



**NHS Greater Glasgow and Clyde  
Equality Impact Assessment Tool for Frontline Patient Services**

Equality Impact Assessment is a legal requirement and may be used as evidence for cases referred for further investigation for legislative 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. Please contact [CITAdminTeam@ggc.scot.nhs.uk](mailto:CITAdminTeam@ggc.scot.nhs.uk) for further details or call 0141 2014560/4967

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

East Renfrewshire Community Addiction Team

Please tick box to indicate if this is a :      Current Service       Service Development       Service Redesign

**Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally determined).**

**What does the service do?**

East Renfrewshire Community Addiction Team is part of East Renfrewshire Community Health and Care Partnership and includes staff from social work and NHS services. They support, advise and assist people whose life is affected by alcohol and drugs. Most of the work is on a one to one basis, providing, alcohol detox, counselling support, substitute prescribing (e.g. methadone or suboxone). They also assist with physical problems that alcohol and/or drug may cause, mental health support, family support and a specific Recovery Service, offering 1-1 support, employment and training advice, group work and skills development. The service is based in St Andrews House Barrhead and open Monday –Thur 8.45-4.45 Friday 8.45-3.55. Evening appointments can be arranged if necessary.

**Why was this service selected for EQIA? Where does it link to Development Plan priorities? (if no link, please provide evidence of proportionality, relevance, potential legal risk etc.)**

In late 2008 East Renfrewshire CHCP undertook an exercise to map all service provision. Its findings indicated that generally some services were difficult to access due to the geography and varying processes and supports particularly within the Levern Valley or Eastwood areas, (Findings of the Redesign of Addiction Services 2010). This has been identified as an action with the East Renfrewshire CHCP Development Plan. East Renfrewshire CAT wish to ensure the service is accessible to all people with drug or alcohol issues within their area. An equality impact assessment (EQIA) will provide an overview of the accessibility of the service and will act to assess the accessibility at first point of contact. The scope of the EQIA will examine local demographic information, waiting times data, referral sources and systems, the Service User Consultation 2010, Recovery Service Specification (2011-2014) Service User Evaluation

(2012) and the findings of the Redesign of Addiction Services Paper (2010).

With a focus on equality issues, it will identify areas of good practice, barriers, gaps and if necessary will make a set recommendations for service improvement. This links to East Renfrewshire ADP Delivery Plan, East Renfrewshire CHCP Development Plan and the Single Outcome Agreement for Inequality.

**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)**

<b>Name:</b> Mary-Wilson Community Addiction Manager	<b>Date of Lead Reviewer Training:</b> Lead Reviewer has not attended EQIA training.
---	---

**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):**

Frances Rodger Equality Manager, Janice Thomson ADP Co-ordinator

<b>Lead Reviewer Questions</b>	<b>Example of Evidence Required</b>	<b>Service Evidence Provided (please use additional sheet where required)</b>	<b>Additional Requirements</b>
1. <b>What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?</b>	<b><i>Age, Sex, Race, Sexual Orientation, Disability, Gender Reassignment, Faith, Socio-economic status data collected on service users to. Can be used to analyse DNAs, access issues etc.</i></b>	Gender, age, ethnicity, religion, socio-economic status, sexual orientation housing, disability, and postcode status are collected routinely in referral and Assessment and in the SMR. This information is routinely collated and is used to inform service developments and planning when required. The highest number of referrals are	<b>1.a.</b> Routine review of waiting times data from an equality perspective. This will focus on protected characteristics to check uptake is expected and equitable. <b>1.b.</b> Sexual orientation enquiry field to be included into the

			<p>from GP's, followed by Self Referrals Mental Health and Social Work. For some of these referrals depending on the level of need and complexity they are screened and prioritised.</p> <p>There is also Waiting Times Data Submitted to the Scottish Government to ensure that no person will wait more than 21 days for a first treatment (90% Target) (for 2012-2013 the CAT had achieved a 98% rate )</p>	<p>assessment for monitoring uptake purposes.</p>
2.	<p><b>Can you provide evidence of how the equalities information you collect is used and give details of any changes that have taken place as a result?</b></p>	<p><b><i>A Smoke Free service reviewed service user data and realised that there was limited participation of men. Further engagement was undertaken and a gender-focused promotion designed.</i></b></p>	<p>There has been an increase in improving ethnicity recording since 2011 as we identified that this was a gap in the recording practice it is now recorded 97%.</p> <p>The ethnicity monitoring highlighted low uptake of services from the BME population (3.8 minority ethnic population in east Renfrewshire). We recognised the barriers that women (parents) have coming to services due to care responsibilities. We have taken account of this to arrange the group work recovery programme at convenient times to fit</p>	<p><b>2.a.</b> Future reporting should explicitly identify protected characteristics.</p> <p><b>2. B.</b> To improve uptake we intend to work with the Community Planning Partnership Equalities Group to raise the profile of the addiction service amongst the BME population.</p> <p><b>2. c.</b> Review Information provided to referrers.</p>

			<p>in with care arrangements.</p> <p>In respect to access the team identified that 40% of referrals are re-referrals. It was recommended that to reduce re referral information should be given at service points of access.</p> <p>Service users are communicated to by a range of means. If people require alternative formats this is facilitated.</p>	
3.	<b>Have you applied any learning from research about the experience of equality groups with regard to removing potential barriers? This may be work previously carried out in the service.</b>	<b><i>Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.</i></b>	As an example, the particular need of men in respect to suicide is considered. Also the Increased risk for women who have had children removed. This raised awareness is considered within care planning and risk plan, encouraging staff to be more vigilant in there engagement within women and men with particular issues.	<b>3.a.</b> Need to consider more evidence based literature in relation to equality and implement this when appropriate.
4.	<b>Can you give details of how you have engaged with equality groups to get a better understanding of needs?</b>	<b><i>Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.</i></b>	The service has undertaken 2 service user consultations which capture a range of views. Responses were provided from people who shared protected characteristics though the overall report was more generalised. A new questionnaire has been developed for people exiting from	<b>4.a</b> Future consultations should be broken down to identify respondents characteristics e.g., no of women, men, age etc.

			the recovery Service. This will allow monitoring of specific characteristics in order to better inform individual need and service delivery.	
5.	<b>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</b>	<b><i>An outpatient clinic has installed loop systems and trained staff on their use. In addition, a review of signage has been undertaken with clearer directional information now provided.</i></b>	The service is delivered from a range of sites. These sites have all accessible features such as ramp access; automatic doors; accessible toilets and some have loop systems. Staff would offer assistance for people who would require this and outreach for those whose mobility or mental health needs require home visits. People with hearing impairment or language needs will be provided with interpreter at assessment.	<b>5.a</b> At the St Andrews building site a request has been made to put additional ramp access for stairs leading from car park to front door, Unfortunately this has been assessed as incompatible with health and safety. A hand-rail has therefore been requested to provide support and staff will give assistance when required. An automated door entry system is also planned.
6.	<b>How does the service ensure the way it communicates with service users removes any potential barriers?</b>	<b><i>A podiatry service has reviewed all written information and included prompts for receiving information in other languages or formats. The service has reviewed its process for booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.</i></b>	Interpreting services are booked when required. For people with visual impairment accessible documents have been adjusted for reading purposes e.g. large font etc The Local authority has a visual Impairment Officer who can offer assessment and support. Letters	<b>6.a</b> The Service Information leaflet should be offered in other formats on request. The team will make arrangements for this.

			are the main source of appointment offered though when required / appropriate telephone or door-step calls can be made.	
7.	<b>Equality groups may experience barriers when trying to access services. The Equality Act 2010 places a legal duty on Public bodies to evidence how these barriers are removed. What specifically has happened to ensure the needs of equality groups have been taken into consideration in relation to:</b>			
(a)	<b>Sex</b>	<b><i>A sexual health hub reviewed sex disaggregated data and realised very few young men were attending clinics. They have launched a local promotion targeting young men and will be analysing data to test if successful.</i></b>	<p>Gender status is collated. This is used for reporting purposes and the ratio of 3:1 male to female ratio prevails.</p> <p>Recently we have also incorporated a male/female recording field into the comments and feedback system for service users.</p> <p>Male/ female workers are not routinely offered however if a need is identified or a referral indicates a gender sensitive issue or a service user makes a request, then this accommodated.</p> <p>Staff have also undergone the GBV training recently and staff make</p>	<p><b>7.a.1.</b>The service should capture protected characteristics within the current service 'Exit Questionnaires'.</p> <p><b>7.a.2.</b>Continue to develop gender specific service user activity based on male/female need.</p> <p>Consider conversation café approach.</p>

		<p>routine enquiry of abuse at assessment.</p> <p>There is open access to the Service User group which both male and females participate in.</p> <p>The service funds male physical activities in the form of football and basketball within the local sports centres.</p> <p>The service funds female physical activities in the form of swimming, gym and other sports within the local sports centres.</p> <p>Appointments and group work programmes are set around times to accommodate those with caring responsibilities for children and other care responsibilities.</p> <p>Group work programme times are set to accommodate travel needs and care responsibilities to get from one part of our area to another.</p> <p>For women who experience domestic abuse whose partner also attends the service, alternative appointment times are arranged to prevent both parties coming into</p>	
--	--	---	--

			contact with each other and promote a safer environment.	
(b)	Gender Reassignment	<i>An inpatient receiving ward held sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal protection and appropriate ways to delivering inpatient care including use of language and technical aspects of recording patient information.</i>	<p>Males and Females who have undergone transgender reassignment are welcome within the service. It is recognised that there is specific needs and additional stigma for this client group and care planning would reflect this.</p> <p>People's chosen gender is recognised and respected within the service.</p> <p>The NHS GGC have a Transgender policy which is followed for guidance.</p>	<b>7.b.1.</b> Staff will be encouraged to keep up to date with transgender issues as they arise.
(c)	Age	<i>A urology clinic analysed their sex specific data and realised that young men represented a significant number of DNAs. Text message reminders were used to prompt attendance and appointment letters highlighted potential clinical complications of non-attendance.</i>	<p>The service supports individuals aged 16 and over – there is no upper age limit.</p> <p>There is a young person's addiction service that offers advice and support to under 16's and up to early 20's depending on the history of use and level of needs identified at assessment. There are ongoing close working with adult and young person's service.</p> <p>Activities and Care Planning is age appropriate.</p>	No further action required.

			Children affected by parental substance misuse (aged 0-8 years) are supported by a specific children and families service. Again there are very close working with that service and Adult Services.	
(d)	Race	<p><i>An outpatient clinic reviewed its ethnicity data capture and realised that it was not providing information in other languages. It provided a prompt on all information for patients to request copies in other languages. The clinic also realised that it was dependant on friends and family interpreting and reviewed use of interpreting services to ensure this was provided for all appropriate appointments.</i></p>	<p>Ethnicity data is captured. Ethnicity recording is currently 97%. 99.7% recorded as White Scottish and 0.3% as Asian. This does not reflect the East Renfrewshire composition which is currently 3.8% ethnic minority.</p> <p>We recognise that minority ethnic groups may be more reluctant to access services.</p> <p>We are undertaking a hidden population study to try to identify those not accessing services and the reasons for not accessing.</p> <p>Staff routinely book interpreters for those whose first language is not English and staff are aware of the NHS GGC Accessible Information Policy.</p> <p>Staff are encouraged to source cultural/language appropriate information where need is identified.</p> <p>Council equalities training is available to all staff within the team.</p>	<p><b>7.d.1</b> To display a poster in public areas that allows identification of ethnicity and language need for individuals who present.</p> <p><b>7.d.2</b> We will attempt to source an electronic version for the media screen in St Andrews House.</p> <p><b>7.d.3</b> To source and display some information in other languages within St Andrews House.</p>

			<p>There are no specific BME workers as all staff are expected to be culturally competent.</p> <p>In a situation where a service user may feel uncomfortable or different to others in the same environment, their needs would be considered and accommodated. As a service we would also explore and seek service user's views where we identify that they may be in an environment or situation that could make them feel uncomfortable.</p> <p>Staff regularly challenge any discriminatory language or behaviour within the service in the context of day to day service delivery.</p>	
(e)	Sexual Orientation	<p><i>A community service reviewed its information forms and realised that it asked whether someone was single or 'married'. This was amended to take civil partnerships into account. Staff were briefed on appropriate language and the risk of making assumptions about sexual orientation in service provision. Training was also provided on dealing with homophobic incidents.</i></p>	<p>People of all sexual orientations are welcomed within the service.</p> <p>There is a question within the initial addictions assessment that prompts discussion about sexual orientation. Particular needs that have been identified regarding sexual orientation are given appropriate advice and support.</p>	<p><b>7.e.1</b> Further consideration needs to take place regarding capturing information for data analysis.</p> <p><b>7.e.2</b> Consideration should be given to providing specific leaflets regarding LGBT supports and services.</p>
(f)	Disability	<p><i>A receptionist reported he wasn't</i></p>	People with all disabilities are	No further action

		<p><b><i>confident when dealing with deaf people coming into the service. A review was undertaken and a loop system put in place. At the same time a review of interpreting arrangements was made using NHSGGC's Interpreting Protocol to ensure staff understood how to book BSL interpreters.</i></b></p>	<p>welcomed within the service. Care First 6 has a facility to record disability and Care First is audited across the CHCP in relation to this. At the point of referral individuals would be asked if there are any barriers to coming into an office appointment.</p> <p>Within the Addictions Assessment there is a question to record disability status which would inform care planning.</p> <p>An example of care planning for someone with partial sight due to a head injury recognised and provided visual aids to allow the individual to be more informed and involved in their care planning process.</p> <p>Another example is recognising and responding to the needs of those affected by agoraphobia and this would also be reflected in the care planning process.</p>	<p>required.</p>
(g)	<b>Religion and Belief</b>	<p><b><i>An inpatient ward was briefed on NHSGGC's Spiritual Care Manual and was able to provide more sensitive care for patients with regard to storage of faith-based</i></b></p>	<p>People with all faiths are welcomed within the service.</p> <p>Any specific religious needs would be considered and if appropriate contained within the care planning</p>	<p>No further action required.</p>

		<i>items (Qurans etc.) and provision for bathing. A quiet room was made available for prayer.</i>	process to aid recovery. The service would adhere to clinical guidelines in relation to consuming medication during fasting periods. If needs arose for specific prayer, the service would be able to respond appropriately by providing a designated area for worship.	
(h)	Pregnancy and Maternity	<i>A reception area had made a room available to breast feeding mothers and had directed any mothers to this facility. Breast feeding is now actively promoted in the waiting area, though mothers can opt to use the separate room if preferred.</i>	Pregnancy and maternity needs are considerations within the assessment and care planning process. The Getting Our Priorities Right assessment framework is included within the adult Single Shared Assessment to identify needs and risks for children affected by parental alcohol and drug use, including pregnancies and unborn children. NHS Special Needs in Pregnancy and Community Addiction Services work closely together to ensure appropriate supports for both mothers and children through pregnancy and early years. The Addiction Team have agreed to a member of staff being trained in the promotion of provision of support regarding breastfeeding and this will be promoted throughout the	<b>7.h.1</b> Plan to promote breast feeding is welcomed by the Addiction Team and there would be no barriers to that taking place either within the waiting areas or to identify specific private rooms on request.

			<p>service.</p> <p>Referrals for women who are pregnant are fast tracked into the service for assessment and treatment provision.</p>	
(i)	<b>Socio – Economic Status</b>	<p><b><i>A staff development day identified negative stereotyping of working class patients by some practitioners characterising them as taking up too much time. Training was organised for all staff on social class discrimination and understanding how the impact this can have on health.</i></b></p>	<p>People from all socio-economic backgrounds are welcomed in this service.</p> <p>Information is gathered at the assessment and ongoing care planning process regarding employment, education, training, finance and to enable appropriate support and additional services to be involved.</p> <p>The Addiction Team has a specific Care Pathway to provide a consistent response to individuals needs in relation to benefits and financial supports.</p> <p>The Addiction Team authorises food parcels for those in need.</p> <p>The service recognises the discrimination and barriers that individuals in poverty can experience from a range of services and society and can show empathy to people using the service who experience this type of stigma.</p>	No further action required.

			<p>There are two posts within the Team with a remit for education, training and employment – both at operational and strategic levels to stay abreast of developments and create opportunities for people to move on.</p> <p>The Recovery Service has a specific remit for education, training and employment, working closely with local employment services and the Adult and Family Learning service. The Recovery Service and Adult and Family Learning have created an opportunity for individuals completing a group work programme to achieve SQA qualifications.</p> <p>Outcome statistics for education, training, employment are gathered routinely and reported through Team Reports to the Alcohol and Drug Partnership.</p>	
(i)	<b>Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers &amp; refugees, travellers</b>	<b><i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i></b>	Service users often will experience homelessness, offending behaviour, fleeing violence, refugee needs and ex service personnel. These issues are routinely managed through care planning and the service recognises the complexities and marginalisation	No further action required.

			<p>that people may experience. In recognition of some of these complexities there is a Homelessness and CHCP working group where Addictions is heavily involved.</p> <p>There are excellent working relationships with the Homeless Team and the Criminal Justice Team within East Renfrewshire.</p>	
9.	<b>Has the service had to make any cost savings or are any planned? What steps have you taken to ensure this doesn't impact disproportionately on equalities groups?</b>	<b><i>Proposed budget savings were analysed using the Equality and Human Rights Budget Fairness Tool. The analysis was recorded and kept on file and potential risk areas raised with senior managers for action.</i></b>	Budget constraints is always a factor for consideration. To date there has been no cost savings that have impacted on a particular group.	No further action required.
10.	<b>What investment has been made for staff to help prevent discrimination and unfair treatment?</b>	<b><i>A review of staff KSFs and PDPs showed a small take up of E-learning modules. Staff were given dedicated time to complete on line learning.</i></b>	As an integrated service we have access to both health and local authority training. Training includes anti-discriminatory practice; gender and ethnicity awareness. Staff are made aware of policies that support dignity at work; transgender policy; workload management; stress at work, etc.	<b>10.a.</b> Review previous Training Needs Analysis to ensure that equality issues are included.

**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.**

East Renfrewshire Community Addiction Service has been constructed in order to promote and embed a Recovery Orientated System of Care from the point of entry at the Community Addiction Team providing a range of recovery based treatment options and creating opportunity for moving on to the Community Recovery Team for further embedding recovery in the approaches with individuals and creating additional opportunities for moving on and out of services. Service users have been key in influencing the developing and ongoing provision of both the Community Addiction Team and Community Recovery Team.

The culture within East Renfrewshire as a smaller local authority and CHCP allows the Addiction Services to identify changes in need and respond appropriately to meet those changes. It also allows the Addiction Services to test different models and approaches. An example is that when the Scottish Government Road to Recovery was launched, East Renfrewshire was able to consider the recommendations from that within a process of redesigning services which resulted in significant changes to take account of Addiction Recovery. The redesign process was seen as good practice and is now embedded as a Service Redesign Toolkit within the Scottish Government Website. The Scottish Government has linked other ADP areas to East Renfrewshire to support their redesign processes, e.g. Shetland and Aberdeen.

**Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.**

	Date for completion	Who is responsible?(initials)
1.a. Routine review of waiting data from a equality perspective. This will focus on protected characteristics to check uptake is expected and equitable	Quarterly – Waiting Times March 2015	JT FR, JT, MW
1.b. Sexual orientation enquiry field to be included into the assessment for monitoring uptake purpose.	Review Sept 2014	FR, JT, MW
2.a. Future reporting should explicitly identify protected characteristics.	March 2015	JT
2.b. To improve uptake we intend to work with the Community Planning Partnership Equalities Group to raise the profile of the addiction service amongst the BME population.	Sept 2014	MW
2.c. Review Information provided to referrers.	March 2015	FR, JT, MW
3.a. Need to consider more evidence based literature in relation to equality and implement this when appropriate.	Sept 2014	MW, JT, FR
4.a Future consultations should be broken down to identify respondents characteristics e.g., no of women, men, age etc.	June 2015	MW
5.a At the St Andrews building site a request has been made to put additional ramp access for stairs leading from car park to front door, Unfortunately this has been assessed as incompatible with health and safety. A hand-rail has therefore been requested to provide support and staff will give assistance when required. An automated door is planned to be put in.	June 2014	MW, JT
6.a The Service Information leaflet should be offered in other formats on request. The team will make arrangements for this.	June 2014	MW
7.a.1. The service should capture protected characteristics within the current service 'Exit Questionnaires'	March 2015	FR, JT, MW
7.a.2. Continue to develop gender specific service user activity based on male/female need. Consider conversation café approach.	Ongoing	FR, JT, MW
7.b.1. Staff will be encouraged to keep up to date with transgender issues as they arise.	June 2014	JT, MW, FR
7.d.1 To display a poster in public areas that allows identification of ethnicity and language need for individuals who present.	June 2014	JT, MW, FR
7.d.2 We will attempt to source an electronic version for the media screen in St Andrews House.	March 2015	FR, JT, MW
7.e.1 Further consideration needs to take place regarding capturing information for data analysis.		

<p><b>7.e.2</b> Consideration should be given to providing specific leaflets regarding LGBT supports and services.  <b>7.d.3</b> To source and display some information in other languages within St Andrews House.  <b>7.h.1</b> Plan to promote breast feeding is welcomed by the Addiction Team and there would be no barriers to that taking place either within the waiting areas or to identify specific private rooms on request.  <b>10.a.</b>Review previous Training Needs Analysis to ensure that equality issues are included.</p>	June 2014 June 2014 March 2015 March 2015	FR, JT FR, JT, MW MW, JT, FR FR, JT, MW
--	--	--

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

<b>Lead Reviewer:</b>	<b>Name</b> Mary Wilson
<b>EQIA Sign Off:</b>	<b>Job Title</b> Team Manager
	<b>Signature</b>
	<b>Date</b> 4 April 2014

<b>Quality Assurance Sign Off:</b>	<b>Name</b> Alastair Low
	<b>Job Title</b> Planning & Development Manager
	<b>Signature</b>
	<b>Date</b> 16/05/14

Please email a copy of the completed EQIA form to [eqia1@ggc.scot.nhs.uk](mailto:eqia1@ggc.scot.nhs.uk), or send a copy to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4560/4967. The completed EQIA will be subject to a Quality Assurance process and the results returned to the Lead Reviewer within 3 weeks of receipt.

**PLEASE NOTE – YOUR EQIA WILL BE RETURNED TO YOU IN 6 MONTHS TO COMPLETE THE ATTACHED REVIEW SHEET (BELOW). IF YOUR ACTIONS CAN BE COMPLETED BEFORE THIS DATE, PLEASE COMPLETE THE ATTACHED SHEET AND RETURN AT YOUR EARLIEST CONVENIENCE TO: [eqia1@ggc.scot.nhs.uk](mailto:eqia1@ggc.scot.nhs.uk)**

**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:**

Please email a copy of this EQIA review sheet to [eqia1@ggc.scot.nhs.uk](mailto:eqia1@ggc.scot.nhs.uk) or send to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospitals Site, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4560/4967.