# NHS Greater Glasgow and Clyde
# Equality Impact Assessment Tool

**Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. 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:**

NHS Greater Glasgow & Clyde – Safer Drug Consumption Facility

**Is this a: Current Service** ☐ **Service Development** ☐ **Service Redesign** ☐ **New Service** ☒ **New Policy** ☐ **Policy Review** ☐

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

***What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.***

This service aims to provide a clean supervised environment where people who use drugs may prepare and inject their chosen drugs using clean equipment. Staff will be in a position to provide medical support where drug overdose may arise, and will be in a position to highlight and link service users to other treatment and / or social care services, and third sector organisations for support.
The outcomes for service users will include to reduce overdose, transmission of Blood Borne Viruses (BBV's) and link service users to other agencies.
The outcomes for the wider population includes to reduce the level of public injecting with Glasgow city centre, the nuisance caused by such activity including litter and discarded injecting equipment.

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 Safer Drug Consumption Facility 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 ) .

The Safer Drug Consumption Facility 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 support in addition to the existing services, which targets the city centre public injecting population.

**Pathways:**

Research has demonstrated that SDCF users experience increased engagement with detoxification and drug dependence treatment services, enhanced access to broader health supports, and a positive impact on their treatment. The facilities not only provide a safe environment for drug consumption but also play a vital role in connecting users with various health and social services. The use of SDCFs is associated with higher rates of uptake for detoxification and opioid substitution treatment. SDCFs were also linked to increased access to other health and support services, and in Sydney it was found that clients' engagement with treatment services increased significantly compared with their initial visit to the SDCF.
Drug consumption rooms: an overview of provision and evidence | www.emcdda.europa.eu

Belackova V, Silins E, Salmon AM, Jauncey M, Day CA. "Beyond safer injecting" - Health and social needs and acceptance of support among clients of a supervised injecting facility. J Environ Res. 2019;16(11):2032.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6603933/

This service will engage with and support service users to access :

- Existing GADRS treatment services
- EDTS
- Existing health services e.g. BBV nurses, sexual health team, wound care, primary care services etc.
- Housing
- Benefits
- 3rd sector organisations
- Peer recovery groups

There are 4 interview rooms and 2 treatment rooms' onsite to facilitate service user interaction with onsite representatives from these groups.

This 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 Safer Drug Consumption Services / Drug Consumption Rooms 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 )

There is a wealth of research available to support the introduction of this service. The Scottish Government produced the paper *Safer Drug Consumption Facilities: evidence paper 2021(*Safer drug consumption facilities: evidence paper - gov.scot (www.gov.scot)) which specifically highlights the case for such a service to be located within Glasgow.

What is the eligibility criteria for accessing the service?

**Eligibility Criteria:**
SDCFs aim to be low threshold services, with as few barriers as possible to engage with the target population, the majority of whom tend not to engage with existing treatment or support services (REF).
There will be minimal restrictions regarding access to the SDCF and its services. SU's will:

- Age 18 years and over – this does provide an opportunity for staff to encourage those under 18 years to link in with the young person's service
- Already be drug dependent
- Not pregnant – this provides an opportunity for staff to encourage pregnant SU's to engage with appropriate services
- Show no signs of intoxication

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

This is an update to the previous EQIA for the Safer Drug Consumption Facility. As part of service development it was agreed that it would be beneficial for the service to reflect on its reach, performance and consider areas for improvement to aim to reduce the impact of consumption of drugs in public spaces within Glasgow city centre, both on the individual using the drugs and the general population affected by such drug use.

This service reflects some of the key priorities for Scottish Government:
National Drugs Mission Plan: 2022 – 2026 (National Drugs Mission Plan: 2022-2026 - gov.scot (www.gov.scot))
Rights, Respect and Recovery (2018) (Rights, respect and recovery: alcohol and drug treatment strategy - gov.scot (www.gov.scot))
Scottish Drugs Death Taskforce Recommendations – Changing Lives 2022 Changing lives: our final report. - Drugs and Alcohol

**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:** |
|---|---|
| Saket Priyadarshi, Associate Medical Director, Addictions,<br>Saket.Priyadarshi@ggc.scot.nhs.uk<br><br>Stuart R Notman, Programme Manager , Complex Needs<br>Stuart.Notman@ggc.scot.nhs.uk | 28/08/2024 |

**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):**

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| Members of the Executive Alcohol Drug Partnership Safer Drug Consumption Room Short Life Working Group |

| | | *Example* | **Service Evidence Provided** | **Possible negative impact and Additional Mitigating Action Required** |
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| **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.*** | **Routine data collection:**<br>Data will be collected using existing systems for the recording of interactions with this service user group.<br><br>There are two main categories of systems:<br>• The anonymised system (NEO) used for Injecting Equipment Supply, Naloxone supply, Assessment of Injecting Risk etc.<br>• Standard NHS treatment systems which require full name, address and CHI number entry / recording.<br><br>Elements of this service are 'anonymous' , and for those elements the details recorded are:<br>• Gender – Male, Female or Trans<br>• Client Reference number – 1st letter of 1st name, 1st and 4th letters of last name, date of birth e.g. MMS01/02/1923<br>• Ethnicity | |

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| | | | • Housing status<br><br>**Disability Information:**<br>Additional information regarding disability will be captured, however the level of assistance staff will be able to offer will be restricted to ensure service users, staff, managers and the organisation do not commit an offence. For example a staff member may help push a wheelchair or provide written or verbal advice, they can light the heat source for the service user to then make their dose, however staff may not handle the drugs being prepared, or assist with injection or permit anyone else from assisting, doing so would breach numerous offences both for the individual, staff member, service management and the organisations.<br><br>Barriers may include willingness of service user to provide accurate data. Since this is an anonymous service, there is no opportunity to cross reference / check details provided are accurate.<br><br>**Additional Data – if medical interventions are required:**<br>Data is collected via EMIS and includes information on Service User age, gender, socioeconomic status, sexual orientation, religion and disability.<br><br>**Access needs:**<br>Staff and service users will have access to interpretation services as per HSCP / NHSGG&C Interpreting and Communication Support Policy.<br><br>Staff have access to British Sign Language services via interpreting services. | |

<table>
<tr><td></td><td></td><td></td><td>Written materials are available in a variety of languages.</td><td></td></tr>
<tr><td colspan="2"></td><td>Example</td><td>Service Evidence Provided</td><td>Possible negative impact and Additional Mitigating Action Required</td></tr>
<tr><td>2.</td><td>Please provide details of how data captured has been/will be used to inform policy content or service design.<br><br>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).<br><br>1) Remove discrimination, harassment and victimisation ☑<br><br>2) Promote equality of opportunity ☑<br><br>3) Foster good relations between protected characteristics. ☑<br><br>4) Not applicable ☐</td><td>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.<br>(Due regard promoting equality of opportunity)</td><td>The data captured on Neo will provide general data regarding service update by the target group.<br>This information will inform if the target group meets the general characteristics of the wider population of people who use drugs.<br><br>Scottish substance misuse data, ISD Scotland, suggests the demographics of the population of people who inject drugs in Scotland is:<br><table><tr><td>Age</td><td>Percentage</td></tr><tr><td><25 years</td><td>14%</td></tr><tr><td>25 – 34 years</td><td>33%</td></tr><tr><td>Over 35 years</td><td>53%</td></tr><tr><td colspan="2">Ratios</td></tr><tr><td>Male:Female Ratio</td><td>2.7 : 1</td></tr></table>Scottish Drug Misuse Database (isdscotland.org)<br><br>Demographics for the Glasgow city centre homeless, public injecting population, obtained from the “Taking Away the Chaos” report are:<br><table><tr><td>Age</td><td>Percentage</td></tr><tr><td><20 years</td><td>0.3%</td></tr><tr><td>20 – 29 years</td><td>9.6%</td></tr><tr><td>30 – 39 years</td><td>42.9%</td></tr><tr><td>40 – 49 years</td><td>39.1%</td></tr><tr><td>Over 50 years</td><td>8.2%</td></tr><tr><td colspan="2">Ratios</td></tr></table></td><td></td></tr>
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|---|---|---|---|---|
| | | | <table><tr><td>Male:Female Ratio</td><td>4.3 : 1</td></tr></table><br>https://www.nhsggc.org.uk/media/238302/nhsggc_health_needs_drug_injectors_full.pdf<br><br>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 consisted with this.<br><br>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.<br><br>In 'Drug Consumption Rooms in Europe - organisational overview' (Sara Woods 2014) 90.6% of Drug Consumption Rooms (DCR's) in Europe reported a minimum age requirement of 18 years.<br>The criteria for entry into the Glasgow SDCF is over 18 years. This is in line with the data obtained from other DCR's.<br>(PDF) Drug Consumption Rooms in Europe - organisational overview (researchgate.net)<br><br>In Glasgow, as with other addiction services, the minimum treatment age is usually 18 years, the Glasgow SDCF sits within Glasgow Alcohol and Drug Recovery Services<br>Patients must demonstrate capacity to provide consent. In the UK the Children Act 1989 s105 draws a line between childhood and adulthood on a person's 18th birthday. Whilst a 16 to 17 year old possess the right to consent to medical treatment, that right is not absolute | |

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<tr><td></td><td></td><td></td><td>and can be overturned by a parent.<br>Consent, obviously, is not purely determined by a patient’s age.<br>http://www.legislation.gov.uk/ukpga/1989/41/contents<br><br>The published results of a cross-sectional national survey assessing self-reported drug intake behaviour, contact with the primary sector and drug treatment among service users of Danish drug consumption rooms provides the following demographics for DCR clients:<br><br><table><tr><td>Age</td><td></td></tr><tr><td><30 years</td><td>10%</td></tr><tr><td>30 to 39 years</td><td>30%</td></tr><tr><td>40 to 49 years</td><td>36%</td></tr><tr><td>>50 years</td><td>24%</td></tr><tr><td colspan="2">Ratios</td></tr><tr><td>Male:Female Ratio</td><td>3 : 1</td></tr></table><br><br>A cross-sectional national survey assessing self-reported drug intake behavior, contact with the primary sector and drug treatment among service users of Danish drug consumption rooms (oclc.org)<br><br>The data gathered by the service will be reviewed and examined to see if those who attend the service broadly match the general demographic data for the target population.</td><td></td></tr>
<tr><td colspan="2"></td><td>Example</td><td>Service Evidence Provided</td><td>Possible negative impact and Additional Mitigating Action Required</td></tr>
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| **3.** | **How have you applied learning from research evidence about the experience of equality groups to the service or Policy?**<br><br>**Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**<br><br>**1) Remove discrimination, harassment and victimisation** ☑<br><br>**2) Promote equality of opportunity** ☑<br><br>**3) Foster good relations between protected characteristics** ☑<br><br>**4) Not applicable** ☐ | ***Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people.***<br>***(Due regard to removing discrimination, harassment and victimisation and fostering good relations).*** | The Glasgow City ADP has several lived and living experience reference groups. These groups will be involved in providing feedback with regards to appropriate elements of the service design and operational delivery for example:<br>• Layout and furnishings within the service<br>• Pathways and interfaces to other services<br>• Service user information leaflets<br><br>The layout of the services and areas within the service for example the aftercare are, will be designed as trauma informed spaces.<br><br>The service design and implementation group has based their service planning extensively on research and learning from other well established sites around the world.<br>Drug consumption rooms: an overview of provision and evidence \| www.emcdda.europa.eu<br><br>A review of structural, process, and outcome measures for supervised consumption services – The Ontario HIV Treatment Network (ohtn.on.ca) | |
| | | ***Example*** | **Service Evidence Provided** | **Possible negative impact and Additional Mitigating Action Required** |
| **4.** | **Can you give details of how you have engaged** | ***A money advice service spoke to lone parents*** | The impetus for developing this service was from the recommendations of the health needs assessment | |

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| | **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.**<br><br>**Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**<br><br>**1) Remove discrimination, harassment and victimisation** ☑<br><br>**2) Promote equality of opportunity** ☑<br><br>**3) Foster good relations between protected characteristics** ☑<br><br>**4) Not applicable** ☐ | ***(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.***<br><br>***(Due regard to promoting equality of opportunity)***<br><br>**** The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.*** | undertaken in 2015 (https://www.nhsggc.org.uk/media/238302/nhsggc_health_needs_drug_injectors_full.pdf ).<br><br>One of the sources of information from this report came from *'A consultation exercise with key stakeholders, comprising six interviews with people currently involved in public injecting, a focus group with fifteen individuals in recovery from injecting drug use, and an online consultation with thirty-three staff from health & social services, patient and family organisations, and enforcement agencies.'*<br><br>**Engagement:**<br>The Glasgow City ADP has several lived and living experience reference groups. These groups will be involved in providing feedback with regards to appropriate elements of the service design and operational delivery for example:<br>• Layout and furnishings within the service<br>• Pathways and interfaces to other services<br>• Service user information leaflets<br><br>The layout of the services and areas within the service for example the aftercare are, will be designed as trauma informed spaces.<br><br>Glasgow City HSCP will undertake full engagement with communities and businesses within the locality of the service. the immediate vicinity around the Hunter Street site and adjacent neighbourhoods, focusing on a wide variety of groups as listed in the table below.<br>Engagement included face to face and on line meetings, | |

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| | | | public events, newsletters and site visits.<br><br>The engagement activities have included development of a Frequently Asked Questions document, and a SDCF webpage with specific sections for:<br>• service users<br>• friends and families<br>• local communities<br>• background information<br>• engagement information<br>• frequently asked questions<br><br>**Engagement Update**<br>**Phase 1**<br>An engagement plan was developed with 2 main phases of planned engagement. The first phase concentrated on<br><br>Safer Drug Consumption Facility \| Glasgow City Health and Social Care Partnership (hscp.scot)<br><br>A video has been produced to demonstrate the issues and potential impact of the SDCF on those who inject drugs, their families and the wider community.<br>This is available both via the above website link and the Glasgow City HSCP area on YouTube.<br><br>Safer Drug Consumption Facility (youtube.com)<br><br>Weekly updates are also sent out via HSCP / ADP resources on popular social media platforms.<br><br>**Phase 2** | |

Phase 2 began in February 2024 and focused on maintaining contact and updating phase 1 groups but also extending the engagement activities to the wider Glasgow City area. A series of face to face drop in sessions, online sessions, physical and electronic sources of information sharing and feedback opportunities were undertaken.

**Summary of Engagement Activity (28/08/24)**
A summary of event by stakeholder group, completed events, proposed events and numbers of attendees

| Stakeholder Group | Events Completed | Planned Events | Total Events | # of Attendees |
|---|---|---|---|---|
| People who inject drugs and recipients of associated services | 13 | 2 | 15 | 92 |
| Families, Carers and their Representatives | 1 | 0 | 1 | 6 |
| Local Communities | 17 | 5 | 22 | 93 |
| Local Businesses | 7 | 1 | 8 | 5 |
| GCHSCP, GCC and NHSGGC Staff | 7 | 1 | 8 | 128 |
| Providers and contractors of health and social care services – independent and third sectors | 2 | 0 | 2 | 61 |
| Partner Organisations | 4 | 1 | 5 | 88 |
| Housing Associations / Registered Social Landlords | 3 | 1 | 4 | 26 |
| Integration Joint Board Members, Council Elected Members, Community Councils and Health Board Members | 6 | 3 | 9 | 2 |
| Other third sector and voluntary organisations who may have an interest | 5 | 8 | 13 | 134 |
| Other | 11 | 7 | 18 | 53 |
| TOTALS | 76 | 29 | 105 | 688 |

Phase 2 engagement has now completed.

**Phase 3**
Phase 3 engagement began at the end of December 2024 up to the opening of the service on 13th January 2025. Engagement included on site visits for interested groups, elected members, community councils, businesses, 3rd sector organisations and members of the media.

A local Community Forum has been implemented, with the first meeting taking place on prior to the service opening. This is primarily to hear about and respond to any concerns the local community have in relation to the

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| | | | running of the service but also allows a forum through which other associated local issues can be discussed. This forum will allow the SDCF and Police Scotland officers to engage with local stakeholders in the immediate vicinity of the SDCF.<br><br>The forum will:<br>• Allow service and police leads to hear community feedback on impact of the SDCF including both positive and negative impacts.<br>• Allow the service and police to gather necessary information to respond quickly to concerns about any adverse impact on the local community<br>• Allow the service to update the local community on SDCF service progress and developments<br>• Communicate to other relevant local forums on a regular basis and can be communicated to by them. Examples of such forums are Local Engagement Forum, Area Partnerships, Community Councils and locality ADPs.<br>• Be a resource for the gathering of community experience to support the evaluation of the SDCF.<br><br>**Research Evidence**<br>Overall the evidence suggests that establishment of Safer Drug Consumption Facilities contributes to reduced public injecting, improved community perceptions, and decreased disposal of used needles, syringes and injecting equipment in public spaces. The studies do not | |

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| | | | identify an increase in drug dealing or drug related crimes within the vicinity of SDCFs.<br>Drug consumption rooms: an overview of provision and evidence \| www.emcdda.europa.eu<br><br>https://content.health.vic.gov.au/sites/default/files/migrated/files/collections/research-and-reports/r/review-of-the-medically-supervised-injecting-room-june-2020.pdf | |
| | | ***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?**<br><br>**Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**<br><br>**1) Remove discrimination, harassment and victimisation** ☑<br><br>**2) Promote equality of opportunity** ☑ | ***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.***<br>***(Due regard to remove discrimination, harassment and victimisation).*** | **Location:**<br>The service will be co-located on a site with existing Glasgow Alcohol Drug and Recovery Services (GADRS) treatment services, for example the Enhanced Drug Treatment Service, at 55 Hunter Street, Glasgow.<br><br>The site is accessible to all via a sloped access path and roadway to a carpark with designated disabled parking bays, close to service entrances.<br><br>All entrances to the building are wheelchair accessible, with ramps and extra width doors and appropriate wheelchair turning space.<br><br>The location for the service has been identified as within the neighbourhood identified in the health needs assessment 'Taking Away the Chaos' report, as an area where public injecting by an estimated 400 – 500 individuals occurs on a daily basis.<br>The site for this service is therefore within walking distance of the target population, is accessible by car and | |

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| | **3) Foster good relations between protected characteristics.** ☑<br><br>**4) Not applicable** ☐ | | there are nearby public transport links to the city centre. https://www.nhsggc.org.uk/media/238302/nhsggc_health_needs_drug_injectors_full.pdf<br><br>The service has been designed with full accessibility in mind.<br><br>There are wheelchair ramps at the entrance and exit, the service is on one level within the building, the reception desk is at 2 levels with a lowered area for those in wheelchairs.<br><br>An induction hearing loop will be installed at reception.<br><br>All doors are of a size to accommodate wheelchairs.<br><br>There are toilet facilities equipped to the appropriate standard for accessibility.<br><br>**Public Engagement:**<br>Glasgow City HSCP will undertake full engagement with communities and businesses within the locality of the service. | |
| | | ***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** | ***Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This*** | **Service Awareness:**<br>This service has gained extensive coverage in the press, and within lived and living experience engagement groups. The location of the service has been widely reported since the IJB meeting on 27/9/23.<br>The SDCF communication group will undertake, as per | |

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| | **staff?**<br><br>**Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**<br><br>**1) Remove discrimination, harassment and victimisation** ☑<br><br>**2) Promote equality of opportunity** ☑<br><br>**3) Foster good relations between protected characteristics** ☑<br><br>**4) Not applicable** ☐<br><br>**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.** | ***was accompanied by a BSL signer to explain service changes to Deaf service users.***<br><br>***Written materials were offered in other languages and formats.***<br><br>***(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).*** | their communication and engagement plan, extensive public and service user engagement in the run up to the service opening.<br>Service users shall self-refer to this service, however all teams and services who interact with this target population, e.g. sites who supply injecting Equipment and Naloxone, addiction teams, city centre outreach teams, hospital acute liaison teams, community pharmacies, etc. will be informed of, and provided with materials, to promote and sign post service users to the service.<br><br>**Stigma:**<br>One of the aims of this service is to reduce the stigma associated with the use of drugs, staff play an important part in this and will receive training to support them to create a stigma free environment.<br>Research has shown that there is a belief that the introduction of SDCF will help to reduce stigma.<br>Parkes, T., Price, T., Foster, R. et al. 'Why would we not want to keep everybody safe?' The views of family members of people who use drugs on the implementation of drug consumption rooms in Scotland. Harm Reduct J 19, 99 (2022).<br>https://doi.org/10.1186/s12954-022-00679-5<br><br>**Engagement Activity**<br>A variety of stakeholder engagement events have taken place.<br>Of the 123 completed events (19/12/24), 15 have been with those who inject drugs. The views expressed by those attending have been followed up and actioned where appropriate e.g.<br>• the style and look of the reception / waiting area | |

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| | | | to avoid it having a 'treatment services' feel, which many stated would be a barrier,<br>• the proposal to have low level seating / bean bags in the aftercare area, as used in some other SDCFs worldwide, was highlighted by lived / living experience groups as a potential problem and design options have removed these<br>• the potential that service users are likely, if they are to be spending some time in this service, interacting with staff and 3rd sector organisations, to want to have a smoke after they have injected. We have looked into the legal position and design constraints to providing a smoking area I the grounds of the facility to accommodate.<br><br>Staff and service users will have access to interpretation services as per HSCP / NHSGG&C Interpreting and Communication Support Policy.<br><br>Staff have access to British Sign Language services via interpreting services.<br><br>Written materials are available in a variety of languages. | |
| **7** | **Protected Characteristic** | | **Service Evidence Provided** | **Possible negative impact and Additional Mitigating Action Required** |
| **(a)** | **Age**<br><br>**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** | | Patients must be over the age of 18 years in order to satisfy the eligibility criteria for this service.<br>The average age of the population of people who inject drugs is increasing, the average age of the target population is over 30 years, and this is consistent with data from ISD, and other DCR's in Europe. (see section | |

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| | **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).**<br><br>**Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**<br><br>**1) Remove discrimination, harassment and victimisation** ☐<br><br>**2) Promote equality of opportunity** ☐<br><br>**3) Foster good relations between protected characteristics.** ☐<br><br>**4) Not applicable** ☐ | above re demographics)<br>Scottish Drug Misuse Database (isdscotland.org)<br><br>The age cut-off is designed to help protect children as per the Children (Scotland) Act 1995.<br>http://www.legislation.gov.uk/ukpga/1989/41/contents<br><br>Anyone who attends the service who is under the age of 18 years, will be advised of, and encouraged to engage with the various services designed to specifically work with this age group e.g. ADRS Young Persons team.<br><br>**Service Evaluation:**<br>The Lord Advocate indicate in her statement regarding the provision of a Statement of Prosecution Policy, that *'there would be careful and rigorous evaluation of the facility and its effects'.*<br><br>A planning group for the evaluation, led by NHS GGC Public Health and involving colleagues from Scottish Government, Public Health Scotland and academia, has been established and is developing costed plans for pre-implementation data collection. Public Health Scotland is providing funding for the necessary pre-implementation preparation and baseline data collection for the evaluation.<br>The evaluation is expected to consider impact on drug related deaths, BBV infections, incidence of overdoses, levels of public injecting as reported by both residents and businesses, etc.<br>The evaluation group will also consider data from acute hospital admissions and criminal justice. | |

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| **(b)** | **Disability**<br><br>**Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?**<br><br>**Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**<br><br>**1) Remove discrimination, harassment and victimisation** ☐<br><br>**2) Promote equality of opportunity** ☐<br><br>**3) Foster good relations between protected characteristics.** ☐<br><br>**4) Not applicable** ☐ | Substance misuse may be both the cause and a symptom of physical or mental health problems.<br>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.<br><br>Mental health issues are well documented within the population of people who inject drugs. It is estimated (Carra & 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.<br>https://www.ncbi.nlm.nih.gov/pubmed/19011722<br><br>Figures from the Scottish Drug Misuse database report 64% of patients suffering from co-existing physical issues, and 58% with co-existing mental health issues.<br>Scottish Drug Misuse Database (isdscotland.org)<br><br>Substance misuse patients may suffer from a variety of mental health issues.<br><br>Physical and mental health problems are well documented within the homeless population.<br>https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management<br><br>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 | |

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| | | who do misuse substances.<br>https://ac-els-cdn-com.knowledge.idm.oclc.org/S0140673611608854/1-s2.0-S0140673611608854-main.pdf?_tid=1c6b8625-c391-4b38-8aff-7e9e5d58e412&acdnat=1548758160_a14961f740a896dfbfce913debcd12d1<br><br>Those who attend the SDCF will have access to staff who may be in a position to directly assist with physical issues e.g. wounds, infections, but will be able to assist in accessing pathways into other relevant treatment services.<br><br>**Disability Information:**<br>Additional information regarding disability will be captured, however the level of assistance staff will be able to offer will be restricted to ensure service users, staff, managers and the organisation do not commit an offence. For example a staff member may help push a wheelchair or provide written or verbal advice, they can light the heat source for the service user to then make their dose, however staff may not handle the drugs being prepared, or assist with injection or permit anyone else from assisting, doing so would breach numerous offences both for the individual, staff member, service management and the organisations. | |
| | **Protected Characteristic** | **Service Evidence Provided** | **Possible negative impact and Additional Mitigating Action Required** |
| **(c)** | **Gender Reassignment** | Entry to the service will be based upon eligibility criteria; sexual orientation / gender reassignment will not be a | |

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| | **Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?**<br><br>**Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**<br><br>**1) Remove discrimination, harassment and victimisation** ☐<br><br>**2) Promote equality of opportunity** ☐<br><br>**3) Foster good relations between protected characteristics** ☐<br><br>**4) Not applicable** ☐ | factor, and does not form part of the eligibility criteria | |
| | **Protected Characteristic** | **Service Evidence Provided** | **Possible negative impact and Additional Mitigating Action Required** |
| **(d)** | **Marriage and Civil Partnership**<br><br>**Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?**<br><br>**Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**<br><br>**1) Remove discrimination, harassment and victimisation** ☐ | Entry to the service will be based upon eligibility criteria; marriage or civil partnership will not be a factor, and does not form part of the eligibility criteria | |

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| | **2) Promote equality of opportunity** ☐<br><br>**3) Foster good relations between protected characteristics** ☐<br><br>**4) Not applicable** ☐ | | |
| **(e)** | **Pregnancy and Maternity**<br><br>**Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?**<br><br>**Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**<br><br>**1) Remove discrimination, harassment and victimisation** ☐<br><br>**2) Promote equality of opportunity** ☐<br><br>**3) Foster good relations between protected characteristics.** ☐<br><br>**4) Not applicable** ☐ | Service users who attend the service and are pregnant will be advised of and encouraged to engage with existing well established services available for this group, since they require more specialised care.<br>This is in line with eligibility criteria for other DCR's worldwide.<br>Drug consumption rooms: an overview of provision and evidence \| www.emcdda.europa.eu | The criteria regarding no access to the service for pregnant women has been removed following engagement sessions.<br><br>It was clear that this group would continue to inject, but would be at increased risk of harm since they would not have access to the support and help offered to other groups attending SDCF. |
| | **Protected Characteristic** | **Service Evidence Provided** | **Possible negative impact and Additional Mitigating Action Required** |
| **(f)** | **Race**<br><br>**Could the service change or policy have a** | Entry to the service will be based upon eligibility criteria; race will not be a factor, and does not form part of the eligibility criteria. | |

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| | **disproportionate impact on people with the protected characteristics of Race?**<br><br>**Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**<br><br>**1) Remove discrimination, harassment and victimisation** ☐<br><br>**2) Promote equality of opportunity** ☐<br><br>**3) Foster good relations between protected characteristics** ☐<br><br>**4) Not applicable** ☐ | Race in itself is not considered 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. https://www.nhsggc.org.uk/media/238302/nhsggc_health_needs_drug_injectors_full.pdf<br><br>**Access needs:**<br>Staff and service users will have access to interpretation services as per HSCP / NHSGG&C Interpreting and Communication Support Policy.<br><br>Staff have access to British Sign Language services via interpreting services.<br><br>Written materials are available in a variety of languages. | |
| **(g)** | **Religion and Belief**<br><br>**Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?**<br><br>**Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**<br><br>**1) Remove discrimination, harassment and victimisation** ☐<br><br>**2) Promote equality of opportunity** ☐ | Entry to the service will be based upon eligibility criteria; religion and belief will not be a factor, and does not form part of the eligibility criteria | |

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| | **3) Foster good relations between protected characteristics.** ☐<br><br>**4) Not applicable** ☐ | | |
| | **Protected Characteristic** | **Service Evidence Provided** | **Possible negative impact and Additional Mitigating Action Required** |
| **(h)** | **Sex**<br><br>**Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?**<br><br>**Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**<br><br>**1) Remove discrimination, harassment and victimisation** ☐<br><br>**2) Promote equality of opportunity** ☐<br><br>**3) Foster good relations between protected characteristics.** ☐<br><br>**4) Not applicable** ☐ | Entry to the service will be based upon eligibility criteria; sex will not be a factor, and does not form part of the eligibility criteria.<br><br>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 SDCF. https://www.nhsggc.org.uk/media/238302/nhsggc_health_needs_drug_injectors_full.pdf<br><br>The service has one injection area with 8 injection booths. Due to restrictions of space there are no individual areas for service users to inject, however staff will manage who enters the space and when, which booth they use, and will be observing those in the space at all times. If required individuals will be able to request the use of screens around their booth to provide privacy from other service users.<br><br>**Gender Based Violence**<br>The Glasgow City ADP Women's Reference group are to be consulted on the design of the service, and will have input into the design and finish of the aftercare space.<br><br>Staff will be made aware of the NHS GG&C Gender Based | |

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| | | Violence Policy<br>nhsggc-gbv-employee-policy-published-version-2016.pdf<br><br>The service will embrace the aims set out in the Scottish Government strategy Equally Safe:<br>Equally Safe: Scotland's strategy to eradicate violence against women - gov.scot (www.gov.scot)<br><br>Service users who require support for Gender Based Violence will be offered help and support to link in with the various support organisations within Glasgow City<br>Want to know more? - Glasgow City Council | |
| **(i)** | **Sexual Orientation**<br><br>**Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?**<br><br>**Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**<br><br>**1) Remove discrimination, harassment and victimisation** ☐<br><br>**2) Promote equality of opportunity** ☐<br><br>**3) Foster good relations between protected characteristics.** ☐<br><br>**4) Not applicable** ☐ | Entry to the service will be based upon eligibility criteria; sexual orientation will not be a factor, and does not form part of the eligibility criteria. | |
| | **Protected Characteristic** | **Service Evidence Provided** | **Possible negative impact and Additional Mitigating Action** |

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| **(j)** | **Socio – Economic Status & Social Class**<br><br>**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?**<br><br>**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 strategic 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)<br><br>Seven useful questions to consider when seeking to demonstrate 'due regard' in relation to the Duty:<br>1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?<br>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)?<br>3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?<br>4. Are some communities of interest or communities | Entry to the service will be based upon eligibility criteria; social and economic status will not be a factor, and does not form part of the eligibility criteria.<br><br>**Location:**<br>The service will be co-located on a site with existing Glasgow Alcohol Drug and Recovery Services (GADRS) treatment services, for example the Enhanced Drug Treatment Service, at 55 Hunter Street, Glasgow.<br><br>The site is accessible to all via a sloped access path and roadway to a carpark with designated disabled parking bays, close to service entrances.<br><br>All entrances to the building are wheelchair accessible, with ramps and extra width doors and appropriate wheelchair turning space.<br><br>The location for the service has been identified as within the neighbourhood identified in the health needs assessment 'Taking Away the Chaos' report, as an area where public injecting by an estimated 400 – 500 individuals occurs on a daily basis.<br>The site for this service is therefore within walking distance of the target population, is accessible by car and there are nearby public transport links to the city centre.<br>https://www.nhsggc.org.uk/media/238302/nhsggc_health_needs_drug_injectors_full.pdf | |

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| | of place more affected by disadvantage in this case than others?<br>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?<br>6. How has the evidence been weighed up in reaching our final decision?<br>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. | | |
| **(k)** | **Other marginalised groups**<br><br>**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?** | The target population is those who inject in public spaces within Glasgow city centre. This includes those of varied and complex needs who may be homeless, ex-offenders, involved in prostitution etc. who do not currently engage with services.<br>Part of the aims of this service will be to engage with this group and offer opportunities for them to engage with services such as housing, benefits and other 3rd sector support organisations.<br><br>There is evidence to show that engagement with these groups in SDCF increases engagement in other treatment | |

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| | | and support services.<br>review-of-the-medically-supervised-injecting-room-june-2020.pdf (health.vic.gov.au) | |
| **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?**<br><br>**Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**<br><br>**1) Remove discrimination, harassment and victimisation** ☐<br><br>**2) Promote equality of opportunity** ☐<br><br>**3) Foster good relations between protected characteristics.** ☐<br><br>**4) Not applicable** ☐ | Cost savings were not an aim of this service, however it is anticipated that the service should produce cost savings for other areas of the NHS and Criminal Justice. However these are not the driving factor for developing this service, and are related to improvement of health and socio-economic status of those attending the service through engagement with groups who currently tend not to engage with services.<br>They will not impact on those in protected characteristic groups. | |
| | | **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** | All staff will be supported to complete the mandatory Learnpro module on equality and human rights.<br>There will be an induction training programme and regular training sessions for staff once the service is operational, and equality and diversity training will be included within these on going events. | |

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| | **equivalent) covering equality, diversity and human rights.** | | |

**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.**

A key aim of this service is to reduce drug related deaths and harms associated with injecting of illegal substances. This service provides a clean supervised environment where service users will receive support and advice in a non-judgemental way from staff to support and encourage for example safer injection techniques, provision of and use of naloxone to reverse the effects of overdose, access to social services to move people into appropriate accommodation if they are homeless.

All service users are informed of their rights and are informed of the availability of local advocacy services.

**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* .**

This is a low threshold service, aimed to engage with service users who do not regularly engage with services. The staff will engage with service users at the service users own pace, there are no expectations from delivery of this service other than to provide a clean supervised environment to protect service users form harms associated with injection of drugs. Services and pathways into services will be available if the service user wishes to engage with those services or pathways. Peer networks will be available but there is no expectation for service users to engage.

*

- **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.**

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

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| 17/7/2025 |

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| **Lead Reviewer:** | **Name** | **Stuart R Notman** |
| **EQIA Sign Off:** | **Job Title** | Programme Manager, Complex Needs |
| | **Signature** |  |
| | **Date** | **17/01/2025** |
| **Quality Assurance Sign Off:** | **Name** | |
| | **Job Title** | |
| | **Signature** | |
| | **Date** | |

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

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

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

| | | Completed | |
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| | | **Date** | **Initials** |
| **Action:** | | | |
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| **Status:** | | | |
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**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 | |
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| | | **Date** | **Initials** |
| **Action:** | | | |
| **Reason:** | | | |
| **Action:** | | | |
| **Reason:** | | | |

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

| | | To be completed by | |
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| | | **Date** | **Initials** |
| **Action:** | | | |
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**Please detail any discontinued actions that were originally planned and reasons:**

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| **Action:** | |
| **Reason:** | |
| **Action:** | |
| **Reason:** | |

**Please write your next 6-month review date**

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| |

**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**