

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 for further details or call 0141 2014560.

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

 NHSGGC HSCPs Community Bed Rails Policy

 Is this a:
 Current Service

 Service Development
 Service Redesign

 New Service
 New Policy X

 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.

This is the Community HSCPs policy on the use of bed safety rails, grab sticks and lateral turners. There is an acute version of this policy, specifically written with inpatient sites in mind. This includes inpatient beds within mental health, ADRS and Learning disability services. The policy has been written to ensure that all staff that work with patients who use the equipment understand how this equipment is assessed for, prescribed, fitted, reviewed and risk assessed. Even where the staff member is not directly involved in the assessment, prescription or review of the equipment.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report. The primary aim of this EQIA is to ensure the policy underpins the safe and equitable provision of bed rails and other related equipment in a way that does not exclude potential users on the grounds of any protected characteristic they may have.

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: Samantha Flower | Date of Lead Reviewer Training: 15 08 2024 | |
|-----------------------|--|--|
| | | |

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):

Thomas Gahagan - Equipu Manager Laura Halcrow - Falls Lead Kirsty Nicholson - Local Authority Equipment and Adaptations Lead

Diana McCrone - Staff side representative

| | | 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. | A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use. | Services collect information on all protected characteristics as part of assessment process. | If review information is held on ELMs this will require additions to the data collection fields |
| | | Example | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| 2. | Please provide details of how data captured has been/will be used to inform policy content or service design. Your evidence should show which of the 3 parts of the General Duty | 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 | Data will be reviewed at regular intervals to ensure that the population equipment is provided to is representative of our local communities | We may identify under represented communities and need to raise awareness of our services. |

| | have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity 3) Foster good relation between protected characteristics. 4) Not applicable | 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) | | |
|----|---|--|--|--|
| | | Example | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| 3. | How have you applied learning from research evidence about the experience of equality groups to the service or Policy? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). | Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Researc h suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying | Medicines and Healthcare Products Agency (MHRA) Safety Alert August 2023 covers the whole population. National Equipment Provision Guidance is applicable to all groups. The alert pays specific attention to children and adults under BMI of 17 and less than 1.46m in height. | |

| | Remove discrimination, harassment and victimisation Promote equality of opportunity Foster good relations between protected characteristics Not applicable | 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). | | |
|----|--|---|---|--|
| | | Example | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| 4. | Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand | 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 | There are a range of case studies on the MHRA alert and guidance. The patient information leaflet has been shared with a number of service user and carer groups to request feedback. Case Study 1 A bed rail intended for use on a domestic divan bed was used on a hospital type | |

| what matters to people | visit and telephone | bed. This produced a large | |
|---------------------------|-------------------------|----------------------------|--|
| and can offer support. | service which | | |
| and can oner support. | | gap between the bottom of | |
| | significantly increased | the bed rail and the bed | |
| Your evidence should | uptake. | when the mattress was | |
| show which of the 3 | | compressed. | |
| parts of the General Duty | (Due regard to | | |
| have been considered | promoting equality of | A child slipped feet first | |
| (tick relevant boxes). | opportunity) | between the bed rail and | |
| | | the bed. The gap was not | |
| 1) Remove | * The Child Poverty | large enough for the child | |
| discrimination, | (Scotland) Act 2017 | to pass completely | |
| harassment and | requires | through and the child was | |
| victimisation | organisations to take | trapped at chest level and | |
| | actions to reduce | died from postural | |
| 2) Promote equality of | poverty for children in | asphyxiation. | |
| opportunity | households at risk of | | |
| | low incomes. | | |
| 3) Foster good relations | | Case Study 2 Bed rails | |
| between protected | | in poor condition from | |
| characteristics | | lack of maintenance | |
| | | | |
| 4) Not applicable | | | |
| | | A care home had fitted | |
| | | third-party bed rails to a | |
| | | resident's divan bed. One | |
| | | of the bed rails moved | |
| | | away from the side of the | |
| | | bed, creating a gap in | |
| | | which the resident became | |
| | | trapped and died as a | |
| | | result. | |
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| | Example | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
|---|---|---|--|
| 5. Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity 3) Foster good relations between protected characteristics. 4) Not applicable | 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). | Yes. All equipment is fitted by trained installers from equipment services. The Bed safety rails would only be used by the persons carer and the carer is educated on how to safely use bed safety rails. Before provision individuals are assessed for their physical and mental ability to use a grab stick safely. If the assessment concludes the person cannot use safely the grab stick will not be provided. Grab sticks are specifically designed to increase independent transfer on and off a bed. | |

| | | Example | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
|----|--|---|---|--|
| 6. | How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff? | Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This | All information leaflets will be translated into the most commonly used languages. They will be available in brail and if required BSL and interpreters will be provided to share relevant | |
| | Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). | was accompanied by a BSL signer to explain service changes to Deaf service users. | information. The information will also be available on websites and accessible via a QR code. The patient information leaflet will be assessed for | |
| | 1) Remove discrimination, harassment and victimisation | Written materials were offered in other languages and formats. | readability to ensure compliance with Clear to All Standards. The leaflet will be reviewed annually and updates as equipment | |
| | 2) Promote equality of opportunity | <i>(Due regard to remove discrimination, harassment and victimisation and</i> | changes are made or MHRA advise changes to the provision of the equipment covered by this alert. | |

| | 3) Foster good relations between protected characteristics 4) Not applicable The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this. | | |
|---------|--|--|--|
| 7 | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| (a) | Age Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design). | This policy impacts on people of all ages and specifically mentions children and people of small stature. Equipment which meets these individuals needs is provided. This is assessed for by following using a clear standard clear British | • |

| If this decision is likely to impact on children and | Standards for bed rails |
|--|------------------------------|
| young people (below the age of 18) you will need | and a risk assessment for |
| to evidence how you have considered the | both adults and children |
| General Principles of the United Nations | /people of small stature", |
| Convention on the Rights of the Child. Please | |
| include this in Section 10 of the form. | This equipment is |
| | designed to increase a |
| Your evidence should show which of the 3 parts | persons safety. This |
| of the General Duty have been considered (tick | equipment is only |
| relevant boxes). | prescribed where there is |
| , , | a risk the person could fall |
| 1) Remove discrimination, harassment and | out of bed if it wasn't in |
| victimisation | place. Grab sticks are |
| | designed to increase |
| 2) Promote equality of opportunity | independent transfers on |
| | and off a bed. |
| 3) Foster good relations between protected | |
| characteristics. | |
| | |
| 4) Not applicable | |
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| (c) | Gender Reassignment Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment? | NA | |
|---------|---|---|--|
| (c | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| | 4) Not applicable | relevant service for a care package assessment. | |
| | 3) Foster good relations between protected characteristics. | support the patient would be unsafe, the patient will be referred onto the | |
| | 2) Promote equality of opportunity | identified that use of equipment by the carer to | |
| | 1) Remove discrimination, harassment and victimisation | taken into consideration as part of the assessment process. Where it is | |
| | Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). | be a relative or the patients representative) has visible or hidden disabilities these will be | |
|) | Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability? | carers are regularly trained in the use of this equipment. Where an informal carer (who may | |
| (b | Disability | Formal and informal | |

| | Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity 3) Foster good relations between protected characteristics 4) Not applicable | | |
|---------|--|------------------------------|--|
| | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| (d) | Marriage and Civil Partnership Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). | NA | |

| | 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity 3) Foster good relations between protected characteristics 4) Not applicable | | |
|---------|---|----|--|
| (e) | Pregnancy and Maternity Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity 3) Foster good relations between protected characteristics. | NA | |

| | 4) Not applicable | | |
|---------|--|--|--|
| | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| (f) | Race Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity 3) Foster good relations between protected characteristics 4) Not applicable | Language barriers have been addressed above. Bed rails can be moved to allow people to get out of bed to carry out any activity important to the individual. | |
| (g) | Religion and Belief Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief? | No, the equipment will not prevent individuals from observing religious practices. | |

| Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity 3) Foster good relations between protected characteristics. 4) Not applicable | | |
|---|---|---|
| Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| (h Sex Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity 3) Foster good relations between protected elagrants of the generation | Bed safety rails could be compromised to act as a restraint. As such there is a potential risk of domestic abuse. | The risk assessment will make specific reference to this risk. This may result in the decision not to provide the equipment. This will also be specifically referenced within the training developed for all staff who come into contact directly or indirectly. |
| characteristics. | | |

| | 4) Not applicable | | |
|-----|--|------------------------------|--|
| (i) | Sexual Orientation | NA | |
| | Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation? | | |
| | Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). | | |
| | 1) Remove discrimination, harassment and victimisation | | |
| | 2) Promote equality of opportunity | | |
| | 3) Foster good relations between protected characteristics. | | |
| | 4) Not applicable | | |
| | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |

| (j) | Socio – Economic Status & Social Class Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned? In addition to the above, if this constitutes a 'strategic decision' you should evidence 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</u> decisions and complete a separate assessment. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) | There may be situations where the existing bed frame does not safely allow the provision of equipment. As such a patient may be advised to purchase a suitable bed. This could impact unfairly on someone who is financially unable to do this. | Suitable beds can be accessed utilising the Welfare Fund to release funding to provide a suitable bed. |
|---------|--|--|---|
| (k) | Other marginalised groups How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers? | Socio economic issues may impact on a number of groups as described. There may be particular issues where someone is roofless as they may not have a bed. Homeless people may be in temporary/hostel accommodation and may not have a bed that is suitable for the equipment. | Welfare fund would apply here |
| 8. | Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not | NA | |

| | disproportionately impact on protected characteristic groups? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity 3) Foster good relations between protected characteristics. 4) Not applicable | | |
|----|--|--|--|
| | | 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 | This information is recorded and reported on | Bed Safety Rails could be used as a restraint. Assessment and |
| | opportunity and foster good relations between | via Learn Pro for | education of individual and carer |
| | protected characteristic groups? As a minimum | healthcare staff. HSCP | will aim to minimise this. |
| | include recorded completion rates of statutory | should have a method of | Equipment is also reviewed |
| | and mandatory learning programmes (or local | recording statutory and | regularly in line with MHRA |
| | equivalent) covering equality, diversity and human rights. | mandatory training. Staff will receive | advice. |
| | numan nyms. | mandatory training in safe | |
| | | use of bed safety rails and | |
| | | bed grab sticks. This will | |
| | | improve human rights | |

| | increasing safety and | |
|--|-----------------------|--|
| | independence | |

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.

All patients or designated carer/named individual with POA will be asked to provide consent to the assessment and prescription of equipment. This is documented as part of the assessment process.

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*.

This policy supports people's right to independent living.

• 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 16th July 2024. All public bodies may choose to evidence consideration of the possible impact of decisions on the rights of children (up to the age of 18). Evidence should be included below in relation to the General Principles of the Act. The full list of articles to be considered is available <u>here</u> 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.

No discrimination - Completion of the EQIA process has allowed for full consideration of the protected characteristics and how to ensure that we are compliant with these.

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

Yes this equipment would be provided in the best interests of the child. The assessment process that underpins all assessments for treatment, equipment or adaptations will take into account the child's physical, emotional and psychological wellbeing as well as the child's and parent's wishes. Any equipment prescribed will be regularly reviewed to ensure it still meets the needs of the child.

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.

The reason equipment is provided is to maximise a child's health and wellbeing. Equipment provided to children is regularly reviewed to ensure that it meets developmental needs, as it is recognised these will change over time as the child grows and their condition may change as well – this could be that the child's health needs either increase or decrease dependent on the trajectory of their condition.

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.

As part of the assessment process the views of the child are sought and their opinion is respected wherever possible, as long as it is in the best interest of the child's health and wellbeing.

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)

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| | | 1 |
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Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)

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

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

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

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.

| 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?(initial s) |
|---|---------------------|--------------------------------------|
| No actions identified | | |

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

Signature

Date

| 22.05.2025 | | |
|---|-------------------|---|
| Lead Reviewer: | Name Sam | antha Flower |
| EQIA Sign Off: | | cupational Therapy Professional Lead for Partnerships |
| | Signature | Stiszar. |
| | Date 21 11 | |
| Quality Assurance Sign Off: (NHSGGC Assessments) | Name Job Title | Alastair Low Planning Manager |

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.

A Low

21/11/24



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 Co | 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 con | npleted 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

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

27

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