

NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

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

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

WAND Initiative

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.

The Aim of the in initiative is to increase the uptake of existing Harm Reduction interventions delivered via the health board Injecting Equipment Providers (IEP) scheme. The interventions promoted are Wound management, Assessment of Injecting Risk (using AIR tool), Naloxone supply and Dried Blood Spot tests for BBVs. Service users who complete all four elements are provided with a £20 pay point voucher.

The purpose of injecting equipment provision (IEP) is harm reduction. Evidence shows that the provision of injecting equipment and safer injecting advice is effective in reducing injecting risk behaviours in people who inject drugs. This intervention helps prevent the transmission of blood borne viruses such as hepatitis C and HIV among people who inject drugs, reduces all types of other related harms caused by injecting drug use, including drug related deaths.

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.)

This is a new initiative and involves working with marginalised service users with multiple inter-connecting protected characteristics that could combine to compound barriers to accessing services. Conducting an EQIA on the service is a proportionate means of ensuring the service model understands and responds to Glasgow City HSCP's Public Sector Equality Duty with regard to removing discrimination, promoting equality of access and fostering good relations.

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: Dr Carole Hunter	Date of Lead Reviewer Training: TBA
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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):

<p>Dr Carole Hunter, Lead Pharmacist, Alcohol and Drug Recovery Services.</p> <p>John Campbell, Development and Improvement Manager, IEP Services GGC.</p> <p>Gillian Ferguson, Glasgow City ADP Coordinator.</p>

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	<p>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.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p> <p>The IEP service is provided on an anonymous and confidential basis. A unique identifier is used for all IEP transactions and data recorded on the NEO 360 system. This system was established in 2010.</p> <p>Information collected is governed by the requirements of the national IEP guidelines. https://www.sdf.org.uk/new-good-practice-guidance-on-the-provision-of-injecting-equipment-published/</p> <p>The national guidelines, published in Oct 2021, offer guidance to local planners, commissioners, service providers and other stakeholders on how</p>	

best injecting equipment provision and related harm reduction interventions should be developed and delivered in response to the local needs.

The core data set consists of date of birth, ethnicity, gender, postcode and detailed information on the drugs injected (or inhaled) and routes of administration.

The IEP service is delivered from 68 different outlets covering community pharmacy, fixed sites and outreach provision is underpinned by a health needs assessment. The aim being to focus on interventions that can produce real benefits, and on identifying and understanding the needs of people who could benefit from receiving those interventions. It highlights the type and distribution of services and interventions that will bring the greatest benefit. In Glasgow the service provision is supported by the City Centre Engagement Group (CCEG) which is a group of people who are current actively using drugs (PWUD). The group sets its own agenda and is facilitated by people with lived experience of drug use.

Staff from all professional groups are trained to the same standard and offered monthly training sessions to ensure all staff have access. All

			services in GGC follow the national guidelines which include guidance on providing the service to groups that may require alternative approaches and these include those who are homeless or roofless, adolescents and people under 16, men who have sex with men and are involved in chemsex, women and people using image and performance enhancing drugs.	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p>	<p><i>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. (Due regard promoting equality of opportunity)</i></p>	<p>Neo 360 data is used to monitor service provision and to identify any new and emerging trends in drug use. It also helps to establish any areas of over or under provision.</p> <p>Annual IEP reports are produced for the six ADPs in Greater Glasgow and Clyde.</p> <p>There are 68 IEP sites in GGC and the data is used to ensure that all people who use drugs, have access to a local IEP service.</p> <p>Public Health Scotland publish annual reports on injecting equipment provision in Scotland.</p> <p>Glasgow data for this publication is provided via NEO 360. This publication is an official statistics publication for Scotland and complies with the UK Statistics Authority's Code of Practice which promotes the production and dissemination of official statistics that inform decision making.</p>	

	4) Not applicable x <input type="checkbox"/>			
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>According to the evidence based national guidelines, “Delivery of low threshold, high quality IEP can ensure that people who inject drugs have access to services that can prevent and address health issues; averting new blood-borne virus (BBV) infections, allowing access to other primary health interventions such as wound care or BBV testing and treatment and disseminating vital information regarding health and harm reduction to people who inject drugs. Research has shown patterns of drug use and injecting practice can change for various reasons, including fluctuations in drug type, availability and purity. There is also evidence that services that are pragmatic and person centred are often the ones considered most valuable by the highly marginalised people who use them”.</p> <p>A comprehensive public health needs analysis of people who use drugs in public spaces was conducted and published in the “Taking Away the Chaos Report: The health needs of people who inject drugs in public spaces in Glasgow city centre”.</p> <p>https://www.nhsggc.org.uk/media/238302/nhsggc_health_needs_drug_injectors_full.pdf</p>	

		<p>Evidence from this report demonstrated that “There are few reliable data on the number of individuals who inject drugs in public places in Glasgow city centre”. By applying published figures on the prevalence of public injecting combined with data from injecting equipment providers, an estimate of approximately 400 to 500 people injecting in public places in the city centre on a regular basis was identified. This was consistent with the number of individuals known to local Assertive Outreach teams. Data from existing services suggest that the majority are male, of Scottish or other British origin, aged between 30 and 50 years.</p> <p>The report further identified that “Public injecting in Glasgow is concentrated in lanes, closes, car parks, and public toilets of the south-east city centre and adjoining areas of the east end. Several informal drug consumption areas have been found in abandoned buildings and makeshift huts “</p> <p>This population often experience multiple barriers to accessing existing services including the severity of their addiction and the precariousness of their social circumstances.</p> <p>The WAND initiative is designed to help address some of these major health inequalities including the risk of blood borne viruses, overdose and drug-related death, and of other injecting-related</p>	
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			complications, such as abscesses, wounds, and deep vein thrombosis. The link between public injecting and the HIV outbreak is established.	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	<p>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?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>Glasgow City ADP Drug Harms group has funded and supported the development of the City Centre Engagement Group (CCEG). This group provides an open forum for people who are current active drug injectors and who are not linked to any treatment service. The group is facilitated by members of the Scottish Drugs Forum and by people with lived experience of injecting drug use. The form and agenda of the meetings is determined by the participants. The request to use Pay Point vouchers for the WAND initiative place of previous shopping vouchers came as a direct result of suggestions from the group.</p>	

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	<p>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?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>The IEP and WAND service is delivered through a variety of different fixed and outreach services. These have been designed to be easily accessible for all people who inject drugs. A full risk and suitability assessment of premises is conducted before any IEP service is contracted.</p>	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

<p>6.</p>	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>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</p>	<p><i>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.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>All elements of the national guidelines for provision of this type of service are implemented locally. Staff training includes anti discrimination elements in the training programme and the service has encompassed the Drug Deaths Task Force anti stigma work into service delivery.</p>	
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	note of this.			
7	Protected Characteristic		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	<p>Age</p> <p>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).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<p>This is an adult service open to all people over 16 who use drugs. There is no upper age limit. Staff are trained to support individuals under 16 into appropriate services.</p>	
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p>		<p>Data on disability is not part of the national core IEP dataset. However, all sites who provide the service must have disability access. The outreach component of the service is designed to reach</p>	

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>those who are unable to access any of the fixed sites. "Secondary distribution" of injecting equipment and related paraphernalia is used to allow collection by peers for people unable to access the service.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(c)</p>	<p>Gender Identity</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>No data collected on gender reassignment. Research evidence has shown that questions asked at any IEP service should be kept to a minimum as this was perceived to be a barrier by people who use drugs (PWUD). The importance of the environment and reducing stigma for PWUD and how this affects their access to services, is a core consideration in the ongoing delivery of IEP services and the introduction of the WAND initiative.</p>	

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	No adverse impact	
(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant</p>	No adverse impact. Current IEP guidelines are followed.	

	<p>boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Data is collected on ethnicity. Sites have access to NHS interpretation services and information leaflets are translated into other languages where barriers have been identified.</p>	
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a</p>	<p>No data on religion or belief is collected. Research evidence has shown that questions</p>	

	<p>disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>asked at any IEP service should be kept to a minimum as this was perceived to be a barrier by people who use drugs (PWUD).</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(h)</p>	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p>	<p>Data based on age and sex are monitored and Alcohol and Drug Partnerships (ADPs) are provided with annual reports containing all transactional and demographic data. This has resulted in the introduction of a women only service and a bespoke clinic for people who use image and performance enhancing drugs. Staff have access to training on gender-based violence through their parent organisations.</p>	

	<p>4) Not applicable <input type="checkbox"/></p>		
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>No data on sexual orientation is collected. Research evidence has shown that questions asked at any IEP service should be kept to a minimum as this was perceived to be a barrier by people who use drugs (PWUD).</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
(j)	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on the people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>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</p>	<p>No adverse impact.</p> <p>People who use drugs are known to experience the combination of social vulnerabilities commonly referred to as ‘multiple exclusion’ or ‘severe and multiple disadvantage’, including homelessness, recent incarceration, and chronic poverty. IEP services including the WAND</p>	

	<p>socioeconomic disadvantage in strategic planning. If relevant, you should evidence here steps 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)</p>	<p>initiative are designed to reduce health inequalities by promoting access to harm reduction and health support for excluded groups who are not accessing existing mainstream services.</p>	
(k)	<p>Other marginalised groups</p> <p>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?</p>	<p>IEP and WAND initiative has a positive impact on the groups listed.</p> <p>The service is specifically designed to be accessible to people who use drugs from all marginalised groups. There are no barriers in participation. People do not require a permanent address or registration with a GP to access the service.</p>	
8.	<p>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?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>All equipment supplied is in line with the requirements of the national tender of IEP equipment. The tender is reviewed and renewed every 3 years. Staff from IEP services and Public Health in Glasgow participate in the tender clinical assessment panel.</p>	

		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.	Staff involved in delivering this service are employed through a range of different statutory and third sector agencies. All participating staff are required to complete their employer's statutory and mandatory programmes 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.

None identified.

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* .

The city centre engagement group (CCEG) was an innovative new group established with support and some initial funding from the Glasgow City Drug Harms subgroup of the ADP. The CCEG was established to reduce stigma and to provide a forum where people with current living experience of using drugs could express their views in a safe non-judgemental environment. This is traditionally a marginalised and often hidden group but their views on service provision and the barriers that exist are vital in helping to design services that meet the needs of the population. It is important that services also engage with people with living experience in addition to those with lived experience and in recovery. The group sets its own agenda and directs what is discussed. It had a direct impact on the development of elements of the WAND initiative. The group also asked if it was possible to speak with senior medical staff, council staff and police and this was arranged with the meeting and questions led by the group. This allowed them to highlight specific issues directly affecting them including violence that they experienced on the street.

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

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

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

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

Lead Reviewer:
EQIA Sign Off:

Name
Job Title
Signature
Date

Carole Hunter.

Quality Assurance Sign Off:

Name Alastair Low
Job Title Planning Manager
Signature
Date 28/02/2022

**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	
		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

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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