



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:

NHSGGC AHP Long Covid Service

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).

<p><i>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.</i></p> <p>This service aims to provide brief treatment interventions of up to twelve weeks or Supported Self-Management for people who have been diagnosed with Long COVID, living within the geography of NHSGGC. The interventions will be provided by advanced practitioners with either a background in occupational therapy or physiotherapy. The team will be led by an AHP Team Lead and supported by one band 4 Health Care Support Worker and two admin staff. Using a combination of delivery modes including virtual delivery or face to face community delivery (either at the patient's home or a location of their choosing) This is a GGC wide service with a number of satellite bases and clinic sessions. Staff have a hybrid working pattern and work agilely across the health board area.</p> <p><i>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.)</i></p> <p>This service is open to adults aged 16 and over living within NHSGGC, young adults under 16 will be considered after MDT discussion. Anyone can become unwell with COVID and go on to develop symptoms of long COVID. This includes people with a legally recognised disability or people within protected groups such as BAME or LGBTQIA+. As such this EQIA is in place to ensure we have considered mitigation to any barriers an individual from one of these groups may experience.</p>

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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: Completed August 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):**

Claire Roux, AHP Team Lead Lilian Bruce, Physiotherapy Advanced Practitioner

	<i>Example</i>	Service Evidence Provided	Possible negative impact Additional Mitigating Actions Required
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1.	<p>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.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>The service records sex and age, and we would comment on whether we think a patient would be classified as having a disability under the equality act, but we do not collect data on gender reassignment, pregnancy, or religion,</p> <p>Ethnicity and Gender are asked on the C19 APP, but patients do not always complete this data</p>	
		<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact Additional Mitigating Action Required</p>
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <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>	<p>We receive referrals from GPs and secondary care services and have found to date that our patient demographic reflects national trends with the majority of our patients being working aged women.</p> <p>Our service is open to people aged 16 and over, where a GP has diagnosed long Covid.</p> <p>Information on our service and tools to manage long COVID are available on the NHS GGC front facing website.</p>	<p>We have not specifically reviewed our patient demographics and will endeavour to undertake this as part of our service evaluation.</p>

	<p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>			
	<i>Example</i>	Service Evidence Provided	Possible negative impact 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 checked="" 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><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>	<p>Research relating to the experiences of protected characteristic groups will be considered alongside uptake demographic to guide analysis of use. Legal cases in Scotland have seen people with a diagnosis of long COVID being identified as having a disability. This may impact on referrals going forward.</p>	

	<i>Example</i>	Service Evidence Provided	Possible negative impact Additional Mitigating Actions Required
<p>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?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>We worked with PEPI to run focus groups aimed at the general population and people were invited to complete a survey. This information was used to develop clinical materials. The survey and focus groups helped us to prioritise which symptoms caused the most concern to allow us to pull available evidence based materials as well as developing our own resources which reflected the Long COVID SIGN Guidance</p>	<p>I will ask PEPI if they gathered this data for our focus groups</p>

	<i>Example</i>	Service Evidence Provided	Possible negative impact Additional Mitigating Action Required
<p>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?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected Characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>This service is physically accessible to everyone. We offer a range of appointments, face to face in the person's own home or a venue of their choice such as GP Practice. We also offer Near Me and telephone appointments. Where English is not a person's first language or they require someone who can use BSL this will be organised prior to the session.(Due regard to remove discrimination, harassment and victimisation)</p>	
	<i>Example</i>	Service Evidence Provided	Possible negative impact Additional Mitigating Action Required
<p>6. How will the service change or policy development ensure it does not discriminate in the way it</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's</i></p>	<p>We worked with the Equalities team to develop a letter and service information that meets Clear to All standards. All information can be translated and we can organise BSL and interpreters as required.</p>	

<p>communicates <input type="checkbox"/> 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 type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>	<p><i>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>	
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7	Protected Characteristic	Service Evidence Provided	Possible negative impact Additional Mitigating Actions 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 checked="" 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>This service is open to young people from age 16 and adults with no upper age limit. We were unable to recruit a paediatric OT so now provide treatment for young adults from 14yoa to 16 will be considered following MDT discussion. There have been very small numbers of young adults referred. We have had no indication that children with long COVID are being excluded from the service.</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>As clinicians will discuss with the service user the best place to be seen and how they would like to participate in therapy, as well as if they have any additional support needs such as interpreting or BSL. We do not foresee disability being a barrier to treatment. Supported Self-Management materials can be translated into different languages as required. Educational</p>	<p>People with literacy issues will not be able to access written info. ? Develop an Easy Read SSM tool ? audio book to replace SSM Tool. This will be picked up</p>

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>group presentations are recorded and links can be emailed patients to watch.</p> <p>Recordings are transcribed, with text displaying throughout the recording, and therefore available to service users who may have a hearing disability.</p>	<p>as part of a national review workbook. CR is leading this of work.</p>
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact Additional Mitigating Actions Required</p>
<p>(c)</p>	<p>Gender Identity</p> <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 checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p>	<p>As clients will be seen in a manner that suits their needs and wants. We do not anticipate any barriers to service as a result of gender identity. Staff undertake the LGBTQI+ Learn Pro GGC 320 LGBTQ+</p>	

	4) Not applicable <input type="checkbox"/>		
	Protected Characteristic	Service Evidence Provided	Possible negative impacts Additional Mitigating Actions Required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <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 checked="" type="checkbox"/></p>	Not Applicable	
(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>	There are no interventions we offer which would be contraindicated in pregnancy. We tend to take this on a case by case basis - asking if this is the right time for intervention and offering to delay until after birth (most do not feel they can engage in the service while pregnant and defer).	

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact Additional Mitigating Action Required</p>
<p>(f)</p>	<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>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>This service is open to all of the NHSGGC population regardless of race, however evidence suggests that BME population are less likely to present for treatment. Educational group presentations are recorded and links can be emailed patients to watch. Signpost patients to C19YRS which has translations in several languages for the most common Long COVID symptoms. The website can be highlighted and "read aloud" on compatible devices. Interpreters can be accessed as required and all our patient information can be translated.</p>	<p>BME population are less likely to access services. Work with comms and PEPI to target BME community specifically.</p>

<p>(g)</p>	<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>4) Not applicable <input type="checkbox"/></p>	<p>This service is open to all the population of NHSGGC regardless of faith.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact Additional Mitigating Action Required</p>
<p>(h)</p>	<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>Service is open to all of NHSGGC regardless of sex. However referral data and population data indicate that women are more likely to present with long COVID.</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>		
(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 type="checkbox"/></p>	<p>The service is open to all of NHSGGC population regardless of sexual orientation</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact Additional Mitigating Action Required</p>

<p>(j)</p>	<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>The service engages with the person in the way they would like. Se <u>F</u>face to face, over the phone or via Near Me.</p> <p>We do offer online groups and materials. Potential for digital exclusion. To manage this the service prints and sends power point presentations via post and Then we speak through the content / managed on a 1:1 basis. Sign post to in person peer support groups. Offer support drop ins to help download teams and practice attending the group sessions / liaised with family and carers to assist. Questionnaires posted rather than sending a link to the app.</p>	
<p>(k)</p>	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>		
<p>8.</p>	<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>Due to financial constraints we have been unable to recruit to all posts in the initial paper developed for SGovt approval.</p> <p>We have utilised nurse bank to employ sessional HCSW and admin bank to manage admin burden to help manage patient flow in the clinical service. We operate a managed waiting list and have established a Waiting Well Programme – open to everyone who has their referral accepted. We <u>E</u> also direct all patients to work through the National Self Help Workbook. This is a Supported Self-Management service so these mitigations meet with our service ethos.</p>	

	<p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
		Service Evidence Provided	Possible negative impact Additional Mitigating Actions Required
9.	<p>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p>	<p>All staff complete the necessary mandatory and statutory Learn Pros. This is monitored to ensure compliance with reports generated centrally by HR. In addition to this all staff are regulated by HCPC which has clear standards in relation to equality, diversity and human rights. In addition to this staff have professional body standards that they should comply with.</p>	

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.

The main risk is around digital exclusion. Mitigate via provision of face to face etc.

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* .

We have not specifically considered human rights as part of service development but our service is open to anyone referred with a diagnosis of long COVID. We work collaboratively with each person to identify personal goals and tailor all treatments to the individual.

*

- **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) X

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.

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)
GGC leading on the national review of the workbook which is currently only available in digital or hard copy format. As part of this focus groups with patients and staff from across Scotland are arranged for February		

Allocate time to specifically review our patient demographic data. If this shows that our demographic data does not reflect the population, we will work with PEPI and comms to rectify this. This will commence in April 2025	June 2025	Emmet
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Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

Lead Reviewer: EQIA Sign Off:	Name Job Title Signature Date	Samantha Flower Occupational Therapy Lead, Partnerships S Flower 11/03/2025
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Quality Assurance Sign Off:	Name Job Title Signature Date	Alastair Low Planning Manager A Low 11/03/2025
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**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET**

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

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

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

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

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

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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