NHS Greater Glasgow and Clyde

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Equality Impact Assessment Tool

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

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

Huntington's Disease Service Transition

Is this a: Current Service X 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.

Glasgow City Health and Social Care Partnership (GCHSCP) has a responsibility to deliver sustainable, equitable, and person-centred care to those affected by Huntington's Disease (HD). Historically, this service has been provided in partnership with the Scottish Huntington's Association, with specialist staff coordinating support across Health and Social Care. From 1st October 2025, the services for individuals with HD will be fully integrated into the existing structures of the Health and Social Care Partnership, ensuring that individuals and their families continue to receive the right support, and at the right time. This will enable individuals with HD to access care through already established mental health, neurological, and social care pathways; this will also ensure consistency of services and delivery, an improved accountability and governance structure, and a sustainable and quality service continues to be made available to patients and families.

The transition will ensure that all existing and future patients diagnosed with Huntington's Disease, along with their families and carers, are able to access a GCHSCP service and receive coordinated and multidisciplinary support in a way that best meets their needs. Existing staff within the GCHSCP will take responsibility for ensuring; the right care at the right time, providing a continuity of care, that service users continue to receive a service appropriate to their need, and access to wider health and social care services and teams. The aim of the transition reflects a commitment to aligning services with national strategic priorities, continuing to adhere to commitments under the National Care Framework for Huntington's Disease, which advocates for named care coordinators, multidisciplinary team collaboration, and enhanced training for health and social care professionals. This transition does not represent a fundamental change in the type of care that is already being provided by Scottish Huntington's Association, but rather it is an evolution of how services are structured and accessed by existing and future patients and their families, and carers. By embedding HD support within existing care pathways, GCHSCP aims to ensure a seamless transition and uninterrupted care experience for service users, access to an enhanced integration of specialist expertise within the partnership, and long-term sustainability for a quality service delivered by GCHSCP MH services.

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.)

GCHSCP recognises that any change in service delivery, no matter how structured or well-planned it may be, has the potential to impact upon individuals and their families, and how they interact with support systems. While the integration of HD services into existing pathways is designed to enhance governance, sustainability, and access, it is critical to assess any potential barriers that are identified through patient and family feedback, and which could arise as a result of the transition. Undertaking this Equality Impact Assessment will allow for an early assessment of any risks or service gaps that could potentially affect service users, their families, and carers. This approach will ensure that appropriate mitigating actions can be identified and implemented. While there is no planned reduction in service provision, the transition represents a shift in how individuals access care and how specialist expertise is delivered. Consideration must therefore be given to factors such as service awareness, referral processes, and carer support, to ensure that no patient or individual affected by HD is disadvantaged as a result of the transition of the service into GCHSCP.

Glasgow City Health and Social Care Partnership recognises that Huntington's Disease places significant emotional, physical, and financial strain on carers, who often provide long-term support to loved ones. Ensuring that carers continue to receive appropriate assistance, respite, and guidance will be essential in mitigating stress and promoting their wellbeing, which aligns to the GCHSCP Carers Strategy, as a strategic priority.

The HSCP currently contracts with the Scottish Huntington's Association (SHA) to provide support to this population. This includes holistic assessment, care planning and coordination, assisting individuals to navigate the health and social care system, emotional support and provision of information and advice about HD to patients and those involved in caring for them. The current contract ends on 31 March 2025 and the HSCP has agreed to a 6 month extension from April to October 2025 to enable a transition to the above supports from SHA to in-house HSCP services.

Given the stage of this programme of work, this EQIA can only provide a general overview, further work will be undertaken during the development and implementation of the programme and the EQIA will be updated to reflect this.

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:**
Anne Mitchell, Head of Older People and Primary Care Services.	12/3/2020

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):

Gareth Williams, GCHSCP South Planning and Transformation Team.
Anne Mitchell, Head of Older People and Primary Care Services.
Pauline McCulloch, Service Manager, Older People and Primary Care Services.

		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.***	GCHSCP collects comprehensive service user data through CareFirst and EMIS, ensuring that individuals diagnosed with Huntington's Disease receive the appropriate support and that services remain responsive to their needs. The data captured includes age, gender, ethnicity, disability status, and social care involvement, allowing for a clear demographic profile of those accessing care. Information on housing status, financial assessments, and carer support needs is also recorded, recognising the wider impact of HD. Alongside demographic and health related data, referral pathways and service engagement trends are monitored. This ensures that individuals with HD are accessing specialist clinical care, mental health support, and carer services in a way that aligns with their needs. Data collection also supports case tracking across multidisciplinary teams, ensuring a coordinated approach to care. For those in the early stages of the disease or at genetic risk, data collection helps identify individuals who may require future care planning. Recording patterns of engagement with social work, allied health professionals, and self-directed support services ensures that interventions can be timely and proactive rather than reactive. There are no known barriers to collecting this data, as it is routinely recorded across health and social care systems.	While data collection processes are already well established, there is a need to ensure that equalities data remains accurate, up to date, and reflective of the full population accessing services. Some individuals may engage with HD services at different points in their journey, meaning their records may not always fully capture changing care needs. To mitigate this, when involved with GGC services a regular review and updating of records will be embedded into service processes, ensuring that future care plans are aligned with individuals' evolving requirements. Another potential challenge is ensuring that data collection includes those who may not yet be formally engaged with services. Some individuals, particularly those in the early stages of HD, may not yet require specialist interventions but would benefit from information, support networks, and future

			However, the partnership remains committed to ensuring that individuals and families are informed about how their data is used and that data collection processes remain proportionate and relevant. Where additional insights are required, targeted engagement with service users and carers will help refine how information is gathered.	planning discussions. To address this, GCHSCP will explore ways to improve outreach, particularly for those at risk of disengagement, ensuring that all affected individuals have access to the right support when needed. By taking a proactive approach to data collection, service and patient reviews, GCHSCP will ensure that all individuals affected by Huntington's Disease are accurately reflected in service planning, allowing for the continued delivery of equitable, person-centred care.
		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 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** ☐ **2) Promote equality of**	***A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake.***	GCHSCP routinely collects equalities data through CareFirst and EMIS, ensuring that service delivery is responsive to the needs of individuals and families affected by Huntington's Disease. This includes demographic data such as age, gender, ethnicity, and disability status, alongside service utilisation trends, referral patterns, and engagement with multidisciplinary teams. This information is actively used to shape policy and service design (e.g. national policy alignment, MDT structures, strategic planning and development of awareness/staff training), ensuring that HD support remains accessible and equitable. Data is reviewed to identify patterns in access, engagement levels, and any potential disparities across different groups, allowing the service to make informed adjustments to improve inclusivity. Ensuring that referral pathways are well-mapped and understood by service users and professionals helps maintain a	While equalities data is collected and utilised, there is a need to ensure that all individuals, particularly those in underrepresented groups, are engaging with and benefiting from HD services. To mitigate this, targeted engagement will take place with service users, carers, and professional groups to assess whether any gaps exist in awareness or access, ensuring that support remains fully inclusive. Ensuring that all relevant staff have the knowledge and training to interpret and act upon equalities data

	opportunity X **3) Foster good relations X between protected characteristics.** **4) Not applicable ☐**	***(Due regard promoting equality of opportunity)***	seamless experience and reduces any barriers to care. As HD is progressive, data collection also supports future care planning, ensuring that service users receive timely interventions that align with their changing needs. The ongoing review of this information allows Glasgow City Health and Social Care Partnership to allocate resources effectively, develop workforce training priorities, and ensure the service continues to align with national policy objectives. This approach promotes equality of opportunity by ensuring that all individuals, regardless of background, can access the right support when they need it, removes any barriers to service engagement, and fosters good relations by ensuring services remain person-centred and adaptable to the needs of service users and carers.	is also a priority. Workforce development will continue to emphasise the importance of person-centred, equitable care, ensuring that all service users receive support that reflects their individual needs and circumstances.
		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?** **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**	***Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking***	GCHSCP has drawn on national research, clinical evidence, and local service user engagement to ensure that the transition of Huntington's Disease services is informed by best practice and the lived experiences of those affected. The National Care Framework for Huntington's Disease provides a structured approach to service delivery, reinforcing the need for coordinated multidisciplinary care, and equitable access to services regardless of an individual's background or socioeconomic status. These principles have been incorporated into the service model to ensure that the needs of all equality groups are reflected in the way care is structured and delivered. By applying learning from both national policy guidance and local service user feedback, GCHSCP will take steps to ensure that individuals at greatest risk of exclusion, including those with additional disabilities, language barriers, or caring	Although the service is designed to be inclusive and aligned with national best practice, there is a risk that some individuals, particularly those in lower-income groups, minority ethnic communities, or with additional disabilities, may still face barriers to engaging with support services. To address this, GCHSCP will ensure that outreach, engagement, and communication strategies are fully inclusive, with translated materials, alternative communication formats, and proactive engagement with groups who may experience

	2) Promote equality of opportunity X **3) Foster good relations between protected characteristics X** **4) Not applicable ☐**	***related questions to young people.*** ***(Due regard to removing discrimination, harassment and victimisation and fostering good relations).***	responsibilities, can access tailored support within the existing health and social care system. The partnership has also applied evidence from wider equality-focused research on long-term condition management, disability inclusion, and carer support. This ensures that services are structured to provide flexibility, early intervention, and clear referral pathways, addressing disparities that may exist for those in marginalised or lower-income groups who may struggle to navigate complex care systems. This reflects the national and local commitments to promoting equality of opportunity, preventing discrimination, and fostering good relations between individuals from diverse backgrounds.	inequalities in health and social care access. This will be achieved by embedding evidence-based equality considerations into service planning, and strategic engagement.
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
4.	**Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant**	***A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.*** ***(Due regard to promoting equality of opportunity)***	GCHSCP will actively engage with equality groups, service users, carers, and professional networks to ensure that the transition of the HD service reflects the needs and experiences of those who are directly affected. This engagement will take place through patient and carer feedback sessions, partnership working groups, and ongoing dialogue with key stakeholders, ensuring that individuals from diverse backgrounds have the opportunity to contribute to service planning and inform decision-making. Additionally, planned engagement with carers' organisations and voluntary sector partners will ensure that those providing unpaid care for individuals with HD are fully supported in understanding how the transition may affect them. This will reinforce the importance of dedicated support for carers, access to respite, and access to financial assistance, all of which will be incorporated into the evolving service model prior to, and throughout the transition process. The Patient Experience and Public Involvement Team (PEPI) will provide additional support in gathering insights from those affected by HD as part of the ongoing Mental Health strategy	Whilst engagement with service users and equality groups aims to be proactive, there is a recognition that some individuals may not have actively participated in consultations due to the progressive nature of HD, digital exclusion, or other accessibility barriers. To mitigate this, GCHSCP will ensure that outreach efforts continue throughout the transition process and continue post completion - offering a range of engagement methods, including face-to-face meetings, written consultations, and targeted outreach to seldom-heard groups. Additionally, ensuring that individuals with language or literacy barriers have access to translated materials,

	boxes). **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity X** **3) Foster good relations between protected X characteristics** **4) Not applicable** ☐	**** The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.***	review; ensuring that all voices are heard, particularly those from underrepresented groups, including individuals with disabilities, carers from lower-income backgrounds, and those from minority ethnic communities. Feedback gathered has highlighted the importance of clear communication, continuity of care, and easily accessible support pathways, particularly for those who may struggle to navigate complex health and social care systems. These engagement activities conducted so far by the PEPI team have directly influenced the transition planning, ensuring that service accessibility, professional training, and a collaborative approach remain central to the redesign process. The feedback received has been used to inform referral processes, information sharing, and promote awareness training, ensuring that individuals affected by Huntington's Disease experience minimal disruption and feel fully supported throughout the transition, which will be done collaboratively with SHA.	alternative communication formats, and advocacy support will be a priority. The partnership will work with carers, community groups, and voluntary sector organisations to ensure that the voices of all equality groups are reflected in ongoing service improvements.
		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).**	***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,***	GCHSCP ensures that all services supporting individuals with HD are delivered in physically accessible locations that meet statutory accessibility standards. Given the progressive nature of Huntington's Disease and its impact on mobility, balance, and coordination, accessibility considerations are embedded into service planning to ensure that individuals can continue to engage with their care without facing physical barriers. Services are provided through existing health and social care facilities, including NHS and local authority buildings, mental health services, and community care settings, all of which meet Disability Discrimination Act (DDA) compliance standards. Where home-based support is required due to disease progression, mobility limitations, or personal preference,	While the service operates in physically accessible locations, there is a need to ensure that individuals in later stages of Huntington's Disease, or those with complex mobility issues, are not disadvantaged by location based access requirements. To mitigate this, GCHSCP will ensure that flexible consultation options remain in place, including home visits, digital consultations, and alternative community venues where required.

	1) Remove discrimination, harassment and victimisation X **2) Promote equality of opportunity X** **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	***harassment and victimisation).***	GCHSCP ensures that home visits, community outreach, and remote consultation options remain available, reducing the need for unnecessary travel.	By maintaining a focus on physical accessibility, flexibility, and transport support, GCHSCP remains conscious that patients with HD may require access to the care they need without unnecessary physical barriers, supporting independence and promoting equitable access to health and social care services.
		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** ☐ **2) Promote equality of opportunity 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 remove discrimination, harassment and victimisation and promote equality of***	The British Sign Language (Scotland) Act 2017 highlights the importance of ensuring that deaf and BSL users can access services equitably. To support this, GCHSCP will ensure that BSL interpreters are available for in-person and virtual consultations where required, and that written materials are available in translated and alternative formats upon request. Staff will also have access to communication training to ensure they can effectively support individuals with a range of communication needs. GCHSCP remains committed to ensuring that all communication with service users, carers, and staff is accessible, inclusive, and tailored to individual needs, particularly given the progressive cognitive and communication challenges associated with HD. The transition of services into existing structures will maintain clear, accessible communication pathways, ensuring that individuals and families understand how to engage with health and social care services without encountering barriers.	Whilst communication strategies are well established, there is a need to ensure that service users and carers are aware of the support available to them in navigating the transition. Some individuals may require additional assistance in understanding changes to service provision, particularly those with cognitive impairment, hearing loss, or literacy challenges. To mitigate this, the partnership will ensure that proactive outreach and targeted communication strategies are used to engage individuals who may struggle to access standard information formats. By maintaining a proactive and inclusive communication strategy,

<table>
<tr><td></td><td>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.</td><td>opportunity).</td><td></td><td>GCHSCP will ensure that all patients and their communication needs, are met and they are able to engage fully with services, receive clear and accessible information, and feel confident in navigating their own care pathway.</td></tr>
<tr><td>7</td><td colspan="2">Protected Characteristic</td><td>Service Evidence Provided</td><td>Possible negative impact and Additional Mitigating Action Required</td></tr>
<tr><td>(a)</td><td colspan="2">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</td><td>GCHSCP ensures that HD services are accessible to individuals of all ages, with care provision tailored to the specific needs of people at different stages of their condition. HD typically presents between the ages of 30 and 50, but a small proportion of cases develop earlier, known as Juvenile Huntington's Disease, which can occur in individuals under the age of 20. The service recognises that age related differences in disease onset, symptom progression, and support needs must be considered when planning and delivering care.

The integration of Huntington's Disease services into existing health and social care pathways will ensure that adults, older adults, and younger individuals affected by the condition receive appropriate, person-centred support. The service is designed to</td><td>While the service does not impose age-based restrictions on access, there is a need to ensure that individuals at different stages of life receive age-appropriate care and support. To mitigate this, GCHSCP will ensure that referral pathways remain open across all relevant age groups, allowing individuals to transition between services as their needs evolve. Awareness training will also ensure that staff understand the different care requirements for individuals of varying ages, ensuring</td></tr>
</table>

	victimisation **2) Promote equality of opportunity** X **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	accommodate the long-term and progressive nature of the disease, ensuring that individuals can transition between different levels of care without experiencing barriers based on age or service eligibility criteria. For younger individuals diagnosed with Juvenile Huntington's Disease, the partnership will ensure that services remain flexible and responsive, enabling access to specialist paediatric and neurology services where required. Similarly, as the disease progresses in later adulthood, individuals will continue to receive the appropriate support through older people's care pathways, including access to long-term condition management, social care, and palliative care where necessary.	that no service user is disadvantaged due to their stage in life. By embedding age-inclusive practices, maintaining specialist care pathways, and ensuring smooth transitions between different health and social care services, GCHSCP will ensure that all individuals, regardless of age, receive equitable and appropriate support throughout their Huntington's Disease journey. The current contract ends on 31 March 2025 and the HSCP has agreed to a 6-month extension from April to October 2025 to enable a transition to the above supports from SHA to in-house HSCP services. Individuals will be supported collaboratively with SHA during this process as they are contacted directly, provided with FAQ's, points of contact are identified for further queries and support, and strategic engagement events are scheduled to further update and receive feedback from patients, families and their carers.
(b)	**Disability** **Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?**	GCHSCP recognises that individuals with HD are likely to experience significant and progressive physical, cognitive, and mental health challenges, making disability inclusion a core consideration in service planning. HD impacts mobility, coordination, speech, cognition, and emotional wellbeing, often leading to increasing care needs as the disease progresses.	While HD services are designed to be fully inclusive of individuals with disabilities, there is a need to ensure that all aspects of service accessibility remain under continuous review, particularly as individuals

	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** ☐ **2) Promote equality of opportunity X** **3) Foster good relations between protected characteristics. X** **4) Not applicable** ☐	Ensuring that services remain fully accessible, adaptable, and responsive is essential to supporting individuals with HD at all stages of the condition. The integration of HD services within existing health and social care pathways will ensure that individuals with disabilities continue to receive appropriate, MDT support through neurology, mental health, social care, and allied health professionals. This includes access to physiotherapy, occupational therapy, speech and language therapy, and future care planning, ensuring that interventions are delivered in a way that supports maximising independence and their overall quality of life. GCHSCP also ensures that individuals with HD have access to self-directed support (SDS), specialist equipment, home adaptations, and assistive communication tools, recognising that disability needs evolve over time. Carers and families will continue to receive support, including respite provision and financial assistance where required, ensuring that both service users and those providing unpaid care are adequately supported.	may develop increasingly complex needs over time. To mitigate these challenges, GCHSCP will ensure that all service locations remain physically accessible, with alternative consultation options available. By maintaining a proactive approach to accessibility, awareness training, and an inclusive approach to service delivery, GCHSCP will ensure that individuals with HD continue to receive equitable, high-quality care that is fully responsive to their disability-related needs. The current contract ends on 31 March 2025 and the HSCP has agreed to a 6-month extension from April to October 2025 to enable a transition to the above supports from SHA to in-house HSCP services. Individuals will be supported collaboratively with SHA during this process as they are contacted directly, provided with FAQ's, points of contact are identified for further queries and support, and strategic engagement events are scheduled to further update and receive feedback from patients, families and their carers.
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(c)	**Gender Reassignment**	GCHSCP ensures that all individuals, including those who have	There are no anticipated negative

	Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment? **Your evidence should show which of the 3 parts of the General Duty have been considered (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** ☐	undergone or are undergoing gender reassignment, have equal access to HD services without discrimination. Services are delivered in an inclusive manner, respecting individuals' gender identity, preferred names, and pronouns, in line with NHS Scotland's commitment to dignity and respect in care provision. Staff involved in HD services are trained to provide non-discriminatory, person-centred care, ensuring that gender identity does not present a barrier to accessing treatment, social care, or specialist support.	impacts specific to gender reassignment; however, should any concerns be identified, GCHSCP will ensure that individuals have access to confidential advice and appropriate adjustments to ensure they feel fully supported within HD services. The current contract ends on 31 March 2025 and the HSCP has agreed to a 6-month extension from April to October 2025 to enable a transition to the above supports from SHA to in-house HSCP services. Individuals will be supported collaboratively with SHA during this process as they are contacted directly, provided with FAQ's, points of contact are identified for further queries and support, and strategic engagement events are scheduled to further update and receive feedback from patients, families and their carers.
	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**	GCHSCP ensures that marital or civil partnership status does not impact an individual's ability to access HD services. Support is provided based on clinical and social care needs, rather than relationship status, ensuring equitable access for all service users. GCHSCP recognises the importance of supporting partners who may take on a caring role. Access to carer support services,	The current contract ends on 31 March 2025 and the HSCP has agreed to a 6-month extension from April to October 2025 to enable a transition to the above supports from SHA to in-house HSCP services. Individuals will be supported collaboratively with SHA during this

	General Duty have been considered (tick relevant boxes). **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity X** **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	financial advice, and respite options remains available to ensure that spouses and civil partners are supported in their role as caregivers, where applicable.	process as they are contacted directly, provided with FAQ's, points of contact are identified for further queries and support, and strategic engagement events are scheduled to further update and receive feedback from patients, families and their carers.
(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 ☐d victimisation** **2) Promote equality of opportunity X** **3) Foster good relations between protected characteristics. X** **4) Not applicable** ☐	GCHSCP ensures that pregnancy and maternity status does not affect an individual's access to HD services. HD care is delivered in a person-centred manner, ensuring that pregnant individuals and new parents receive appropriate medical, social, and emotional support throughout their care journey.	While there are no anticipated negative impacts, individuals who are pregnant or planning a pregnancy may require specialist advice regarding HD's hereditary nature, genetic testing, and family planning options. GCHSCP will ensure that clear referral pathways to genetic counselling, maternity services, and additional multidisciplinary support are available where required. The current contract ends on 31 March 2025 and the HSCP has agreed to a 6-month extension from April to October 2025 to enable a transition to the above supports from SHA to in-house HSCP services. Individuals will be supported collaboratively with SHA during this process as they are contacted directly, provided with FAQ's, points

			of contact are identified for further queries and support, and strategic engagement events are scheduled to further update and receive feedback from patients, families and their carers.
	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?** **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** ☐	HD services are fully inclusive and accessible to individuals of all racial and ethnic backgrounds, with care provided equitably and without discrimination. Services are delivered in line with NHS Scotland's commitment to cultural competence, ensuring that language, cultural beliefs, or health literacy do not create barriers to access. GCHSCP will ensure that translated materials, interpretation services, and culturally sensitive support is available for individuals and families who may require them. Staff awareness training will also reinforce best practices for providing culturally responsive care, ensuring that all individuals feel respected and supported within HD services.	GCHSCP will ensure that translated materials, interpretation services, and culturally sensitive support is available for individuals and families who may require them. Staff awareness training will also reinforce best practices for providing culturally responsive care, ensuring that all individuals feel respected and supported within HD services The current contract ends on 31 March 2025 and the HSCP has agreed to a 6-month extension from April to October 2025 to enable a transition to the above supports from SHA to in-house HSCP services. Individuals will be supported collaboratively with SHA during this process as they are contacted directly, provided with FAQ's, points of contact are identified for further queries and support, and strategic engagement events are scheduled to further update and receive feedback from patients, families and their

			carers.
(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** **3) Foster good relations between protected characteristics. X** **4) Not applicable** ☐	HD services are inclusive of all religious and belief systems, respecting individuals' faith-based needs, cultural practices, and personal values. Service users are supported in a way that aligns with their religious beliefs, including considerations around dietary requirements, observance of religious practices, and end-of-life care preferences.	GCHSCP will ensure that individuals have access to faith-based support and spiritual care services where requested, and culturally appropriate care planning, where requested. Staff will continue to provide sensitive, person-centred support, ensuring that religious and cultural beliefs are fully respected within HD service provision. The current contract ends on 31 March 2025 and the HSCP has agreed to a 6-month extension from April to October 2025 to enable a transition to the above supports from SHA to in-house HSCP services. Individuals will be supported collaboratively with SHA during this process as they are contacted directly, provided with FAQ's, points of contact are identified for further queries and support, and strategic engagement events are scheduled to further update and receive feedback from patients, families and their carers.
	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**	HD services are accessible to all individuals regardless of sex, with no differential treatment based on gender. HD affects both men and women, and care is provided based on clinical and social care needs rather than distinctions based upon a patient's	To mitigate any potential inequalities, carer support services, respite options, and financial assistance will continue to be available to ensure

	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** ☐	sex.	that all individuals, regardless of sex, receive appropriate support in managing HD related challenges. The current contract ends on 31 March 2025 and the HSCP has agreed to a 6-month extension from April to October 2025 to enable a transition to the above supports from SHA to in-house HSCP services. Individuals will be supported collaboratively with SHA during this process as they are contacted directly, provided with FAQ's, points of contact are identified for further queries and support, and strategic engagement events are scheduled to further update and receive feedback from patients, families and their carers.
(i)	**Sexual Orientation** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation X** **2) Promote equality of opportunity X** **3) Foster good relations between protected**	HD services are designed to be inclusive and accessible to all sexual orientations, with care provided equitably and without discrimination. Services are delivered in line with NHS Scotland's commitment to person-centred care, ensuring that individuals and their partners receive respectful, supportive, and non-judgmental care. GCHSCP remains committed to fostering an inclusive environment by ensuring that staff receive equality and diversity training, recognising and respecting LGBTQ+ relationships, chosen families, and specific support needs within HD services.	The current contract ends on 31 March 2025 and the HSCP has agreed to a 6-month extension from April to October 2025 to enable a transition to the above supports from SHA to in-house HSCP services. Individuals will be supported collaboratively with SHA during this process as they are contacted directly, provided with FAQ's, points of contact are identified for further queries and support, and strategic engagement events are scheduled to further update and receive feedback from patients, families and their

	characteristics. **X** **4) Not applicable** ☐		carers.
	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 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 when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here:**[Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)] Seven useful questions to consider when seeking to demonstrate 'due regard' in relation to the Duty: 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)? 3. What does the evidence suggest about the actual or	GCHSCP recognises that a socioeconomic disadvantage can create additional barriers to accessing health and social care services, particularly for individuals with HD, who may experience financial hardship due to a loss of employment, increasing care costs, or any additional support needs. The transition of HD services ensures that individuals from all socioeconomic backgrounds receive equitable access to specialist care, financial support pathways, and carer assistance, reducing the risk of financial exclusion impacting their health outcomes and personal goals throughout their care journey. The Fairer Scotland Duty (2018) has been considered in the service transition, ensuring that individuals affected by poverty continue to receive appropriate social work support, access to Self-Directed Support (SDS), and financial wellbeing advice, which aims to minimise any risk of inequality. Financial barriers to transport, care contributions, or accessing specialist support are mitigated through targeted interventions, referral to welfare rights services, and ensuring flexibility in how care is delivered, including home-based and digital support options. Fairer Scotland Duty: 1. What evidence has been considered - Socioeconomic data from CareFirst and EMIS, local health inequalities reports, and engagement with financial wellbeing services.	The Fairer Scotland Duty (2018) has been considered in the service transition, ensuring that individuals affected by poverty continue to receive appropriate social work support, access to Self-Directed Support (SDS), and financial wellbeing advice, which aims to minimise any risk of inequality. Financial barriers to transport, care contributions, or accessing specialist support are mitigated through targeted interventions, referral to welfare rights services, and ensuring flexibility in how care is delivered, including home-based and digital support options The current contract ends on 31 March 2025 and the HSCP has agreed to a 6-month extension from April to October 2025 to enable a transition to the above supports from SHA to in-house HSCP services. Individuals will be supported collaboratively with SHA during this process as they are contacted directly, provided with FAQ's, points

	likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage? 4. Are some communities of interest or communities of place more affected by disadvantage in this case than others? 5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions? 6. How has the evidence been weighed up in reaching our final decision? 7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? 'Making Fair Financial Decisions' (EHRC, 2019)21 provides useful information about the 'Brown Principles' which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement22 should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.	2. What are communities telling us - Individuals with HD and their carers highlight concerns about financial strain, employment loss, and access to carer support. 3. What does the evidence suggest about likely impacts - Without a structured support system, individuals with HD may experience financial hardship, creating additional health inequalities. 4. Are some communities more affected – Those in low-income households, deprived areas, or who are reliant on unpaid care may face a greater financial challenge. 5. How does this intersect with other protected characteristics – Disabled individuals, carers, and ethnic minorities may experience a compounded financial disadvantage, as their conditions progress, and care costs mount up. 6. How was the final decision reached – Ensuring continued financial support structures, access to social work and by collaborating with third-sector services, to develop flexible care models and services which aim to reduce economic barriers. 7. How will impact be monitored – Annual service user engagement surveys, financial wellbeing referrals, and ongoing data analysis to assess trends in service uptake across different socioeconomic groups.	of contact are identified for further queries and support, and strategic engagement events are scheduled to further update and receive feedback from patients, families and their carers.
(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?**	GCHSCP is committed to ensuring that HD services are inclusive and accessible to all individuals, including those from socially marginalised or disadvantaged backgrounds. Recognising that people experiencing homelessness, addiction, involvement in the justice system, or asylum-seeking status may face additional barriers in accessing healthcare, services are designed to be as flexible and responsive as possible to meet their unique needs. HD services are embedded within wider health and social care	Individuals from these groups may face higher levels of social exclusion, stigma, and difficulty in accessing services, which could lead to late diagnosis, lack of care coordination, and increased health inequalities. To mitigate this, GCHSCP will support services that deliver outreach efforts and targeted engagement where required/requested, ensuring that

		structures, ensuring that individuals who may not be engaged with primary care services can still access neurology, mental health, and social work support. The partnership works with homelessness services, prison health teams, addiction recovery services, and third-sector partners to ensure that patients in vulnerable situations receive equitable access to assessments, treatments, and their ongoing care. National frameworks, including Scotland's Public Health Priorities, NHS Scotland's Inclusion Health approach, and GCHSCP's own strategies and strategic priorities for addressing health inequalities, support this commitment, ensuring that service delivery actively works to remove barriers and promote engagement for these at-risk groups.	vulnerable individuals are proactively identified and supported. Access to community health teams, community outreach hubs, and staff will work towards bridging gaps for those who may struggle to engage with traditional healthcare settings. Training for health and social care professionals also reinforces the importance of non-discriminatory, trauma informed, and person-centred approaches, which ensures that HD services are delivered in a way that is accessible, supportive, and adaptable to the needs of all patients, regardless of their circumstances.
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** ☐ **2) Promote equality of opportunity X** **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	Whilst the transition of HD services into existing GCHSCP pathways represents a cost saving, planning is underway to ensure resources are used effectively and specialist support remains available, integrated, and accessible to all patients accessing services within the wider health and social care system. This approach ensures that individuals with HD continue to receive the same level of specialist input, while also benefiting from enhanced access to the broader range of health and social care services that they will engage with over time. By embedding HD services into established care pathways, GCHSCP is ensuring that individuals are fully supported across all aspects of their care journey, from diagnosis through to long-term condition management and palliative care. The current contract ends on 31 March 2025 and the HSCP has agreed to a 6-month extension from April to October 2025 to	Whilst there is no direct reduction in service provision, any transition around how care is delivered has the potential to create concerns about continuity, accessibility, and awareness. To mitigate this, GCHSCP will ensure that clear communication and engagement strategies are in place to reassure service users, patients, families and carers on how they will continue to access specialist support. Additionally, ongoing monitoring and evaluation of service delivery will ensure that resource allocation remains aligned with the needs of people with HD and their families. If

		enable a transition to the above supports from SHA to in-house HSCP services.	any gaps are identified, appropriate adjustments will be made to ensure that all individuals, regardless of their background or circumstances, continue to receive high-quality, person-centred care without disruption, when required.
		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.**	GCHSCP is committed to ensuring that all staff involved in a patients HD journey and services receives appropriate training on equality, diversity, and human rights, ensuring that care is delivered in an inclusive, person-centred, and non-discriminatory manner. All health and social care staff are required to complete statutory and mandatory training on equality, diversity, and inclusion, which covers protected characteristics under the Equality Act 2010, unconscious bias, and best practices for inclusive service delivery. Additional training specific to neurological conditions, disability awareness, and person-centred care is made available to staff working in HD pathways, ensuring that professionals are equipped with the knowledge and skills to support individuals with complex physical, cognitive, and mental health needs. GCHSCP also promotes accessibility training, and cultural competency education, reinforcing the commitment to removing barriers and promoting equality of opportunity across all services.	Whilst mandatory training ensures a baseline awareness, it is recognised that ongoing professional development is necessary for all staff to address emerging equality challenges and specific needs within HD services. To mitigate this, GCHSCP will ensure that regular learning opportunities are available and continue to be embedded into workforce development strategies. Monitoring completion rates for statutory and specialist training will be maintained to ensure that all staff have undertaken the necessary education to provide equitable, high-quality care. Where gaps in knowledge or understanding are identified, targeted training and professional development initiatives will aim to improve inclusivity within the HD service delivery.

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.

GCHSCP ensures that all services uphold and protect the human rights of all service users, carers, and staff in line with the Human Rights Act (1998) and the Equality Act (2010). The transition of the HD services has been designed to prioritise dignity, autonomy, and to promote equitable access to care, ensuring that all individuals receive support in a way that respects their right to a private and family life, choice in their care planning, and protection from discrimination.

There are no identified risks related to human rights breaches in this transition. However, as HD is a progressive condition, it is essential that individuals retain control over their care decisions for as long as possible, particularly in relation to advance care planning, consent, and carer support. GCHSCP will ensure that service users and carers are fully involved in decision-making, with access to existing; advocacy services, financial and legal planning support, and appropriate communication tools.

To further safeguard human rights, workforce training will reinforce best practices in ethical care delivery, ensuring that staff can effectively support individuals who may experience communication difficulties, a cognitive decline, or any complex care needs they may have. By maintaining a person-centred approach, GCHSCP ensures that HD services are delivered ethically, equitably, and with full respect for all human rights and equality protections afforded in their respective acts.

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* .

In the development of HD services, GCHSCP has applied a human rights-based approach by adhering to the PANEL principles:

- Participation – by engaging with service users and carers in their decision-making processes to ensure their voices shape ongoing service improvement and any future service design.

- Accountability- establishing clear mechanisms for feedback and quality assurance to uphold service standards.

- Non-Discrimination – by ensuring equitable access to services for all individuals, irrespective of their background or circumstances.

- Empowerment - by providing information and support to enable patients, their families, and carers, to make informed choices about their care.

- Legality- aligning policies and practices with national and international human rights laws, and ensuring all policies are reviewed by our legal department prior to implementation.

*

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

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

☒ Option 1: No major change (where no impact or potential for improvement is found, no action is required)

☐ Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)

☐ Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

☐

Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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

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)**
To mitigate potential risks identified within this EQIA, a number of key actions will be taken forward to ensure; continuity of care, removal of barriers to service access, and to promote a person-centred approach to delivery: • A strategic communication plan will be developed, along with focused engagement sessions to inform stakeholders of how to access HD support within the integrated model. • In collaboration with SHA a transition plan will be developed to ensure timelines are adhered to, with risk and reviews scheduled for key phases, to ensure an uninterrupted service for patients, their families and carers. • GCHSCP will ensure that financial wellbeing support, Self-Directed Support (SDS) pathways, and carer assistance are fully accessible, particularly for those experiencing economic hardship or increased dependency due to the progressive nature of HD. • Physical access to locations for patients will be actively reviewed and monitored to enable individuals with complex mobility or communication needs are able to receive the appropriate adaptations, transport assistance, and support where required (e.g. HD patients). • GCHSCP will also ensure that data collection and service evaluation processes are regularly reviewed and will analyses the data for improving this process. This will lead to an overall improvement in real-time monitoring of data trends, equalities impact, and any potential service gaps. Furthermore, this will enable ongoing improvements to service design, workforce	01/10/2025 – AM/PMcC/GW	

planning, and policy alignment, ensuring that the transition is not only sustainable, but it meets any challenges, and the ongoing needs of individuals living with HD and their families. By implementing these targeted mitigation actions, GCHSCP will ensure that the existing HD services remain fully inclusive, person-centred, and flexible, and are able to support individuals through all stages of their condition; whilst continuing to promote fairness, accessibility, and a high-quality delivery of care.	

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

Lead Reviewer: **Name Anne Mitchell**
EQIA Sign Off: **Job Title Head of Older People and Primary Care Services.**
Signature
Date 05/03/2025

Quality Assurance Sign Off: **Name Noreen Shields**
Job Title Planning Manager
Signature
Date 6/3/25

NHS Greater Glasgow and Clyde

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