

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. 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:

Service Review – Public Dental 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).

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.

There are a number of issues identified by the Public Dental Service (PDS) which provides clinical services from 25 locations throughout NHS Greater Glasgow & Clyde. NHS Scotland as a whole is experiencing a recruitment and retention crisis fuelled in a Post-Covid environment this is due to clinical staff leaving the profession, early retirement and a transfer of staff to more lucrative private dental care positions.

Recent adverts which have been posted on multiple occasions for all staff grades have attracted little interest. It is worth noting that since the implementation of Determination 1 of the Scottish Dental Remuneration (SDR) Guide on 1st November, 2023 many dentists can gain higher rates of pay working within General Dental Practice than they can achieve working within the Public Dental Service.

In addition, 4 Dental Officers and 5 Dental Nurses are currently on maternity leave. This drop in available work force causes issues when arranging safe staffing measures.

Therefore, the PDS Review has been revisited and work has been undertaken to explore the challenges posed by the available estate, workforce in post, the clinical offer to patients and digital support. In particular, the PDS has reviewed the number of clinical locations available within NHS Greater Glasgow & Clyde (NHS GGC) and has established that the current staffing figures indicate that we do not have the capacity to cover all sites currently. It is necessary to identify the number and position of locations that we can operate from safely with reference to any anticipated changes in service demand. Using available staff members and advanced technologies we should support sustainability and value imperatives within the service.

It is estimated that the changes proposed below would commence April 2025 for a temporary period of 12 months. These changes would

support patient care and staff well-being.

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: Karen Gallacher / Catherine Shields

Date of Lead Reviewer Training: January 2025

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):

Sean Drain, Kate Wiseman, Deborah Gray, Debbie Pitts

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	The service gathers the information listed below: Name / Martial Status DOB (Age + CHI Number) Address Gender GDP Registration GP Practice Medical History	We do not anticipate any negative impact from data collected..

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and 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><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>Data captured as above, will be scrutinised to identify registration information related to clinics and referrals received e.g. paediatric, special care or priority and vulnerable (P&V). This would also be stratified by age.</p>	<p>We do not anticipate any negative impact from data collected..</p>
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research</i></p>	<p>We do not actively seek patient feedback, however we have the ability to reference large numbers of positive Care Opinion feedback which has been posted online regarding care. These posts are provided by patients or family members and carers.</p>	<p>We do not anticipate any negative impact from data collected.</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><i>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>		
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</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</i></p>	<p>We anticipate carrying out a patient experience survey with support from Patient Experience Public Involvement (PEPI) group to ensure we are collating valuable and relevant feedback on the service.</p> <p>The information gathered through the surveys would supplement the Care Opinion information received to ensure we have a versatile range of views.</p>	<p>We do not anticipate any negative impact from data collected.</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><i>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>		
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show</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</i></p>	<p>The existing service and the proposed service changes allow individuals with physical disabilities access all locations to receive care.</p> <p>In light of proposed service changes, some patients may have longer/shorter journeys to receive appropriate care as some locations will be temporarily unavailable.</p> <p>In particular, the PDS has reviewed the number of clinical</p>	<p>There is a possibility that some patients may have difficulty adjusting to a new location. We would anticipate compiling a list of visual aids such as transport links, building layout, information regarding other facilities which are offered within the location to support the transition.</p>

	<p>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><i>by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>locations available within NHS Greater Glasgow & Clyde (NHS GGC) and has established that the current staffing figures indicate that we do not have the capacity to cover all sites at this time. It is necessary to identify the number and position of locations that we can operate from safely with particular reference to any anticipated changes in service demand. Using available staff members and advances technologies we should support sustainability and value imperatives within the service</p>	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
6.	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p><i>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.</i></p> <p><i>Written materials were offered in other languages and formats. (Due regard to remove</i></p>	<p><u>Staff</u></p> <p>We ensure that staff communication complies with the staff accessibility policy.</p> <p><u>Service Users</u></p> <p>All positive feedback is dealt with in the following manner e.g. Care Opinion, response within 24 hours. Positive feedback shared with appropriate team members.</p> <p>Negative feedback is handled in-line with the complaints policy within NHS GG&C e.g. informal complaint, attempt to resolve at an early stage. Formal complaint, written response composed and delivered to complainant within twenty working days.</p>	<p>We do not anticipate any negative impact from the communication pathways used.</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>discrimination, harassment and victimisation and promote equality of opportunity).</i></p>		
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p>	<p>The existing service and the proposed service changes allow individuals who have physical issues related to age e.g. paediatric or elderly patients to receive care from all locations.</p> <p>In light of proposed service changes, some patients may have longer/shorter journeys to receive appropriate care as some locations will be temporarily unavailable.</p>	<p>There is a possibility that some patients may have difficulty adjusting to a new location. We would anticipate compiling a list of visual aids such as transport links, building layout, information regarding other facilities which are offered within the location to support the transition.</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>		
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input 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>All PDS sites are equipped appropriately and can be accessed by patients under the protected characteristic of disability. However, there is potential for the proposed changes to have a disproportionate impact on some patients who may be required to travel to an alternative location. Travel arrangements may be problematic therefore we will engage with patients in order that we have a better understanding of their needs and what locations may be available to them.</p> <p>If after discussion with patient or representative, it is identified that the patient cannot easily access the proposed centre, arrangements can be made directly with the patient to consider suitable alternative sites at the earliest opportunity.</p>	<p>We do not anticipate any negative impact from the proposed changes with engagement considerations.</p>

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</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>At no point within the service would Gender Reassignment have any impact on patient care. All patients' medical history is reviewed prior to care to ensure patient safety.</p>	<p>We do not anticipate any negative impact from proposed changes.</p>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and

			Additional Mitigating Action 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 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 service will see patients regardless of marital status, who are registered or unregistered.</p>	<p>We do not anticipate any negative impact from proposed changes.</p>
(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>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>The service will see patients regardless of pregnancy or maternity status, who are registered or unregistered.</p>	<p>We do not anticipate any negative impact from proposed changes.</p>

	2) Promote equality of opportunity <input checked="" type="checkbox"/> 3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/> 4) Not applicable <input type="checkbox"/>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> 1) Remove discrimination, harassment and victimisation <input type="checkbox"/> 2) Promote equality of opportunity <input checked="" type="checkbox"/> 3) Foster good relations between protected characteristics <input checked="" type="checkbox"/> 4) Not applicable <input type="checkbox"/>	<p>The service will see patients regardless of race, who are registered or unregistered. Provision of interpreting support for patients who do not have English as a first language will continue as per mainstream provision.</p> <p>As a result of the changes to the locations available to treat patients due to staffing issues the department will take every opportunity to provide patients with care closer to their home address.</p>	<p>We do not anticipate any negative impact from proposed changes.</p>
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p>	<p>The service will see patients regardless of Religion and Belief, who are registered or unregistered.</p>	<p>We do not anticipate any negative impact from proposed changes.</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>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input 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>	The service will see patients regardless of Sex, who are registered or unregistered.	We do not anticipate any negative impact from proposed changes.

(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 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 service will see patients regardless of Sexual Orientation, who are registered or unregistered.</p>	<p>We do not anticipate any negative impact from proposed changes.</p>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p>Socio – Economic Status & Social Class</p> <p>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?</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 when making <u>strategic</u> decisions. If relevant, you should evidence here what</p>	<p>There is potential for the proposed changes to have a disproportionate impact on some patients who are experiencing Socio economic issues, therefore we will engage with patients in order that we have a better understanding of their needs and what locations will be available to them.</p>	<p>We would engage with family and discuss a range of options to support the transfer of their care to an alternative location.</p>

<p>steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <ol style="list-style-type: none"> 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)? 3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage? 4. Are some communities of interest or communities of place more affected by disadvantage in this case than others? 5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions? 6. How has the evidence been weighed up in reaching our final decision? 7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)²¹ provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards 		
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	for Community Engagement ²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.		
(k)	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	The service will see patients that are regarded as a marginalised group, who are registered or unregistered.	We do not anticipate any negative impact from proposed changes.
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input 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>	The primary driver behind the proposed changes relates to recruitment and retention and not cost saving.	We do not anticipate any negative impact from proposed changes.

		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.	Staff are required on a regular basis to complete Learn Pro modules which are statutory and mandatory which cover all aspects of equality, diversity and inclusion.	We do not anticipate any negative impact from proposed changes.

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.

It not anticipated that with a review of this service that we would negatively impact on any patient whom approaches the service with a clinical need, however we will deal with patients concerns on an individual basis.

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* .

It not anticipated that with a review of this service that we would negatively impact on any patient whom approaches the service with a clinical need, however we will deal with patients concerns on an individual basis.

*

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- ☐ Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- ☒ Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- ☐ Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- ☐ Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Within the service operating, we only gather data which is appropriate to provide safe and effective care. This is detailed within question one.

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)

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

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Lead Reviewer:
EQIA Sign Off:

Name
Job Title
Signature

Karen Gallacher
Clinical Services Manager – Primary Care Dental Services

Date

10th July, 2025

Karen Gallacher

Quality Assurance Sign Off:

Name
Job Title
Signature
Date

Alastair Low
manager, Equality and Human Rights Team
Alastair Low
09/07/2025

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:

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

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

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

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

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: alastair.low@ggc.scot.nhs.uk