NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

Remobilisation Plan – Active Clinical Referral Triage and Patient Initiated Review

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. NHS Greater Glasgow and Clyde submitted an initial Remobilisation Plan to the Scottish Government covering the period to July 2020 and a further plan covering the period to March 2021, describing how NHS GGC will safely resume activity whilst continuing to treat patients with Covid-19 and ensuring there is capacity to deal with any future surges in infection and increases in activity normally experienced over the winter period. The Remobilisation Plan contains several aspects of service redesign. During our response to COVID-19, the expansion of a virtual approach to care including digital technology has been essential to maintain services and support the remobilisation of outpatient care. Clinical teams have adapted to significantly increased telephone consultations and the use of Near Me technology which has enabled services to review patients remotely where possible, whilst accommodating reduced face to face care to facilitate social distancing requirements.

As part of the Access Policy, modernising services and transformational change, Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR), which were established before Covid-19, have become the new ways of working, offering a more flexible approach for patients being referred to and discharged from services. This will result in a more personalised approach to patient care pathways if used appropriately by clinicians.

Patient Initiated Review (PIR) is where a patient's current treatment is complete and, if suitable for the individual, the patient is discharged from the service and no follow up appointments or reminders will be given, however if the patient has a recurrence of the problem and feels they need to have a further review the patient may request a return to the service for a specified period of time. The patient has a meeting with their clinician at which they will be told about patient initiated review and will be given information about how to refer themselves back in if they think they need to see the clinician again including the number to call to request a review.

Active Clinical Referral Triage (ACRT) is a clinical vetting process which allocates patients to outcomes that are not face-to-face appointments where this is appropriate. Clinical pathways are redesigned by clinicians using ACRT principles and alternative pathways are offered to the patient. For example:
the patient may be offered a diagnostic test
a video appointment through Near Me / Attend Anywhere
a telephone consultation
clinical information for the patient
a follow up with primary care
put on a surgical waiting list
onward referral
face to face outpatient waiting list

In January 2021, 70% of outpatient contacts with patients were face to face, 23% were telephone, 5% video consultation and 2% written.
The planned outcomes from ACRT are:
Outpatient (OP) waiting lists should only include patients who clinically require a face-to-face (F2F) attendance with a healthcare professional.
Release of resource from existing processes to support moving to ACRT – especially replacing the time clinicians use to see patients F2F unnecessarily with an allocation for ACRT in their job plans.

Shorter time to diagnosis and treatment, with better informed patients.
Increased staff and patient satisfaction, improvement in clinical outcomes.
Using waiting list Validation outcomes to update current care pathways, and for advice/guidance to primary care teams.
Improved service planning assumptions and outputs

For both ACRT and PIR agreed and evidence based pathways are used by senior clinicians after reviewing the patient record and referral. Clinicians will use their judgment to consider patients' individual circumstances and needs in their vetting; that is they may decide due to the patient's needs that a f2f appointment is more appropriate than the other possible vetting outcomes.

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.)

ACRT and PIR are significant service redesign initiatives that change the ways in which patients interact with services. As such it is proportionate and relevant to apply an EQIA.

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:	Date of Lead Reviewer Training:
Ali Marshall, Planning Manager	August 2020

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):

Jac Ross, Equality and Human Rights Manager
Ann Lees, Health Economist, Corporate Planning
Ali Marshall, Planning Manager, Corporate Planning

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.	*A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.*	Data collected will vary service by service. Data is collected via Trak, EMIS. These systems allow additional information relating to support needs to be recorded. For example we collect age, sex, social class via postcode related data. BME recording is currently 46% recorded and has recently become mandatory. TrakCare, the patient information management system used across NHSGGC has options to record a patient's age, sex, postcode, religion and belief, ethnicity and whether the patient required interpreting support as well as their additional needs. Health records documentation for the Modern Outpatient Programme has been agreed nationally.	Information provided for staff Snapshot data audit once a year on equality outcomes
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	Please provide details of how data captured has been/will be used to inform policy content	*A physical activity programme for people with long term conditions reviewed service*	The patient outcomes of ACRT and PIR are being monitored through data held on the virtual patient management dashboard which will report the numbers of face to face, virtual appointments and other outcomes and the	

	or service design. Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation X ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	*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)*	Did Not Attend (DNA) rates for each. Data will help us measure waiting times and DNAs. The data collected will enable us to analyse service use and do not attend disaggregated by some protected characteristics.	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	How have you applied learning from research evidence about the experience of equality groups to the service or Policy?	*Looked after and accommodated care services reviewed a range of research evidence to help*	The Modern Outpatient Programme work that has been in place in Scotland for the last few years is backed by research. Pilots of ACRT and PIR initiatives were performed in NHS Scotland boards to produce evidence of safety and effectiveness.	

	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation X 2) Promote equality of opportunity X 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	*promote a more inclusive care environment. Res earch 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).*	NHS England outlined explicitly the criteria clinicians would consider for patients to be suitable for patient initiated review, listed below. https://www.england.nhs.uk/wp-content/uploads/2020/08/implementing-phase-3-of-the-nhs-response-to-covid-19.pdf For PIR to be suitable for a patient, they should meet the following conditions: • at low risk of urgent follow-up care and satisfies criteria established by the specialty • is confident and able to take responsibility for their care for the time they will be on the PIR pathway, e.g. they do not have rapidly progressing dementia, severe memory loss or a severe learning disability • understands which changes in their symptoms or indicators mean they should get in touch with the service, and how to do so • has the tools to understand the status of their condition (e.g. devices, leaflets, apps) and understands how to use them • has the health literacy and knowledge, skills and confidence to manage their follow-up care (patient activation); if they do not, the patient may benefit from support to improve these areas in line with the personalised care approach	

			• understands how to book their follow-up appointments directly with the service, and how long they will be responsible for doing this; for some patients who are unable to book their appointments directly, administrative staff at their care home or GP surgery may be able to help. If any of the following conditions are met, the appropriateness of PIR for the patient needs to be carefully considered: • the patient's health issues are particularly complex • there are clinical requirements to see the patient on a fixed timescale (timed follow-ups), although it is important to note that a blend of PIR and timed follow-ups can also be offered (e.g. for cancer pathways) • the clinician has concerns about safeguarding for the patient • the patient takes medicines that require regular and robust monitoring in secondary care • The patient is not able to contact the service easily (e.g. lack of access to a telephone).	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	Can you give details	A money advice	Engagement took place nationally with a	

	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? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation X 2) Promote equality of opportunity X ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	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	wide range of stakeholders for the Modernising Outpatients Programme 2017-20. https://www.gov.scot/publications/modern-outpatient-collabortaive-approach-2017-2020/pages/11/ In terms of focus on culture change and patient selection, The potential for patients to become more empowered in their own health care was welcomed, though respondents sought reassurance that individual suitability for increased self-management was considered. Examples of comments include: "Transforming patient experience and timely access to advice, treatment and support will also require a cultural journey in expectations." "[Be] mindful that this is not suitable for all patients." It was acknowledged that engaging the wider network of stakeholders, as part of an iterative process, will be required to ensure a reflective, critical and collaborative approach to the design, implementation, and measurement of the Programme. Formal feedback of ACRT/ PIR in NHSGGC is through the Board's complaints process	

		take actions to reduce poverty for children in households at risk of low incomes.		
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation X 2) Promote equality of opportunity X	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).	ACRT applies to services within the existing NHSGGC estate and as such the estate is subject to disability access audits as a rolling programme and to address issues or complaints raised. ACRT and PIR will both reduce unnecessary travel in to physical health care sites for patients.	

	3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐			
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
6.	How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation X	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	Patients are advised of the options available to them following clinical vetting. One option in ACRT is clinical information for the patient. This communication may rely on patient having high level of health literacy and understanding options and choices. For PIR the clinician will have a discussion with the patient before initiating PIR. The vetting clinician will use the information available to them to allocate an appropriate route for the patient. ACRT can be on the basis of opt in, such as in orthopaedics in North sector in GGC. This may mean F2F appointments or return appointments for those who are likely to have difficulty with ACRT, such as those who do not speak English.	The route back in through the patient's GP is always available if ACRT/ PIR are not suitable for individuals. The pathway still allows F2F appointments to be booked where required.

	2) Promote equality of opportunity X 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.	remove discrimination, harassment and victimisation and promote equality of opportunity).	In PIR patients still have the option of a route back in to the service through their GP who has information about the patient. Letters giving information about ACRT and PIR go to both the patient and the GP. GPs can provide support for complex patients.	
7	Protected Characteristic		Service Evidence Provided	Possible negative impact

			and Additional Mitigating Action Required
(a)	Age Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design). Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation X 2) Promote equality of opportunity X 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	There could be more difficulties in engaging with ACRT and PIR for older people, for example older people may need support with understanding the information that is available to help them make the best decisions about their care. If carer information is included in the patient record contact can be made with the carer who can help the patient to use ACRT/ PIR systems to the benefit of the patient to reduce travel. A carer can help to contact the patient focused booking line and to make suitable arrangements.	The pathway still allows F2F appointments to be booked where required. Add carer information to the patient record where required
(b)	Disability Could the service design or policy content have a disproportionate impact on people due to the protected	ACRT and PIR could be difficult for people with some impairments, such as sensory impairments, communication impairments, autism and learning disabilities. These people may require additional support with	The pathway still allows F2F appointments to be booked where required. Add carer information to

	characteristic of disability? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation X 2) Promote equality of opportunity X 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	the information that is available to help them to make an informed choice about their preferences or to know when they need to make contact with a health service for review. The need for review will be specific to each service. Telephone to access the patient focused booking line is a particular issue for people with hearing loss or other communication issues and for people with learning disabilities. Disabled people experience high levels of digital exclusion and poverty and may not have access to internet or devices to find out information about the alternative care choices available.	the patient record where required
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	Gender Identity Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity? Your evidence should show which of the	ACRT and PIR are unlikely to discriminate against the protected characteristic of gender identity. Choice of options may be of benefit to transgender people who may feel safer attending some appointments from home.	

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

	4) Not applicable ☐		
(e)	Pregnancy and Maternity Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation X 2) Promote equality of opportunity X 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	ACRT and PIR are unlikely to have a negative impact on people with the protected characteristics of pregnancy and maternity. ACRT is not being used currently in maternity care, however there could be a positive impact on women who are pregnant or have young children as any unrelated health issues could be supported virtually meaning the parent doesn't have to negotiate child care or travel with children.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	Race Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?	ACRT and PIR may have a disproportionate impact on people with the protected characteristics of race. Language, literacy and understanding about what is required for both ACRT and PIR are	Information at both national and local level will need to be provided in all languages needed by our patients about this service change to ensure

	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation X 2) Promote equality of opportunity X 3) Foster good relations between protected characteristics X 4) Not applicable ☐	likely to create barriers for people who do not have English as their first language. NHSGGC will provide information in formats and languages that people understand. For patients making the decision to request an appointment, staff would access an interpreter in the normal way for patients requiring communication support.	equitable access for all. Communications plan to ensure all services using ACRT / PIR know where to access information about translations and accessible formats. This will be stored on the Staff SharePoint and via generic email address.
(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 (tick relevant boxes). 1) Remove discrimination, harassment and victimisation X 2) Promote equality of opportunity X 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	ACRT and PIR are unlikely to have a disproportionate impact on people with the protected characteristics of religion and belief.	

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	Sex Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation X 2) Promote equality of opportunity X 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	ACRT and PIR are unlikely to have a disproportionate impact on people with the protected characteristics of sex. Men have a higher rate of DNAs than women, particularly in the most deprived decile (17% male v 14% female). Early indications for ACRT and PIR suggest that by shortening the appointment time and reducing the need for travel to physical appointments there is a reduction in DNAs.	
(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	ACRT and PIR are unlikely to have a disproportionate impact on people with the protected characteristics of sexual orientation.	

	considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation X 2) Promote equality of opportunity X 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	Socio – Economic Status & Social Class Could the proposed service change or policy have a disproportionate impact on the people because of their social class or experience of poverty and what mitigating action have you taken/planned? The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage in strategic planning. You should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.	There could be more difficulties in engaging with ACRT and PIR for some people because of the social class or experience of poverty. Lower rates of health literacy, higher rates of health inequalities and co morbidity makes navigating the health service more complex. Lack of power or perceived lack of power in making decisions about health and health care could impact negatively for these groups too. Similarly, the complex reasons that mean DNAs are higher in SIMD 1 may impact on the ability to request a patient initiated review. The need to attend appointments would be tailored to individual needs and would reduce the need for travel and attendance at a hospital site.	The pathway still allows F2F appointments to be booked where required.

		Patients who may have less ability to be away from work may find it an advantage to have remote appointment, reducing travel time and possibly lost earnings. Digital exclusion may impact negatively on this patient group's ability to access remote appointments.	
(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?	There could be additional difficulties in engaging with ACRT and PIR for some homeless people, asylum seekers, gypsy travellers who may not have suitable place, technology or finances to engage and to request re-engagement with health services.	The pathway still allows F2F appointments to be booked where required.
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 (tick relevant boxes). 1) Remove discrimination, harassment and victimisation X 2) Promote equality of opportunity X	ACRT and PIR often require fewer face to face appointments in clinics and will reduce waiting times and travel costs for patients. These changes will also make more efficient use of clinical time to the benefit of patients.	

	3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐		
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	What investment in learning has been made to prevent discrimination, promote equality of 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.	All GGC staff are required to complete learning programmes covering equality, diversity and human rights. Specific information including how to access training will be available on the Staff SharePoint for ACRT and PIR.	Staff SharePoint for ACRT and PIR provides information needed by staff including training

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.

No breach of human rights identified.

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* .

*

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)
- **X** 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.

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)
Information provided for staff. Communications plan to ensure all services using ACRT / PIR know where to access information about translations and accessible formats This information will be stored on the Staff SharePoint site for ACRT/ PIR and available via a generic email address.	31/7/21	AM
Staff training available and staff know how to access it. Vetting clinicians may require additional training on the additional patient needs to be considered.	31/7/21	AM
The pathway still allows F2F appointments to be booked where required.		
The route back in through the patient's GP is always available if ACRT/ PIR are not suitable for individuals.	31/7/21	AM
Add carer information to the patient record where required	31/7/21	AM
Snapshot data audit once a year on equality outcomes		

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

31/07/2021

Lead Reviewer:	Name	Ali Marshall
EQIA Sign Off:	Job Title	Planning Manager
	Signature	
	Date	

Quality Assurance Sign Off:	Name	
	Job Title	
	Signature	
	Date	

NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET

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

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

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

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

		To be Completed by	
		Date	Initials
Action:			

Reason:			
Action:			
Reason:			

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

Name of completing officer:

Date submitted:

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