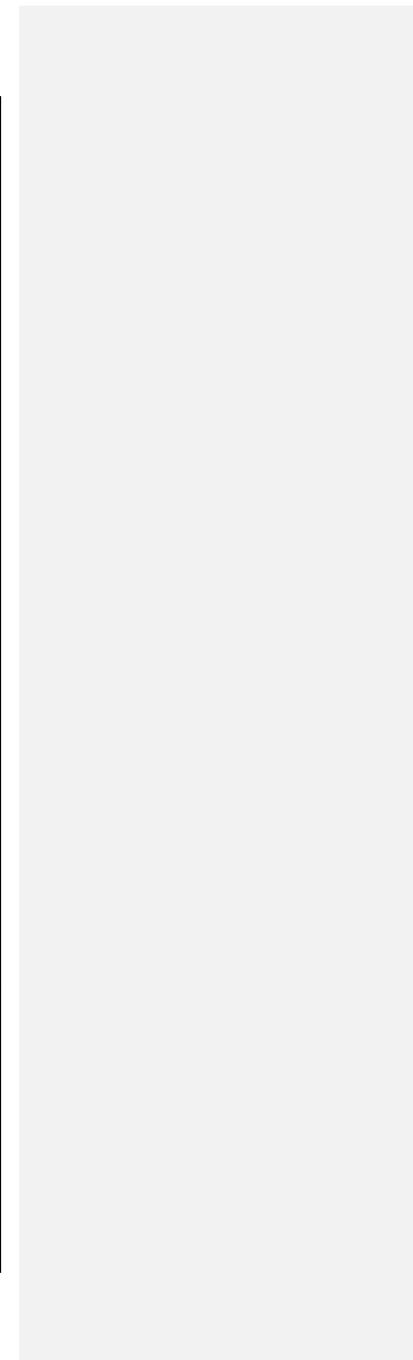


			Required
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the 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 <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input 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>Mental Health Services in NHSGGC are organised by age as mental health problems often require different treatment approaches according to age The services that will be providing our referrals (CMHTs) work with those from 16-65 and this will be the age range that we will be working with. Those over 65 would be attending an Older Adult Service. This is currently a test of change and this may change in the future.</p>	<p>At the review of the service (1 year) we will investigate the possible opportunities to open the service to a wider group by consulting with our current and possible future stakeholders</p>

(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>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 type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>All of those attending will have a protected characteristic of disability due to their mental health diagnosis of bipolar disorder. The service has therefore been designed to enhance the mental and physical health of this group and to reduce the impact of disability as a whole.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	Gender Identity	There has been some research that	

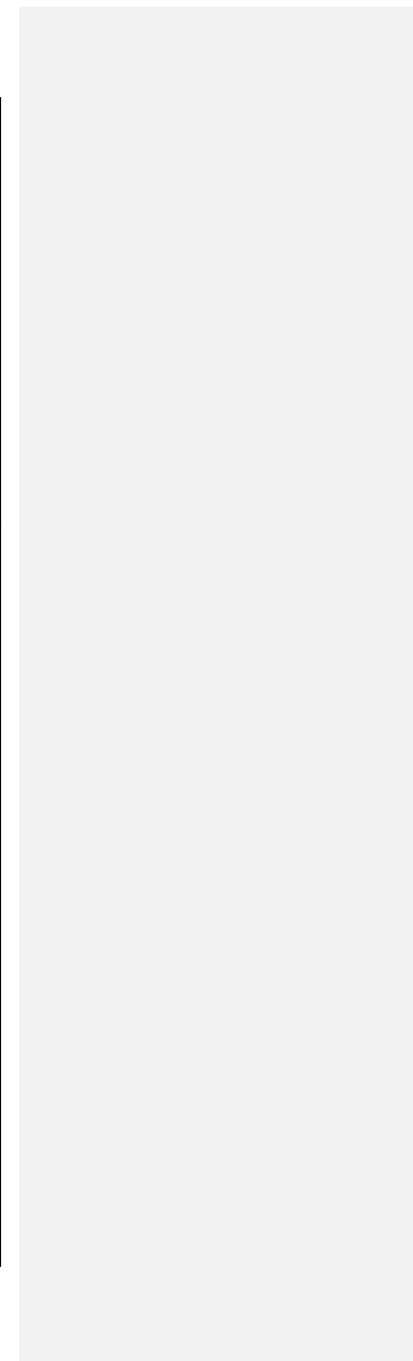
	<p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>incidence of mental health problems, including Bipolar Disorder, are higher in those who identify as Transgender (Wanta, JW., Nifortos, JD., Durback, E et al 2019; Dhejne, C., Van Vlerken, R., Heylens, G., Arcelus, J., 2016) With this evidence it is important that those who are working within the Hub are confident in how to work with trans people. As per advice from the Government Equalities Office (2015) on providing services for this patient group staff will ensure that information regarding gender identify will be securely handled and not passed on unless requested by the patient on a need to know basis. All staff will be aware of, and will comply with, the NHSGGC Gender Reassignment Policy. Additionally provision will be made for gender neutral toilet facilities within the building that the Hub is housed in.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	Marriage and Civil Partnership	No, there would be no impact on this.	

	<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>		
(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>The building will be breast feeding friendly and will have areas for baby changing if required.</p>	



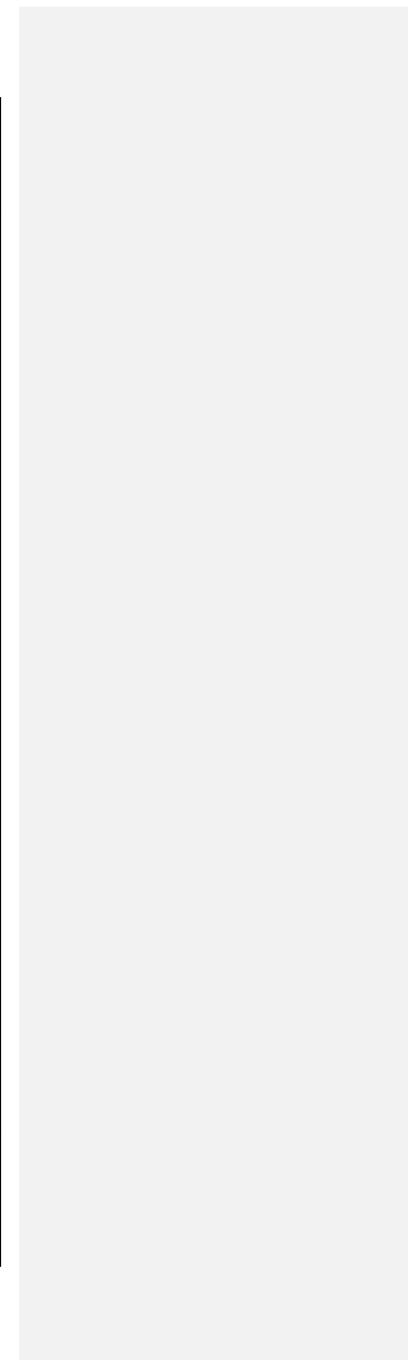
	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
	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>All of those attending will enjoy equitable access to our services. Written information will be available in a range of languages that reflect the population that is being served. We will have access to interpreters for those that require this service and will prioritise face to face rather than telephone interpretation services. The use of Attend Anywhere also has the ability to have interpreters for appointments where the interpreter is seen by both patient and staff member and this</p>	

	<p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>would be beneficial for those who use BSL.</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 <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>This is an outpatient clinic and there will be flexibility of appointments to enable those who attend places of worship at different times to access the drop in when it is most useful to them.</p>	



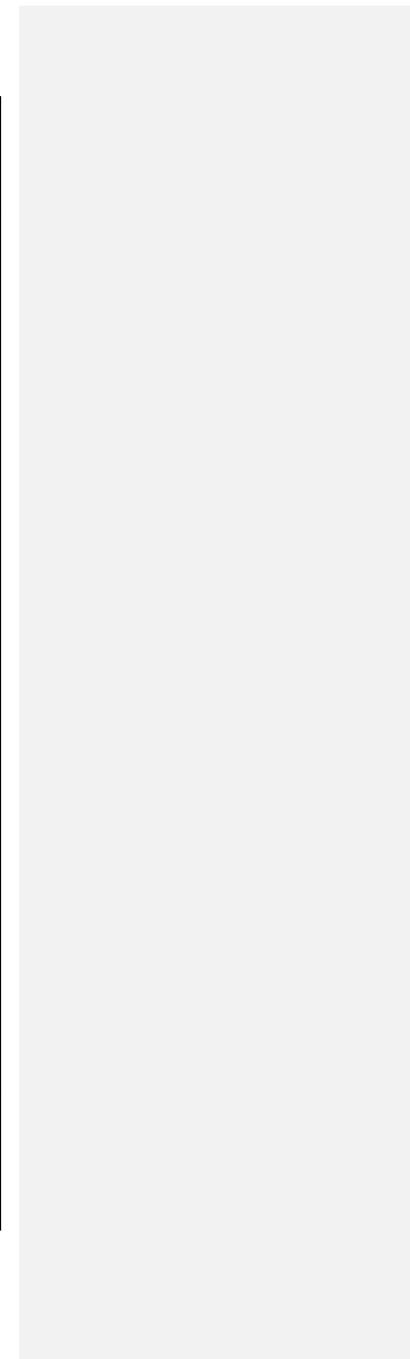
	4) Not applicable <input checked="" type="checkbox"/>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic 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 <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>There should a positive impact from women. Staff are trained in routine sensitive enquiry and this include undertaking questioning around gender based violence. There will be no waiting area as patients will be taken straight through to their appointment rooms and every effort is being made to develop a safe environment for all sexes.</p>	

(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 <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>There will be no assumption of sexual orientation and patients will have the opportunity to discuss this in private with the mental health nurse who facilitates their appointment.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required



(i)	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on the 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 in strategic planning. You should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.</p>	<p>Although there may be more travel involved for some of those attending due to their diagnosis they will be entitled to apply for free bus travel (and for their carer if required). The mapping exercise on travel provided us with evidence that the length of time to travel was more or less equal for some of the areas with less travel for two of the areas covered. The use of attend anywhere may be a barrier for some who do not have access to a computer or smartphone however having both this and a physical drop in should make the service open to all. The venue itself is accessible for those who with mobility problems and signage and access to toilets will be clear.</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</p>	<p>This service is not a replacement for other CMHT's and those who require more intensive support (such as listed here) will still be able to access this.</p>	

	and travellers?		
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 <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>	No, this pilot is an increased investment.	
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required



9.	What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.	All staff who will be working within the Hub have undertaken both statutory and mandatory training ins equality, diversity and human rights. This will be monitored by the Nurse Team Leader.	
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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.

Some of those attending may be receiving care under the Mental Health (Care and Treatment) Act(Scotland) (2015). Staff will comply with all aspects of this Act and ensure patients are aware of their rights under this Act.

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* .

There has been extensive consultation with those with Bipolar Disorder in the planning of this service. Our partners, Bipolar Scotland, are an active part of our Stakeholders group and were involved in the World Café event with a wider service users group. We will be looking at ways to evaluate the service which fully include the opinions of those who will be using the service.

*

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.

As a pilot service we hope to engage patients in ways that are both accessible and meaningful to them. The use of online consultations, opening before 9am and offering both scheduled and unscheduled appointments is a new approach for Mental Health and it is hoped this will offer a different way of engaging with those with mental health problems.

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)
We will continue to work with our stakeholders in relation to the review of the service after the completion of the pilot and consider the possibility of discussion with our older adult services.	April 2021	HMN

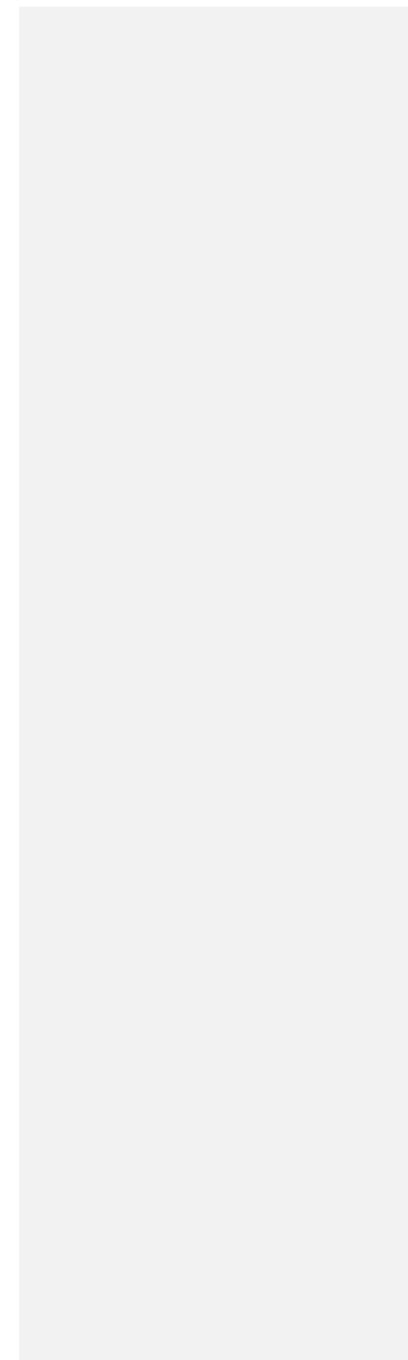
Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

01/11/2020

Comment [H1]: I have put this as 6 months after the services due to start.

Lead Reviewer: Name Heather McKenzie Nesbitt
EQIA Sign Off: Job Title Nurse Team Leader
Date 13/03/2020

Quality Assurance Sign Off: Name Alastair Low
Job Title Planning and Development Manager
Date 13/3/20



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:

Bipolar Hub South Glasgow (Pilot)

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

References

Comment [H2]: References added

Dhejne, C., Van Vlerken, R., Heylens, G., Arcelus, J., (2016) Mental health and gender dysphoria: A review of the literature. *International Review of Psychiatry*. Vol 28(1), pp. 44-57.

Government Equalities Office (2015) Providing Services for Transgender customers.

Wanta, JW., Nifortos, JD., Durback, E., Viguera, A., Murat, A. (2019) Mental Health Diagnosis among transgender patients in a clinical setting: All all-payer electronic health record study. *Transgender Health*. Vol 4(1), pp 313-315.