

NHS Greater Glasgow & 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 ggc.equality.team@nhs.scot for further details or call 0141 201 4874.

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

Please tick the relevant box:-

- Current Service
- Service Development
- Service Redesign
- New Service
- New Policy
- Policy Review

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Description of the service & rationale for selection for EQIA. (Please state if this is part of a service-wide consideration 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 Long-Term Conditions Service (LTCS) has developed out of the NHSGGC AHP Long Covid Service, established in April 2023 and funded by Scottish Government national Long Covid fund until March 2026. The new service will be open to people living with at least one long term condition who would benefit from supported self-management interventions. The new service has Scottish Government three-year recurring funding.

This service aims to provide brief treatment interventions using a supported self-management model of up to ten sessions over twelve weeks for people who have been diagnosed with long-term conditions where the condition is unlikely to be fully resolved with medical interventions, and where the person has been assessed as having the motivation to carry out self-management techniques.

This service is open to adults 18 years of age and over, living within the geography of NHSGGC. The interventions will be provided by a team of staff including advanced practitioners with either a background in occupational therapy or physiotherapy, specialist occupational therapists and Health Care Support Workers. The team will be led by an AHP Team Lead and supported by three administration staff.

The service will be delivered in a range of ways designed to meet individual needs, using a combination of delivery modes including virtual via Near Me or MS Teams appointments, face to face, either in the patient's home or a community location of their choice. Clinic appointments will also be available at outpatient clinics and within local health centres. Group interventions are also available where indicated.

The LTCS uses a three-tiered approach:

- Tier 1 – Directing people to resources they can utilise independently
- Tier 2 – Full in-depth assessment, leading to a variety of person centred interventions; these will include 1:1 support to develop self-management skills, educational group interventions and specific workshops that will provide a very specific focus on symptoms associated with LTC, as well as focusing on the impact on everyday occupations and how to overcome these while living with ongoing symptomatology.
- Tier 3 – Hand off to Centre for Integrated Care (C.I.C) for complex cases, where interventions provided by medical and psychology staff are indicated or where the complexity of the symptoms means that the person is likely to require a longer-term intervention.

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.

This service is open to all the adult population living within NHSGGC. Anyone can become unwell with a long-term condition and go on to develop a wide variety of symptoms associated with long-term conditions. 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 these groups may experience.

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: August 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)

Ann Lees – Senior Planning Officer, Corporate Planning

Kirsty Hamilton – Long Term Conditions Service, AHP Team Lead

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 below any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.

Example: A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.

Service Evidence Provided: We will be working with ehealth colleagues to agree our data collections requirements to allow us to build a dashboard that allows for easy extraction of data regarding patient demographics. This would include requesting information on all protected characteristics.

Possible negative impact and additional mitigating action required: Completion of personal data is voluntary. They may choose not to share information.

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 have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Example

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)

Service Evidence Provided: We will use data to monitor referrals to establish if people with protected characteristics using the LTCS reflect the overall population of GGC. As a team we are aware of missingness and that some population groups may be harder to engage.

Possible negative impact and additional mitigating action required: If data identifies an issue related to missingness, we will work with our referrers and the engagement team to agree how to effectively target these groups.

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. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Example

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).

Service Evidence Provided: Staff have completed relevant learn Pros. We are clear on our duty to ensure that our service is accessible to all our population.

We are aware of evidence from the NHSGGC Health and Wellbeing Survey:

- 31% of the NHSGGC population responded as having a LTC, 19.5% had only one of the three types; disability, illness and a mental or emotional health problem, 8.2% had two and 3.3% had all three LTC types.
- Females were more likely to have a long term condition than males; 32% compared with 29%, particularly in those aged 45-64 years.
- Long term conditions were more prevalent in people who live in deprived areas; 37% compared with 29% in 'other areas', especially for mental and emotional health problems and for those aged below 65 years.
- Overall, long term conditions prevalence increases with age, although mental and emotional issues are more prevalent in middle ages.

- Multimorbidity (people reporting two or more long term conditions) was higher in females (27%) compared to males (21%) for those under the age of 65.

<https://www.nhsggc.scot/your-health/public-health/adult-health-and-wellbeing-survey/>

Possible negative impact and additional mitigating action required: The long term conditions service will be person centred and will offer engagement in the ways that suit individuals. For example, although online group sessions are provided, alternatives will be available for individuals who would find it difficult to engage in this way for any reason (including digital access, language barriers or disability).

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 what matters to people and can offer support.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Example

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. (Due regard to promoting equality of opportunity)

* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.

Service Evidence Provided: We have actively engaged with four large charities who support people with long term conditions, to obtain feedback and to offer involvement in co-production of patient resources.

We have carried out a survey, led by the NHSGGC PEPI team, about the name of the new service, to ensure that the service name will be understood and best represent what is included in the LTCS. The name of the service is now “My Health-Living Well with Long Term Conditions Service.

Possible negative impact and Additional Mitigating Action Required: To date all our group interventions have been online. Group rules include the requirement to be respectful to all present. Where people cannot attend the online group, due to work, personal reasons or preference we can provide recording to view at their leisure, offer 1:1 online, via telephone or face to face to discuss group content. All our patients receive a robust assessment and collaboratively agree individual goals that are meaningful to them. All our resources can be provided in a person's preferred format and we have arranged interpreters for people who require this.

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. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Example

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).

Service Evidence Provided:- Our service can be accessed in several ways. We can see people via Near Me, over the phone or face to face, either in their own home, a clinic or GP practice or wherever the person prefers to meet. Our digital resources sitting on the My Health pages have equalities software sitting behind pages to ensure people can make necessary change to easily view information. All content for web pages complies with plain English requirements. Interpreters will be sought if required. This includes people who require BSL support.

Possible negative impact and additional mitigating action required: Mitigation is explained in the service description above.

6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 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.

Example

Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to deaf service users. Written materials were offered in other languages and formats. (Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).

Service Evidence Provided: All our materials will meet plain English requirements. We have pre-recorded resources that we use with patients as well. These will be filmed by Medical Illustrations after we have evaluated the quality and effectiveness of them by seeking feedback from people with lived experience. MI are aware of need to comply with Plain English requirements, so will help to provide additional expertise around the script for the films.

Possible negative impact and additional mitigating action required: Mitigation is explained in the description of resources above.

7. Protected Characteristic

(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).

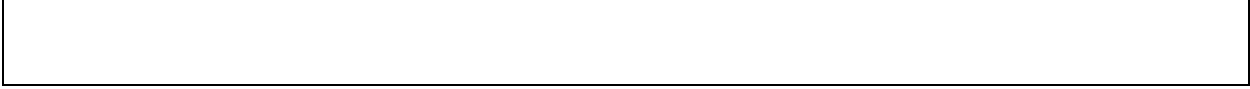
If this decision is likely to impact on children and young people (below the age of 18) you will need to evidence how you have considered the General Principles of the United Nations Convention on the Rights of the Child. Please include this in Section 10 of the form.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided: This service is for adults age 18 and over. We have consulted on people's views in the NHSGGC Long Term Conditions Oversight Group. We have decided to make the age cut off 18, as this service uses a Supported Self-Management approach. People need to be cognitively able to take responsibility for their own health care and apply tools and techniques to see any improvement in their lifestyle and quality of life. The oversight group felt that in general younger people may find this approach more challenging and less helpful. We are also aware that we have a large Specialist Children's Service and patients requiring support to manage long term conditions would be engaged with SCS services already.

Possible negative impact and additional mitigating action required: Not required



(b) Disability

Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided: Our service has a digital first approach, but we can see people face to face if this is their preference. We will also support people to learn how to use tablets/laptops and smart phones to engage with the service, or direct them to local libraries where they can access IT support and computers on site if required. For people who have a disability being able to access advanced practitioners without having to physically attend an appointment might reduce barriers to the service. This was noted during covid, when compliance with treatment increased for people using alcohol and drug services, as they found being able to engage with a clinician over Near me or teams was much easier than getting to agreed clinic appointments.

Possible negative impact and additional mitigating action required: Mitigation is explained in the person centred approach above.

(c) Gender Reassignment

Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided: Our service is open to all people who meet the clinical inclusion criteria. As this is a digital first service this may be easier for people who are transitioning to their preferred gender. Anyone who prefers face to face appointments will be offered these.

Possible negative impact and additional mitigating action required: Not 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. Please tick the relevant box:-

- 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:

(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. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided: As our approach focuses on a person learning techniques to manage symptoms, patients need to feel ready to commit to this approach. This would be discussed with people who are pregnant, if it was established that the time may NOT be right for them to work with us, they will be advised they can get in touch with us once they are ready. This service uses a Patient Initiated Return approach. However, there is no physical reason why a pregnant person could not engage with the team and participate in clinical interventions.

Possible negative impact and additional mitigating action required: Not 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. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided: NHSGGC provides a range of resources to identify and remove communication barriers to services. Where language barriers exist, the service will utilise the skills of our inhouse interpreting service and contracted translation service. Auto translation software exists now that allow people to translate information sent electronically.

Possible negative impact and additional mitigating action required: We do recognise that people from BAME backgrounds may not be as well represented. As such the new service will be collecting data on all protected characteristics. This data will be monitored and if it is identified that the referred population does not reflect the actual population of GGC, we will work with PEPI and BAME third sector organisations to address this issue.

(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?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided: This service is open to people from all religions regardless of their beliefs. We will attempt to gather this information, but we will not use it for any other purpose than to understand our population.

Possible negative impact and additional mitigating action required: Not 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. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

Recent public health reports identify that more woman than men present with long term conditions. We recognise that LTC impact on all areas of life inc employment, parenting and caring duties- as well as completion of household tasks. The assessment used by the team covers all these areas. However, we also recognise that LTC impact on a significant number of men. Our treatment approach is strengths based and person centred. Ensuring that whatever a person identifies as, they will receive a evidence based, holistic person-centred approach

Possible negative impact and additional mitigating action required:

(i) Sexual Orientation

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. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided: Our service is open to all of the GGC population living with at least one long term condition that meets our inclusion criteria.

Possible negative impact and additional mitigating action required: Not 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 below 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 strategic decisions and complete a separate assessment. Additional information available from the [Fairer Scotland Duty: guidance for public bodies - gov.scot](#)

Service Evidence Provided: Ours is a digital first service, however the consequences of this have been considered and alternatives are in place to support those who may find this approach difficult. These alternatives are already in place as part of the Long Covid service.

Possible negative impact and additional mitigating action required: We recognise that people living in areas of higher deprivation may not have access to technology required to access our service and download tools from websites. We plan to offer iPads to people who do not have their own devices, with library access to internet if required. Alternatively, we can print off all resources and give these to people. We also recognise that our online groups and Near Me appointments might be welcome, where people are able to use the digital approach, as these avoid the need to pay travel expenses.

(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?

Service Evidence Provided: Our service is open to the whole population of GGC living with at least one long term condition that is impacting on ability to carry out everyday tasks/impacting quality of life. In reality we have AHPs working with most of these populations and we will be raising staff and general public awareness of our service after the election.

Possible negative impact and additional mitigating action required: Mitigations are in place as explained above.

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 disproportionately impact on protected characteristic groups?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided: This service has been made possible by additional investment from the SGovt, who are committed to improving services for people living with long term conditions that impact on ability to carry our everyday tasks and impact on quality of life.

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 below recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.

Service Evidence Provided: All staff complete mandatory Learn Pros covering equality, diversity and human rights.

Possible negative impact and additional mitigating action required:

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 below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

No risks identified.

Please explain 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* (see below).



*FAIR is an acronym for the following -

- **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.

The service invites all patients to complete a survey regarding their experience of the service. This survey will include questions regarding protected characteristics and if anything done by the service could be improved in this regard.

[11.](#) 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. Go to the [full list of articles](#) to be considered for further 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. See above with reference to exclusion of children from this service.

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.

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.

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.

Having completed the EQIA template, please tick the relevant box that you, the 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: 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)

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 space 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 sections completed above, please summarise the actions this service will be taking forward or tick the box next to 'No Actions Identified'

No actions identified

Date for completion

Who is responsible? (initials)

Ongoing 6 Monthly Review: please write your 6 monthly EQIA review date: 08 09 2026

Lead Reviewer:

Name Samantha Flower

Job Title Long Term Conditions Service Manager/Occupational Therapy Professional Lead for Partnerships

Signature

Date 24 03 26

EQIA Sign Off:

Name

Job Title

Signature

Date

Quality Assurance Sign Off:

Name Alastair Low

Job Title Manager, Equality and Human Rights team

Signature A Low

Date 18/05/2026

Where unmitigated risk has been identified in this assessment, responsibility for appropriate follow-up actions sits with the Lead Reviewer and the associated delivery partner.

NHS Greater Glasgow & 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

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed

Date

Initials

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

Action:

Reason:

To be completed by

Date

Initials

Action:

Reason:

To be completed by

Date

Initials

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

Action:

Reason:

To be completed by

Date

Initials

Action:

Reason:

To be completed by

Date

Initials

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@nhs.scot