

## Equality Impact Assessment Tool: Policy, Strategy and Plans

(Please follow the EQIA guidance in completing this form)

### 1. Name of Strategy, Policy or Plan

NHS Greater Glasgow & Clyde – Heroin-Assisted Treatment Service

Please tick box to indicate if this is: Current Policy, Strategy or Plan  New Policy, Strategy or Plan

### 2. Brief Description – Purpose of the policy; Changes and outcomes; services or activities affected

NHS GG&C offer a wide range of addiction and recovery services across the entire health board area. Following a localised HIV outbreak in Glasgow city centre in 2015, a health needs assessment was undertaken, and the creation of a Heroin-Assisted Treatment service was amongst the recommendations in the subsequent report – “Taking Away the Chaos” ([https://www.nhsggc.org.uk/media/238302/nhsggc\\_health\\_needs\\_drug\\_injectors\\_full.pdf](https://www.nhsggc.org.uk/media/238302/nhsggc_health_needs_drug_injectors_full.pdf)).

The Pilot Heroin-Assisted Treatment service will be delivered by a specialist multidisciplinary team, supported by links to a variety of Health and Social Care services. It adds a new level of treatment in addition to the existing services, which targets the city centre homeless population who have not shown sustained benefit from conventional treatments.

This strategy aims to develop existing services to meet the needs of this multiple disadvantaged population, reduce the risk of drug-related deaths and poor health outcomes.

A large body of international evidence, from well established Heroin-Assisted Treatment services from around the world, demonstrates the benefits of these services to both the individuals using those services, and the wider community. ([http://www.emcdda.europa.eu/publications/insights/heroin-assisted-treatment\\_en](http://www.emcdda.europa.eu/publications/insights/heroin-assisted-treatment_en))

### 3 Lead Reviewer

Saket Priyadarshi, Associate Medical Director, Addictions, [Saket.Priyadarshi@ggc.scot.nhs.uk](mailto:Saket.Priyadarshi@ggc.scot.nhs.uk)

### 4. Please list all participants in carrying out this EQIA:

Members of the Executive Alcohol Drug Partnership Harm Needs Assessment - Short Life Working Group:

Fiona McNeill, Head of Adult Services South, [Fiona.McNeill@ggc.scot.nhs.uk](mailto:Fiona.McNeill@ggc.scot.nhs.uk)

Stuart Notman, Programme Manager – Complex Needs. [Stuart.Notman@ggc.scot.nhs.uk](mailto:Stuart.Notman@ggc.scot.nhs.uk)

Emilia Crighton, Public Health, Head of Health Services Section, NHS GG&C. [Emilia.Crighton@ggc.scot.nhs.uk](mailto:Emilia.Crighton@ggc.scot.nhs.uk)

Mark Dell, Communications, Senior Media Relations Officer, NHS GG&C. [Mark.Dell@ggc.scot.nhs.uk](mailto:Mark.Dell@ggc.scot.nhs.uk)

Ann Forsyth, Homeless and Asylum Services Manager, NHS GG&C. [Ann.Forsyth@ggc.scot.nhs.uk](mailto:Ann.Forsyth@ggc.scot.nhs.uk)

Clare Holland, Public Relations Officer, Glasgow City Council. [Clare.Holland@glasgow.gov.uk](mailto:Clare.Holland@glasgow.gov.uk)

Carole Hunter, Lead Pharmacist, Addictions, NHS GG&C. [Carole.Hunter@ggc.scot.nhs.uk](mailto:Carole.Hunter@ggc.scot.nhs.uk)

Myleen MacKinnon, Commissioning Manager, Glasgow City Council. [Myleen.MacKinnon@glasgow.gov.uk](mailto:Myleen.MacKinnon@glasgow.gov.uk)

Jim McBride, Head of Adult Services, Homelessness and Criminal Justice, . [Jim.McBride@glasgow.gov.uk](mailto:Jim.McBride@glasgow.gov.uk)

Shona McGregor, People and Change Manager, NW Locality, Glasgow City HSCP. [Shona.McGregor@ggc.scot.nhs.uk](mailto:Shona.McGregor@ggc.scot.nhs.uk)

Charles McMahon, Consultant Psychiatrist, Renfrewshire HSCP. [Charles.McMahon@ggc.scot.nhs.uk](mailto:Charles.McMahon@ggc.scot.nhs.uk)

Michael Robinson, Senior Officer, Planning Support, Glasgow City HSCP. [Michael.Robinson@glasgow.gov.uk](mailto:Michael.Robinson@glasgow.gov.uk)

Jane Williamson, Acting Group Manager –Project Management and Surveying, Glasgow City Council

[Jane.Williamson@drs.glasgow.gov.uk](mailto:Jane.Williamson@drs.glasgow.gov.uk)

Additional members of the Alcohol Drug Partnership Harm Needs Assessment - Short Life Working Group:

John Campbell, Improvement and Development Manager, Addictions, NHS GG&C. [John.Campbell@ggc.scot.nhs.uk](mailto:John.Campbell@ggc.scot.nhs.uk)

Fiona Crawford, Consultant in Public Health, Public Health, NHS GG&C. [Fiona.Crawford3@ggc.scot.nhs.uk](mailto:Fiona.Crawford3@ggc.scot.nhs.uk)

Lorraine Cribbin, Professional Nurse Advisor, Addictions, NHS GG&C. [Lorraine.Cribbin@ggc.scot.nhs.uk](mailto:Lorraine.Cribbin@ggc.scot.nhs.uk)

Thomas Cunningham, South Community Recovery Service [thomasscottcunningham@gmail.com](mailto:thomasscottcunningham@gmail.com)  
Angela Dowdalls, Principle Officer Commissioning, Addictions Services. [Angela.Dowdalls@glasgow.gov.uk](mailto:Angela.Dowdalls@glasgow.gov.uk)  
Michael Duddy, Chief Inspector, Police Scotland. [Michael.Duddy@scotland.pnn.police.uk](mailto:Michael.Duddy@scotland.pnn.police.uk)  
Ann Fehilly, Neighbourhoods and Sustainability [Ann.Fehilly@glasgow.gov.uk](mailto:Ann.Fehilly@glasgow.gov.uk)  
Gilian Ferguson, Alcohol and Drugs Partnership. [Gillian.Ferguson@glasgow.gov.uk](mailto:Gillian.Ferguson@glasgow.gov.uk)  
Suzanne Gallagher, Scottish Families Affected by Alcohol And Drugs. [suzanne@sfad.org.uk](mailto:suzanne@sfad.org.uk)  
Claire Glover, Blood Borne Virus Outreach Nurse Specialist, NHS GG&C. [Claire.Glover2@ggc.scot.nhs.uk](mailto:Claire.Glover2@ggc.scot.nhs.uk)  
Kirsten Horsburgh, National Naloxone Co-ordinator, Scottish Drugs Forum. [kirsten@sdf.org.uk](mailto:kirsten@sdf.org.uk)  
Sharon Hutchinson, Professor of Epidemiology and Population Health, Glasgow Caledonian University.  
[sharon.hutchinson2@nhs.net](mailto:sharon.hutchinson2@nhs.net)  
Stevie Lydon Strategy Co-ordinator Alcohol And Drugs Partnership. [Stevie.Lydon@glasgow.gov.uk](mailto:Stevie.Lydon@glasgow.gov.uk)  
Lynn MacDonald, Service Manager, South Alcohol and Drugs Recovery Services. [Lynn.MacDonald2@ggc.scot.nhs.uk](mailto:Lynn.MacDonald2@ggc.scot.nhs.uk)  
Andrew Mcauley NHS National Services Scotland. [andrew.mcauley@nhs.net](mailto:andrew.mcauley@nhs.net)  
Catriona Milosevic, Consultant in Public Health Medicine, NHS GG&C. [Catriona.Milosevic@ggc.scot.nhs.uk](mailto:Catriona.Milosevic@ggc.scot.nhs.uk)  
Claire Muirhead South Community Recovery Service. [clairemuirhead@gmail.com](mailto:clairemuirhead@gmail.com)  
Erica Peters, Consultant Physician, Emergency Care & Medical Services. [Erica.Peters@ggc.scot.nhs.uk](mailto:Erica.Peters@ggc.scot.nhs.uk)  
Catriona Ritchie, Lead Clinician, Addictions. [Catriona.Ritchie@ggc.scot.nhs.uk](mailto:Catriona.Ritchie@ggc.scot.nhs.uk)  
Patricia Tracey, Service Glasgow Drug Crisis Centre. [patriciatracey@turningpointscotland.com](mailto:patriciatracey@turningpointscotland.com)

## 5. Impact Assessment

**A Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality. This should include the Equality Act 2010, Human Rights Act 1998, the Fairer Scotland Duty and the Child Poverty (Scotland) Act 2017.**

**Yes.**

Section 1.1.2 (Service Specification) states that the target population “will be the city centre homeless population who have not shown sustained benefit from conventional treatments.”

Section 2.1 (service Specification) states “patients will be assessed for inclusion to the Pilot Heroin-Assisted Treatment service” – assessments will be underpinned by evidence based practice regardless of age, gender, sexuality, race, religion or belief and disability.

The criteria used to determine a patient’s suitability for inclusion into the service is based upon clinical decisions, developed from the various published research papers from Heroin-Assisted Treatment services around the world.

([http://www.emcdda.europa.eu/publications/insights/heroin-assisted-treatment\\_en](http://www.emcdda.europa.eu/publications/insights/heroin-assisted-treatment_en) )

This policy will meet the requirements of the Equalities Act 2010. The Act protects against the following characteristics: age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Compliance with the Act will ensure that we:

- Eliminate discrimination
- Provide opportunities for all
- Foster good relationships

There are a variety of anti-discriminatory measures in place as standard within the facility including:

- An induction loop system
- All NHS staff will undertake the mandatory training “Equality, Diversity & Human Rights” (Learnpro mandatory module GGC:004)
- A range of interpreting services are available from the NHS Greater Glasgow & Clyde Interpreting Service,

including spoken language and British Sign Language.

(<http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/InterpretingServices/Pages/InterpretingServices.aspx>)

- The NHS Greater Glasgow & Clyde “Accessible Information Policy” ensures “there is a consistent, accurate and clear approach to the provision of accessible information to patients, and members of the public.” This ensures, for example that, written information is available in the required language and format for patients.

(<http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Corporate%20Planning%20and%20Policy/Documents/Accessible%20Information%20Policy%20011210%20Nov%202011.pdf>)

## B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?

		Source										
All	Scottish substance misuse data, ISD Scotland, suggests the demographics of the population of people who inject drugs in Scotland is:	<a href="https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2018-06-26/2018-06-26-SDMD-Report.pdf">https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2018-06-26/2018-06-26-SDMD-Report.pdf</a>										
	<table border="1"> <thead> <tr> <th>Age</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>&lt;25 years</td> <td>12%</td> </tr> <tr> <td>25 – 34 years</td> <td>34%</td> </tr> <tr> <td>Over 35 years</td> <td>54%</td> </tr> <tr> <th colspan="2">Ratios</th> </tr> <tr> <td>Male:Female Ratio</td> <td>2.5 : 1</td> </tr> </tbody> </table>		Age	Percentage	<25 years	12%	25 – 34 years	34%	Over 35 years	54%	Ratios	
Age	Percentage											
<25 years	12%											
25 – 34 years	34%											
Over 35 years	54%											
Ratios												
Male:Female Ratio	2.5 : 1											
	Demographics for the Glasgow city centre homeless, public injecting population, obtained from the “Taking Away the Chaos” report are:	<a href="https://www.nhs.uk/ggc/media/238302/nhs-ggc-health-needs-drug-injectors-full.pdf">https://www.nhs.uk/ggc/media/238302/nhs-ggc-health-needs-drug-injectors-full.pdf</a>										

Age	Percentage
<20 years	0.3%
20 – 29 years	9.6%
30 – 39 years	42.9%
40 – 49 years	39.1%
Over 50 years	8.2%
Ratios	
Male:Female Ratio	4.3 : 1

In both cases the majority of people who inject drugs are older males. Some studies (see *“Taking Away the Chaos” Report*) have suggested that public injecting is higher in males than females and the Glasgow data would appear to be consistent with this.

The demographics reported upon in the “Taking Away the Chaos” report would also suggest that the majority of public injectors in Glasgow identify themselves as either Scottish or British.

The European Monitoring Centre for Drugs and Drug Addiction, Insights 11, New heroin-assisted treatment – recent evidence and current practices of supervised injectable heroin treatment in Europe and beyond: reports that all existing clinics have a minimum treatment age of 18 years or older.

The criteria for entry into the Glasgow Pilot Heroin-Assisted Treatment service is over 18 years. This is in line with the data obtained from other heroin-assisted treatment centres, and also with the criteria that patients must have several failed attempts at standard treatment models.

Patients must exhibit a history of problematic drug use, it is therefore expected that the Heroin-Assisted Treatment service is unlikely to treat younger people with drug problems. The mean reported ages of patients in services in other countries is 40 – 46 years.

[http://www.emcdda.europa.eu/publications/insights/heroin-assisted-treatment\\_en](http://www.emcdda.europa.eu/publications/insights/heroin-assisted-treatment_en)

[http://www.emcdda.europa.eu/publications/insights/heroin-assisted-treatment\\_en](http://www.emcdda.europa.eu/publications/insights/heroin-assisted-treatment_en)

	<p>The diamorphine product licence states that the minimum age the product is licensed for is 18 years.</p> <p>Patients must demonstrate capacity to provide consent. In Scotland the Age of Legal Capacity (Scotland) Act 1991 s2(4) states a person under the age of 16 years:</p> <p>“shall have legal capacity to consent on his own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending him, he is capable of understanding the nature and possible consequences of the procedure or treatment.”</p> <p>Consent is not purely determined by a patient’s age. If a patient under the age of 16 years can demonstrate this capacity they are deemed “s2(4) competent”.</p> <p>Adults are, under The Mental Health Care &amp; Treatment) (Scotland) Act 2003, deemed competent if a functional approach is taken and the patient is deemed:</p> <p>“able to make a decision at the time when that decision has to be made.”</p> <p>The published results of a randomised control trial based in London, the RIOTT trial, reports the following patient demographics:</p>	<p><a href="https://www.legislation.gov.uk/ukpga/1991/50">https://www.legislation.gov.uk/ukpga/1991/50</a></p> <p><a href="http://www.legislation.gov.uk/asp/2003/13/contents">http://www.legislation.gov.uk/asp/2003/13/contents</a></p> <p><a href="https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60349-2/fulltext">https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60349-2/fulltext</a></p>
--	---	--

	<table border="1"> <tr> <td>Average Age</td> <td>37 years</td> </tr> <tr> <td>Ethnicity – White</td> <td>95%</td> </tr> <tr> <td>Unemployed</td> <td>98%</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>Ratios</b></td> </tr> <tr> <td>Male:Female Ratio</td> <td>2.1 : 1</td> </tr> </table>	Average Age	37 years	Ethnicity – White	95%	Unemployed	98%	<b>Ratios</b>		Male:Female Ratio	2.1 : 1	<a href="https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2014%20-%20Safer%20Drug%20Consumption%20Facility%20and%20Heroin%20Assisted%20Treatment.pdf">https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2014%20-%20Safer%20Drug%20Consumption%20Facility%20and%20Heroin%20Assisted%20Treatment.pdf</a>
Average Age	37 years											
Ethnicity – White	95%											
Unemployed	98%											
<b>Ratios</b>												
Male:Female Ratio	2.1 : 1											
<b>Sex</b>	As per the gender mix in the Glasgow city centre public injecting population , it is anticipated that a similar male : female ratio of 4.3:1 will exist within the Pilot Heroin –Assisted Treatment service, however entry to the service will be based upon clinical assessment and may not therefore reflect this ratio.											
<b>Gender Reassignment</b>	There is no reported data from existing heroin-assisted treatment services. Entry to the service will be based upon clinical assessment; gender reassignment will not be a factor.											
<b>Race</b>	Race in itself is not consider to be a factor, however the health needs assessment conducted in Glasgow, and reported in the “Taking Away the Chaos” document, would suggest that the majority of those attending the service will be Scottish or British in origin. Entry to the service will be based upon clinical assessment; race will not be a factor.											
<b>Disability</b>	Substance misuse may be both the cause and a symptom of physical or mental health problems.											



	<p>People who inject drugs will suffer from the same physical and mental health issues as the general population. However their lifestyle may increase the prevalence and severity of those issues.</p> <p>Mental health issues are well documented within the population of people who inject drugs. It is estimated (Carra &amp; Johnson 2009), that 20 - 37% of patients within secondary mental health settings have both severe mental illness and substance misuse problem, whilst in the substance misuse setting 6 - 15 % of patients have a co-existing severe mental illness.</p> <p>Figures from the Scottish Drug Misuse database report 54% of patients suffering from co-existing physical issues, and 53% with co-existing mental health issues.</p> <p>Substance misuse patients may suffer from a variety of mental health issues.</p> <p>Physical and mental health problems are well documented within the homeless population.</p>	<p><a href="https://www.ncbi.nlm.nih.gov/pubmed/19011722">https://www.ncbi.nlm.nih.gov/pubmed/19011722</a></p> <p><a href="https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2017-04-04/2017-04-04-SDMD-Report.pdf?3779238463">https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2017-04-04/2017-04-04-SDMD-Report.pdf?3779238463</a></p>
--	--	---

	<p>Studies suggest that those who are homeless and do not also have substance misuse issues, have better access to health services and spend less time homeless than those who do misuse substances.</p> <p>Patients will be assessed regularly for both physical and mental health issues, since both can adversely affect both short term and long term outcomes. Those patients exhibiting severe physical or mental health problems, incompatible with diamorphine administration, will not be permitted to receive their prescribed dose, however medical assistance will be available.</p> <p>The premises which will house the Pilot Heroin-Assisted Treatment service have been designed with consideration of disabled / wheelchair access.</p> <p>An induction loop system is also available for those with hearing difficulties. British sign Language translation and interpretation services are available throughout the NHS GG&amp;C Board area.</p>	<p><a href="https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management">https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management</a></p> <p><a href="https://ac-els-cdn.com.knowledge.idm.oclc.org/S0140673611608854/1-s2.0-S0140673611608854-main.pdf?_tid=1c6b8625-c391-4b38-8aff-7e9e5d58e412&amp;acdnat=1548758160_a14961f740a896dfbfc913debcd12d1">https://ac-els-cdn.com.knowledge.idm.oclc.org/S0140673611608854/1-s2.0-S0140673611608854-main.pdf?_tid=1c6b8625-c391-4b38-8aff-7e9e5d58e412&amp;acdnat=1548758160_a14961f740a896dfbfc913debcd12d1</a></p>
<b>Sexual Orientation</b>	Entry to the service will be based upon clinical assessment; sexual orientation will not be a factor.	

<b>Religion and Belief</b>	Entry to the service will be based upon clinical assessment; religion and belief will not be a factor.	
<b>Age</b>	<p>Patients must be over the age of 18 years in order to satisfy the inclusion criteria for this service.</p> <p>The average age of the population of people who inject drugs is increasing and so it is expected that the average age of those patients attending this service reflect the trends of the this population.</p>	<a href="https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2017-04-04/2017-04-04-SDMD-Report.pdf?3779238463">https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2017-04-04/2017-04-04-SDMD-Report.pdf?3779238463</a>
<b>Pregnancy and Maternity</b>	Pregnancy will not be a barrier to assessment for treatment, however to minimise the risk to both the mother and the unborn child, other established, evidence based care pathways and interventions in pregnant women will be attempted before further consideration of entry to the Pilot Heroin-Assisted Treatment service is given.	
<b>Marriage and Civil Partnership</b>	Entry to the service will be based upon clinical assessment; marriage and civil partnership will not be a factor.	
<b>Social and Economic Status Other marginalised groups</b>	<p>The service is targeted at a population known to suffer from severe and multiple deprivation, including homelessness. However, entry to the service will be based upon clinical assessment; social and economic status will not be a factor.</p> <p>This service is aimed at a specific target population identified within the Health</p>	

<b>(homeless, addictions, asylum seekers/refugees, travellers, ex-offenders</b>	<p>Needs Assessment. This service is the first in Scotland and therefore a limited patient population will have access to it.</p> <p>Patients will access this service via the existing Homeless Addiction Team, and those out with this population will not have access to the service.</p> <p>This patient group are unlikely to travel long distances to access treatment services, and the intensity of this service with multiple daily attendances, would make the locating of the service out with the populations immediate neighbourhood a potential barrier to treatment. Therefore the needs of people who inject drugs will continue to be closely monitored in other geographical locations within NHS GG&amp;C, and a suitable response to those needs considered as and when those local needs are identified.</p>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>	
<b>General</b>	<p>Yes. This pilot service will provide this vulnerable, disadvantaged group, with unmet health needs, access to a multidisciplinary team who can address some of those needs, signpost other services e.g. social care, and access treatment pathways currently not utilised within this city centre, public injecting population.</p> <p>This policy aims to improve a</p>	As above	As above	

	variety of treatment outcomes, and act as a route into standard treatment pathways.		
<b>Sex</b>	As above	As above	As above
<b>Gender Reassignment</b>	As above	As above	As above
<b>Race</b>	As above	As above	As above
<b>Disability</b>	<p>Yes. This pilot service will provide this vulnerable, disadvantaged group, with unmet health needs, access to a multidisciplinary team who can address some of those needs, signpost other services e.g. social care, and access treatment pathways currently not utilised within this city centre, public injecting population.</p> <p>This policy aims to improve a variety of treatment outcomes, and act as a route into standard treatment pathways.</p>		

	<p>People who inject drugs will suffer from mental health problems similar to the general population. However, this service will recognise the likely higher prevalence of co-morbid psychiatry conditions, life history of Adverse Childhood Events and trauma in this population by ensuring the service is delivered in a trauma informed manner, that staff are trained on ACEs and their impact and by ensuring appropriate clinical pathways for mental health diagnosis and treatment.</p>		
<b>Sexual Orientation</b>	As above	As above	As above
<b>Religion and Belief</b>	As above	As above	As above
<b>Age</b>	As above	As above	As above
<b>Marriage and</b>	As above	As above	As above

<b>Civil Partnership</b>			
<b>Pregnancy and Maternity</b>	As above	As above	As above
<b>Social and Economic Status</b>	As above	As above	As above
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>	<p>Yes. This pilot service will provide this vulnerable, disadvantaged group, with unmet health needs, access to a multidisciplinary team who can address some of those needs, signpost other services e.g. social care, and access treatment pathways currently not utilised within this city centre, public injecting population.</p> <p>This policy aims to improve a variety of treatment outcomes, and act as a route into standard treatment pathways.</p>	As above	As above

<b>D Do you expect the policy to have any negative impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>General</b>	No	No	No
<b>Sex</b>	No	No	No
<b>Gender Reassignment</b>	No	No	No
<b>Race</b>	No	No	No
<b>Disability</b>	No	No	No
<b>Sexual Orientation</b>	No	No	No
<b>Religion and Belief</b>	No	No	No
<b>Age</b>	No	No	No
<b>Marriage and Civil Partnership</b>	No	No	No
<b>Pregnancy and Maternity</b>	No	No	No
<b>Social and Economic Status</b>	No	No	No
<b>Other marginalised groups</b>	No	No	No This service is aimed at a specific target population identified within the



<p><b>(homeless, addictions, asylum seekers/refugees, travellers, ex-offenders</b></p>			<p>Health Needs Assessment. This service is the first in Scotland and therefore a limited patient population will have access to it. The target population are 400-500 individuals who publicly inject drugs within Glasgow city centre. Patients out with this population will not have access to the service. This patient group are unlikely to travel long distances to access treatment services, and the intensity of this service would make the locating of the service out with the populations immediate neighbourhood a potential barrier to treatment. Therefore the needs of people who inject drugs will continue to be closely monitored in other geographical locations within NHS GG&amp;C, and a suitable response to those needs considered as and when those needs are identified.</p>
--	--	--	--

<b>E Actions to be taken</b>		
		<b>Responsibility and Timescale</b>
<b>E1 Changes to policy</b>	There are no changes to the policy required at this time.	
<b>E2 action to compensate for identified negative impact</b>	As the service develops, if discrimination is identified, action will be taken to remedy that discrimination.	<b>Head of Service. 12 months</b>
<b>E3 Further monitoring – potential positive or negative impact</b>	As the service develops an EQIA will be undertaken to ensure the service will not discriminate. Positive or negative impacts will identified and action taken when necessary.	<b>Head of Service. 12 months</b>
<b>E4 Further information required</b>	This EQIA will act as a baseline for any future EQIA's.	<b>Head of Service. 12 months</b>

**6. Review: Review date for policy / strategy / plan and any planned EQIA of services**

12 months from inception of service – provisionally August 2020

**Lead Reviewer: Name:** Saket Priyadarshi

**Sign Off: Job Title** Associate Medical Director, Glasgow Alcohol and Drug Recovery Service.

**Signature**

**Date:** 31/01/2019

Please email copy of the completed EQIA form to [EQIA1@ggc.scot.nhs.uk](mailto:EQIA1@ggc.scot.nhs.uk)

Or send hard copy to:

Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH