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:

Public Dental Service

Please tick the relevant box:-

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

CONTENTS

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 Public Dental Service (PDS) is a salaried service delivering care to priority patient groups who cannot access General Dental Services due to medical complexity, disability, or behavioural needs. The PDS, currently, operates across 21 locations that include specialist clinics, health centres, hospitals, theatres, prisons and secure educational settings, treating approximately 1,360 patients per month. Patients are registered to a dentist within the service, not to a specific site, and historically have been offered the earliest available appointment, which may not be their nearest location to their home address.

Significant operational pressures in the PDS emerged in autumn 2024, including staffing constraints and site-specific limitations. These issues were appropriately escalated through the Oral Health Directorate Senior Management Group (Jan 2025) and East Dunbartonshire HSCP Senior Management Team (Feb 2025). A formal Equality Impact Assessment (EqIA) was undertaken from January–April 2025, confirming temporary withdrawal from 25 to 21 sites. The EqIA was conducted in parallel with operational decisions to consolidate activity into a smaller number of fully equipped sites.

These PDS sites have successfully absorbed all displaced activity, and patients continue to be scheduled in line with the NHSGGC Access & Waiting Times Policy, with clinical co-location considered for complex cases. No patient complaints have been recorded since February 2025. Outcomes from the temporary reduction in the numbers of sites to which patients are appointed include:

- Improved continuity of care
- Patient access has improved by up to 40%.
- More efficient staff deployment and reduced cross-site working
- Enhanced access to the full suite of treatment

Given persistent clinical workforce pressures and the inefficiency of maintaining more sites than can be safely staffed, a structured Future Service Model Review is proposed and has been endorsed by the Corporate Management Team on 16th September 2025.

The review will proceed via two stages:

Stage 1: **Pre-Review Engagement (April–June 2026)**
• Collect patient/carer feedback through surveys, accessible formats, community outreach, and user group sessions.
• Analyse insights to inform

Stage 2. **Service Model Development (July–December 2026)**
• Additional engagement as required, with HIS involvement.
• Develop proposals for a future sustainable PDS model for NHSGGC

This formal assessment of the service will be carried out in accordance with the *Planning with People Guidance* to ensure all stakeholders are involved in the process. The review is intended to support the development of a sustainable service model tailored to patient needs while ensuring the service delivers efficient and effective care at all times.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.

The proposal represents a permanent change to service. It is incumbent upon NHSGGC as a public body to evidence due diligence in safeguarding protected characteristic groups who may be at risk of disproportionate impact and by doing so, show due regard to meeting the requirements of the Equality Act and aligned Public Sector Equality Duty.

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
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
Project Manager
May 2025

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:** The service gathers the information listed below: Name / Martial Status DOB (Age + CHI Number) Address Sex GDP Registration GP Practice Medical History **Possible negative impact and additional mitigating action required:** None anticipated

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:

The Future Service Model Review will also collect patient/carer feedback through surveys, accessible formats, community outreach, and user group sessions. This information will be analysed to inform future service design. This will ensure that future delivery does not create unintended consequences for protected characteristics that my risk indirect discrimination and will ensure an equitable understanding of resource allocation.

Possible negative impact and additional mitigating action required:

None anticipated

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:

There is limited evidence in relation to redesigning Public Dental Services through an equalities lens when the pressing priority is continued safe and effective provision. We have fully committed to align ongoing engagement and patient feedback with the above priority to ensure that the changes enhance equitable access and avoid creating risk for indirect discrimination against protected characteristic groups.

Possible negative impact and additional mitigating action required:

None anticipated

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 will carry out a patient experience survey with support from the Patient Experience Public Involvement (PEPI) team to ensure we are collating valuable and relevant feedback on the service as outlined in the Future Service Model Review description above. Our PEPI team will underpin any engagement activity with fair access methodologies to ensure equitable opportunity to have views heard and that engagement data can be disaggregated by protected characteristic to determine where any patterning if concern can be identified by specific groups. Data monitoring will also allow us to identify any under-represented groups and take measures to bolster samples or undertake specific engagement activity as part of a broader positive action approach.

The information gathered through the surveys would supplement the Care Opinion information received to ensure we have a versatile range of views.

Possible negative impact and Additional Mitigating Action Required:

None anticipated

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:

The existing service and the proposed service changes allow disabled people to access all locations to receive care. Each patient's needs are assessed to ensure locations are accessible for everyone based on individual needs over and above our responsibilities to provide accessible service points as per requirements of the Equality Act and Public Sector Duty.

There may also be accrued benefit for patients through the ongoing development of digital solutions, particularly where physical presentation for routine review can be safely and effectively replaced by virtual technology. This will bring specific advantages to some protected characteristic groups who may experience numerous barriers to access if required to attend in person.

Through careful allocation on a person-centred basis, the revised service will ensure it can meet the needs of different protected characteristic groups and avoid risk of indirect discrimination.

All sites where patients are likely to require hoisting have access to either a mobile or ceiling-mounted hoist. The type of equipment used will be determined by the individual patient's assessed needs, including their estimated weight.

Possible negative impact and additional mitigating action required:

None immediately envisaged. Through ongoing feedback and a commitment to person-centred care we will better understand any emerging challenges and take proportionate steps to remove.

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:

There will be no change to the mainstream provision of communication support to any patients who require it. PDS staff understand and regularly access both interpreting and translation support for people who do not have English as a first language or require information provided in another format.

Changes to services will be communicated in an appropriate and accessible format to all stakeholders. In this way no patient or carer will be placed at disadvantage through understanding aspects of the revised service. Our Clear to All team will also ensure that language used is easily understood in line with the Scottish Government's Accessible Information Toolkit.

Possible negative impact and additional mitigating action required :

None anticipated

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:

The existing service and the proposed service changes allow individuals who have limited or reduced mobility related to age e.g. paediatric or elderly patients, to receive care from all locations.

Possible negative impact and additional mitigating action required:

Some patients may have longer or shorter journeys to receive care. It is not envisaged this will create detriment across the service. To assist with the transition to the permanent arrangements additional information will be made available on direct transport routes and additional services. Ultimately, planned changes have been considered with the best interests of patient care across all age groups.

(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:

All PDS sites are equipped appropriately and can be accessed by patients with the protected characteristic of disability. There is potential for the proposed changes to have both a positive and negative impact on some patients who may be required to travel to alternative locations. We will engage with patients individually in order to better understand their needs and potential travel barriers and identify locations which may be offer equitable access. Throughout our conversations with disabled patients we will ensure that identifying any reasonable adjustments are at the forefront of person-centred care planning.
All PDS location belong to NHS GGC and have disability access issues addressed. All sites where patients are likely to require hoisting have access to either a mobile or ceiling-mounted hoist. The type of equipment used will be determined by the individual patient's assessed needs, including their estimated weight.

Possible negative impact and additional mitigating action required:

As above, all proportionate measures will be taken to ensure the necessary service changes do not disproportionately impact on people with the protected characteristic of disability.

(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 person-centred care approach would ensure that anyone with a known gender reassignment history would be treated to expected high standards. Any information relating to gender reassignment history will be treated as restricted information and would only be shared with the explicit consent of the patient. The service does not deliver sex-specific clinics though we will ensure that patient toileting facilities comply with the Supreme Court ruling and offer Trans people equitable access to public services.

Possible negative impact and additional mitigating action required:

Non anticipated

(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:

No impact anticipated

Possible negative impact and additional mitigating action required:

No impact anticipated

(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:

We will work with patients to identify the best 'fit' in terms of service location to remove any potential barriers associated with travel and pregnancy and maternity.

Possible negative impact and additional mitigating action required:

No impact anticipated

(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:

The service will continue to deliver a fully inclusive public dental response, ensuring that where indicated professional interpreting support and translated materials are made available. We understand there is often a correlation between experience of racism and poverty and will endeavour to analyse any patterning of service access by Race and post code to identify potential barriers.

Possible negative impact and additional mitigating action required:

None anticipated, though regular monitoring of service data will be used to identify any potential barriers to access.

(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:

No impact anticipated

Possible negative impact and additional mitigating action required:

No impact anticipated

(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:

No differential impact anticipated. However – we understand the association between sex and caring responsibilities, often with the additional burden of poverty. We will work with all patients to ensure perceived or real barriers to access can be mitigated through proportionate adjustments. We also appreciate that experience of historical abuse/trauma can risk being triggered for some patients during dental appointments. Where possible we will endeavour to offer patients a choice of sex of dental staff. The

majority of the PDS staff have received Trauma Informed Practice training and for those who have not had training a plan is in place to address this matter. Staff would be competent in dealing with patients who disclose abuse or trauma.

Possible negative impact and additional mitigating action required:

No impact anticipated

(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:

No impact anticipated

Possible negative impact and additional mitigating action required:

No impact anticipated

(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:

The service change may mean some families will be required to travel further to access dental care. Where this is identified as creating additional barriers we will work with families to ensure all possible solutions to travel have been considered.

Possible negative impact and additional mitigating action required:

No impact anticipated due to actions stated above.

(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:

The service will continue to deliver care to all patient groups, making adjustments where proportionate and reasonable to ensure inclusion through removal of barriers associated with life circumstances. Dental service provision within prison settings will not be affected by this service change and liaison with the homeless health team and colleagues in Social Work will continue as per previous working relationships.

Possible negative impact and additional mitigating action required:

No impact anticipated due to actions stated 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:

While there may savings accrued from a reduction in service settings, the primary driver for this service change is patient safety and staff retention.

Possible negative impact and additional mitigating action required:

None anticipated

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 team members complete their statutory learning modules including the Equality and Human Rights module. Team members are also briefed on how to access mainstream NHSGGC supports like the interpreting and translation services and have access to the Equality and Human Rights Team for any additional advice/guidance.

Possible negative impact and additional mitigating action required:

None anticipated

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.

Ensuring rights to health are protected is of the utmost importance, and the team will work closely to ensure any barriers identified that may impede those rights are mitigated.

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).

The initial service change model included full engagement with service users who may be impacted by the move and we will work to approved national standards and via in house experts to ensure user voices are hear for future engagement work.

*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.

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.

The service will be fully compliant with our Public Sector Equality Duty and ensure all patients are treated in a way that understands and responds to any age-related requirements.

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.

The revised operational model is built on the understanding that the best interests of our patients will be met through consolidating skills and resource in areas where we can guarantee the highest level of patient care.

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.

As above, the service review has considered options for delivering the best possible health outcomes and risk reduction for our patients.

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.

The views of children and young people will be captured through tailored engagement methods by our in house experts (PEPI) and considered within our disaggregated data analysis. This will also allow us to consider the inter-relationship between age and other protected characteristics.

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'

Undertake phased engagement with patient groups ensuring protected characteristic data capture
Ensure travel information (bus/train routes etc.) are available for any patients who may be required to change service location

The service will engage with patients and staff via questionnaires and opportunities to discuss changes to identify views and opinions on the future design of service.

No actions identified ☐

Date for completion: October, 2026
Who is responsible? (initials) Programme Board PDS Review

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

Lead Reviewer:
Name Karen Gallacher
Job Title: Clinical Services Manager
Signature: Karen Gallacher
Date 1st June, 2026

EQIA management Sign Off (If different from Lead Reviewer):
Name
Job Title
Signature
Date

Quality Assurance Sign Off:

Name Alastair Low
Job Title Manager, Equality and Human Rights Team
Signature *Alastair Low*

Date 17/06/2026

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